2026

Prescription Drug Guide

Humana Dual Fully Integrated Formulary

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

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

Humana Dual Fully Integrated (HMO D-SNP)

Formulary 26412 Version 19

This *Drug List* was updated on 11/02/2026. For more recent information or other questions, contact us at 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M. local time seven days a week or visit **Humana.com/medicaredruglist**.

Humana®

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 Humana Dual Fully Integrated (HMO D-SNP). The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Humana Dual Fully Integrated (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents:

A. Disclaimers 4

B. Frequently Asked Questions (FAQ) 5

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the "*Drug List*" for short.) 5

B2. Does the *Drug List* ever change? 5

B3. What happens when there is a change to the *Drug List*? 6

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs? 7

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? 7

B6. What happens if Humana Dual Fully Integrated (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)? 7

B7. How can I find a drug on the *Drug List*? 8

B8. What if the drug I want to take is not on the *Drug List*? 8

B9. What if I am a new Humana Dual Fully Integrated (HMO D-SNP) member and can't find my drug on the *Drug List* or have a problem getting my drug? 8

B10. Can I ask for an exception to cover my drug? 10

B11. What if the drug I want to take is not on the *Drug List*? 11

B12. How long does it take to get an exception? 11

B13. What are generic drugs? 11

B14. What are original biological products and how are they related to biosimilars? 12

B15. What are OTC drugs? 12

B16. Does Humana Dual Fully Integrated (HMO D-SNP) cover non-drug OTC products? 12

B17. Does Humana Dual Fully Integrated (HMO D-SNP) cover long-term supplies of prescriptions? 12

B18. What is my copay? 13

C. Overview of the *List of Covered Drugs* 14

C1. List of Drugs by Drug Type 14

D. Index of Covered Drugs 119

A. Disclaimers

This is a list of drugs that members can get in *Humana Dual Fully Integrated (HMO D-SNP)*.

- You can always check Humana Dual Fully Integrated (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at **Humana.com/medicaredruglist** 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 1-800-787-3311 (TTY: 711). This is a free service.
- Humana Dual Integrated (HMO D-SNP) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to members. This document applies specifically to the Humana Dual Integrated (HMO D-SNP) product in Illinois.

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 Humana Dual Fully Integrated (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."

- Humana Dual Fully Integrated (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,
  - Humana Dual Fully Integrated (HMO D-SNP) agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a Humana Dual Fully Integrated (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 **Humana.com/medicaredruglist** or call us at the number in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and Humana Dual Fully Integrated (HMO D-SNP) must follow Medicare and Illinois Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Humana Dual Fully Integrated (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 Humana Dual Fully Integrated (HMO D-SNP)'s up–to-date *Drug List* online at **Humana.com/medicaredruglist**. 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 List* 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 List*. 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 Humana Dual Fully Integrated (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Humana Dual Fully Integrated (HMO D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Humana Dual Fully Integrated (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Humana Dual Fully Integrated (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 **Humana.com/medicaredruglist**. 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 Humana Dual Fully Integrated (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 Humana Dual Fully Integrated (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 Humana Dual Fully Integrated (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 Humana Dual Fully Integrated (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 Humana Dual Fully Integrated (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 Humana Dual Fully Integrated (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 Humana Dual Fully Integrated (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Humana Dual Fully Integrated (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, **Humana.com/medicaredruglist**.

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 Humana Dual Fully Integrated (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, Humana Dual Fully Integrated (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 G2** of the *Member Handbook* 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, **Humana.com/medicaredruglist**.

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.

Humana Dual Fully Integrated (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 *Member Handbook*.

B15. What are OTC drugs?

OTC stands for "over-the-counter". Humana Dual Fully Integrated (HMO D-SNP) covers some OTC drugs when they're written as prescriptions by your provider.

You can read the Humana Dual Fully Integrated (HMO D-SNP) *Drug List* to find out what OTC drugs are covered.

B16. Does Humana Dual Fully Integrated (HMO D-SNP) cover non-drug OTC products?

Humana Dual Fully Integrated (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 Humana Dual Fully Integrated (HMO D-SNP) *Drug List* to find out what non-drug OTC products are covered.

Humana Dual Fully Integrated (HMO D-SNP) covers OTC health and wellness items through the Humana Healthy Options Allowance. 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 Humana Dual Fully Integrated (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?

Humana Dual Fully Integrated (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 $0 copay.
- **Tier 2 –** Generic and brand drugs that have $0 copay.
- **Tier 3 –** Generic and brand drugs that have 25% cost share.
- **Tier 4 –** Generic and brand drugs that have 25% cost share.
- **Tier 5 –** Some injectables and other high-cost drugs that have 32% cost share.
- **Tier 6 –** Generic and brand drugs have a $0 copay.

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 Humana Dual Fully Integrated (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 Humana Dual Fully Integrated (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 Illinois Medicaid.
- 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 *Member Handbook*.

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 Humana Dual Fully Integrated (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]	3	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET[DL]	3	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET[DL]	3	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET[DL]	3	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]	4	PA,QL(4 per 28 days)
celecoxib 100 mg, 200 mg CAPSULE[MO]	2	
celecoxib 400 mg, 50 mg CAPSULE[MO]	2	
diclofenac potassium 50 mg TABLET[MO]	2	
diclofenac sodium 1.5 % DROPS[MO]	4	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR.[MO]	2	
diclofenac sodium 25 mg TABLET, DR/EC[MO]	2	
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]	3	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE[MO]	3	
etodolac 400 mg, 500 mg TABLET[MO]	3	
etodolac 400 mg, 500 mg, 600 mg TABLET, ER 24 HR.[MO]	3	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr PATCH. 72 HR.[DL]	4	QL(20 per 30 days)
flurbiprofen 100 mg TABLET[MO]	2	
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET[DL]	3	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION[DL]	3	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET[DL]	3	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION[DL]	3	QL(5520 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET[DL]	3	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET[DL]	3	QL(360 per 30 days)
hydromorphone 2 mg/ml SOLUTION[DL]	4	BvsD,QL(360 per 30 days)
hydromorphone 8 mg TABLET[DL]	3	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET[MO]	1	
ibuprofen 100 mg/5 ml SUSPENSION[MO]	2	
ibuprofen 400 mg TABLET[MO]	1	
ibuprofen 600 mg, 800 mg TABLET[MO]	1	
indomethacin 25 mg, 50 mg CAPSULE[MO]	2	
indomethacin 75 mg CAPSULE, ER[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketorolac 10 mg TABLET[MO]	2	QL(20 per 30 days)
lurbipr 100 mg TABLET[MO]	2	
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]	3	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION[DL]	3	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE[DL]	3	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION[DL]	3	QL(360 per 30 days)
methadone 5 mg TABLET[DL]	3	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION[DL]	3	QL(3600 per 30 days)
methadone intensol 10 mg/ml CONCENTRATE[DL]	3	QL(360 per 30 days)
morphine 10 mg/5 ml (2 mg/ml) SOLUTION[DL]	3	QL(2700 per 30 days)
morphine 100 mg TABLET ER[DL]	3	QL(180 per 30 days)
morphine 15 mg, 30 mg TABLET[DL]	3	QL(180 per 30 days)
morphine 15 mg, 30 mg, 60 mg TABLET ER[DL]	3	QL(120 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION[DL]	3	QL(1350 per 30 days)
morphine 200 mg TABLET ER[DL]	3	QL(90 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION[DL]	3	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]	3	
oxycodone 10 mg, 5 mg TABLET[DL]	3	QL(360 per 30 days)
oxycodone 15 mg, 20 mg, 30 mg TABLET[DL]	3	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE[DL]	4	QL(270 per 30 days)
oxycodone 5 mg CAPSULE[DL]	4	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION[DL]	3	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET[DL]	3	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET[DL]	3	QL(360 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE[MO]	3	
sulindac 150 mg, 200 mg TABLET[MO]	1	
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR.[DL]	3	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE[DL]	3	ST,QL(30 per 30 days)
tramadol 50 mg TABLET[DL]	2	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]	4	QL(90 per 30 days)
lidocaine 5 % OINTMENT[MO]	4	
lidocaine hcl 2 % JELLY IN APPLICATOR[MO]	2	
lidocaine hcl 2 % SOLUTION[MO]	2	
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]	4	
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]	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate 333 mg TABLET, DR/EC[MO]	4	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET[MO]	2	QL(120 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET[MO]	2	
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR.[MO]	3	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET[MO]	2	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	3	
naloxone 0.4 mg/ml SOLUTION[MO]	1	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE[MO]	1	
naltrexone 50 mg TABLET[MO]	2	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL[MO]	4	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	3	
REXTOVY 4 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	3	
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK[MO]	3	QL(53 per 28 days)
varenicline tartrate 0.5 mg, 1 mg TABLET[MO]	3	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON[DL]	5	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]	3	
ZURNAI 1.5 MG/0.5 ML AUTO-INJECTOR[MO]	3	
ANTIBACTERIALS		
acetic acid 2 % SOLUTION[MO]	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION[MO]	3	

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, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	2	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET[MO]	2	
amoxicillin-pot clavulanate 875-125 mg TABLET[MO]	2	
ampicillin 500 mg CAPSULE[MO]	1	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION[MO]	3	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION[MO]	3	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION[DL]	5	PA,QL(235.2 per 28 days)
azithromycin 1 gram PACKET[MO]	3	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	3	
azithromycin 250 mg TABLET[MO]	2	
azithromycin 500 mg RECON SOLUTION[MO]	2	
azithromycin 500 mg, 600 mg TABLET[MO]	2	
aztreonam 1 gram, 2 gram RECON SOLUTION[MO]	4	
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]	4	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE[MO]	4	
cefaclor 250 mg, 500 mg CAPSULE[MO]	2	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	2	
cefadroxil 500 mg CAPSULE[MO]	2	
cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION[MO]	2	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION[MO]	2	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK[MO]	3	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK[MO]	3	

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]	2	
cefdinir 300 mg CAPSULE[MO]	2	
cefepime 1 gram, 2 gram RECON SOLUTION[MO]	3	
cefepime in dextrose 5 % 1 gram/50 ml, 2 gram/50 ml PIGGYBACK[MO]	3	
cefepime in dextrose,iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK[MO]	3	
cefixime 400 mg CAPSULE[MO]	4	
cefixime 400 mg TABLET[MO]	4	
cefotetan 1 gram, 2 gram RECON SOLUTION[MO]	4	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION[MO]	3	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK[MO]	3	
cefpodoxime 100 mg, 200 mg TABLET[MO]	3	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	3	
cefprozil 250 mg, 500 mg TABLET[MO]	2	
ceftaroline fosamil 400 mg, 600 mg RECON SOLUTION[DL]	5	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION[MO]	4	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION[MO]	2	
ceftriaxone in dextrose,iso-os 1 gram/50 ml, 2 gram/50 ml PIGGYBACK[MO]	3	
cefuroxime axetil 250 mg, 500 mg TABLET[MO]	2	
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]	2	
cephalexin 250 mg CAPSULE[MO]	1	
cephalexin 500 mg CAPSULE[MO]	1	
ciprofloxacin hcl 100 mg TABLET[MO]	4	
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]	2	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	3	
clarithromycin 250 mg, 500 mg TABLET[MO]	2	
clarithromycin 500 mg TABLET, ER 24 HR.[MO]	2	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE[MO]	2	

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]	3	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK[MO]	3	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION[MO]	4	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION[MO]	4	
clindamycin phosphate 150 mg/ml SOLUTION[MO]	3	
clindamycin phosphate 2 % CREAM[MO]	3	
colistin (colistimethate na) 150 mg RECON SOLUTION[MO]	4	
daptomycin 350 mg RECON SOLUTION[MO]	4	
daptomycin 500 mg RECON SOLUTION[DL]	5	
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]	4	
dicloxacillin 250 mg, 500 mg CAPSULE[MO]	2	
DIFICID 200 MG TABLET[DL]	5	
doxy-100 100 mg RECON SOLUTION[MO]	4	
doxycycline hyclate 100 mg CAPSULE[MO]	3	
doxycycline hyclate 100 mg TABLET[MO]	3	
doxycycline hyclate 20 mg TABLET[MO]	3	
doxycycline hyclate 50 mg CAPSULE[MO]	3	
doxycycline monohydrate 100 mg, 150 mg, 50 mg, 75 mg TABLET[MO]	3	
doxycycline monohydrate 100 mg, 50 mg CAPSULE[MO]	2	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION[MO]	4	
ertapenem 1 gram RECON SOLUTION[MO]	4	
ERYTHROCIN 500 MG RECON SOLUTION[MO]	4	
erythromycin 250 mg CAPSULE, DR/EC[MO]	4	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC[MO]	4	
erythromycin 250 mg, 500 mg TABLET[MO]	4	
erythromycin lactobionate 500 mg RECON SOLUTION[DL]	5	
fidaxomicin 200 mg TABLET[DL]	5	
fosfomycin tromethamine 3 gram PACKET[MO]	4	
gentamicin 0.1 % CREAM[MO]	3	
gentamicin 0.1 % OINTMENT[MO]	3	
gentamicin 40 mg/ml SOLUTION[MO]	1	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml PIGGYBACK[MO]	1	
gentamicin in nacl (iso-osm) 100 mg/50 ml PIGGYBACK[MO]	2	
gentamicin sulfate (ped) (pf) 20 mg/2 ml SOLUTION[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
imipenem-cilastatin 250 mg RECON SOLUTION[MO]	3	
imipenem-cilastatin 500 mg RECON SOLUTION[MO]	4	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION[MO]	4	
levofloxacin 250 mg, 750 mg TABLET[MO]	2	
levofloxacin 500 mg TABLET[MO]	2	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK[MO]	3	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION[DL]	5	QL(1800 per 30 days)
linezolid 600 mg TABLET[MO]	4	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK[MO]	4	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION[MO]	4	
meropenem 1 gram, 500 mg RECON SOLUTION[MO]	3	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK[MO]	3	
methenamine hippurate 1 gram TABLET[MO]	3	
metronidazole 0.75 % (37.5mg/5 gram) GEL[MO]	3	
metronidazole 0.75 % CREAM[MO]	4	
metronidazole 0.75 % LOTION[MO]	4	
metronidazole 0.75 %, 1 % GEL[MO]	4	
metronidazole 1 % GEL WITH PUMP[MO]	4	
metronidazole 250 mg, 500 mg TABLET[MO]	2	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK[MO]	2	
minocycline 100 mg, 50 mg, 75 mg CAPSULE[MO]	2	
mondoxyne nl 100 mg CAPSULE[MO]	2	
moxifloxacin 400 mg TABLET[MO]	3	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK[MO]	4	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION[MO]	4	
nafcillin in dextrose iso-osm 2 gram/100 ml PIGGYBACK[DL]	5	
neomycin 500 mg TABLET[MO]	3	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE[MO]	3	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE[MO]	3	
ofloxacin 300 mg, 400 mg TABLET[MO]	2	
oxacillin 1 gram, 10 gram, 2 gram RECON SOLUTION[MO]	4	
oxacillin in dextrose(iso-osm) 2 gram/50 ml PIGGYBACK[MO]	4	
penicillin g pot in dextrose 2 million unit/50 ml, 3 million unit/50 ml PIGGYBACK[MO]	4	
penicillin g potassium 20 million unit RECON SOLUTION[MO]	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
penicillin g potassium 5 million unit RECON SOLUTION[MO]	3	
penicillin g sodium 5 million unit RECON SOLUTION[MO]	4	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION[MO]	2	
penicillin v potassium 250 mg, 500 mg TABLET[MO]	1	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION[MO]	3	
polymyxin b sulfate 500,000 unit RECON SOLUTION[MO]	3	
PRIMSOL 50 MG/5 ML SOLUTION[MO]	4	
streptomycin 1 gram RECON SOLUTION[DL]	5	
sulfacetamide sodium 10 % OINTMENT[MO]	2	
sulfacetamide sodium (acne) 10 % SUSPENSION[MO]	4	QL(118 per 30 days)
sulfadiazine 500 mg TABLET[MO]	4	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION[MO]	4	
sulfamethoxazole-trimethoprim 400-80 mg TABLET[MO]	1	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION[MO]	4	
sulfamethoxazole-trimethoprim 800-160 mg TABLET[MO]	1	
TEFLARO 400 MG, 600 MG RECON SOLUTION[DL]	5	
tigecycline 50 mg RECON SOLUTION[MO]	4	
tinidazole 250 mg, 500 mg TABLET[MO]	3	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION[DL]	5	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION[MO]	1	
trimethoprim 100 mg TABLET[MO]	2	
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]	4	
vancomycin 125 mg CAPSULE[MO]	4	QL(120 per 30 days)
vancomycin 250 mg CAPSULE[MO]	4	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]	4	
vancomycin in dextrose 5 % 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK[MO]	4	
VANCOMYCIN IN DEXTROSE 5 % 1.25 GRAM/250 ML, 1.5 GRAM/300 ML PIGGYBACK[MO]	4	
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]	4	
ANTICONVULSANTS		
brivaracetam 10 mg, 100 mg, 25 mg, 50 mg, 75 mg TABLET[DL]	5	PA,QL(60 per 30 days)
brivaracetam 10 mg/ml SOLUTION[MO]	4	PA,QL(600 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
brivaracetam 50 mg/5 ml SOLUTION[MO]	4	PA
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET[DL]	5	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION[DL]	5	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION[DL]	5	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET[MO]	2	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR.[MO]	4	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR.[MO]	4	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION[MO]	4	
carbamazepine 200 mg TABLET[MO]	2	
clobazam 10 mg, 20 mg TABLET[DL]	4	PA
clobazam 2.5 mg/ml SUSPENSION[DL]	4	PA
DIACOMIT 250 MG, 500 MG CAPSULE[DL]	5	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET[DL]	5	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT[DL]	4	
DILANTIN 30 MG CAPSULE[MO]	4	
divalproex 125 mg CAPSULE, DR SPRINKLE[MO]	3	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC[MO]	2	
divalproex 250 mg, 500 mg TABLET, ER 24 HR.[MO]	3	
EPIDIOLEX 100 MG/ML SOLUTION[DL]	5	PA
epitol 200 mg TABLET[MO]	2	
EPRONTIA 25 MG/ML SOLUTION[MO]	4	PA,QL(480 per 30 days)
eslicarbazepine 200 mg, 400 mg TABLET[DL]	5	PA,QL(30 per 30 days)
eslicarbazepine 600 mg, 800 mg TABLET[DL]	5	PA,QL(60 per 30 days)
ethosuximide 250 mg CAPSULE[MO]	3	
ethosuximide 250 mg/5 ml SOLUTION[MO]	4	
felbamate 400 mg, 600 mg TABLET[MO]	4	PA
felbamate 600 mg/5 ml SUSPENSION[MO]	4	PA
FINTEPLA 2.2 MG/ML SOLUTION[DL,LA]	5	PA,QL(360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION[MO]	3	
FYCOMPA 0.5 MG/ML SUSPENSION[DL]	5	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET[DL]	5	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET[MO]	4	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE[MO]	2	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION[MO]	4	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET[MO]	2	QL(180 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lacosamide 10 mg/ml SOLUTION[MO]	4	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET[MO]	4	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION[DL]	5	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET[MO]	1	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR.[MO]	4	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK[MO]	4	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE[MO]	2	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET[MO]	2	
levetiracetam 100 mg/ml SOLUTION[MO]	2	
levetiracetam 250 mg TABLET FOR SUSPENSION[MO]	4	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET[MO]	2	
levetiracetam 500 mg TABLET FOR SUSPENSION[MO]	4	ST,QL(180 per 30 days)
levetiracetam 500 mg TABLET, ER 24 HR.[MO]	2	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION[MO]	4	QL(900 per 30 days)
levetiracetam 500 mg/5 ml SOLUTION[MO]	4	
levetiracetam 750 mg TABLET, ER 24 HR.[MO]	2	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]	2	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM[DL]	5	QL(10 per 30 days)
methsuximide 300 mg CAPSULE[MO]	4	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL[DL]	4	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET[MO]	3	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION[MO]	4	
perampanel 0.5 mg/ml SUSPENSION[DL]	5	PA,QL(680 per 28 days)
perampanel 10 mg, 12 mg, 4 mg, 6 mg, 8 mg TABLET[DL]	5	PA,QL(30 per 30 days)
perampanel 2 mg TABLET[MO]	4	PA,QL(30 per 30 days)
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET[MO]	3	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET[MO]	3	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR[MO]	4	QL(1500 per 30 days)
phenobarbital 30 mg TABLET[MO]	3	QL(300 per 30 days)
phenytoin 125 mg/5 ml SUSPENSION[MO]	2	
phenytoin 50 mg CHEWABLE TABLET[MO]	2	
phenytoin sodium 50 mg/ml SOLUTION[MO]	4	
phenytoin sodium 50 mg/ml SYRINGE[MO]	4	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE[MO]	2	
primidone 125 mg, 250 mg, 50 mg TABLET[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
roweepra 500 mg TABLET[MO]	1	
rufinamide 200 mg TABLET[MO]	4	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION	5	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET[MO]	4	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION[MO]	4	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION[MO]	4	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION[MO]	4	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION[MO]	4	ST,QL(120 per 30 days)
SUBVENITE 10 MG/ML SUSPENSION[DL]	4	
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET[MO]	1	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK[MO]	4	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK[MO]	4	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK[MO]	4	
SYMPAZAN 10 MG, 20 MG FILM[DL]	5	PA,QL(60 per 30 days)
SYMPAZAN 5 MG FILM[DL]	4	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET[MO]	4	
topiramate 100 mg, 200 mg, 25 mg, 50 mg TABLET[MO]	2	
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE[MO]	3	
topiramate 25 mg/ml SOLUTION[MO]	4	PA,QL(480 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION[MO]	3	
valproic acid 250 mg CAPSULE[MO]	2	
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]	5	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET[DL]	5	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET[DL]	5	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET[DL]	5	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET[DL]	5	PA,QL(180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION[DL]	5	PA,QL(600 per 25 days)
vigpoder 500 mg POWDER IN PACKET[DL]	5	PA,QL(180 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET[DL]	5	PA,QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET[DL]	5	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]	5	PA,QL(56 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK**MO**	4	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**	5	PA,QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION**MO**	4	PA,QL(900 per 30 days)
*zonisamide 100 mg, 25 mg, 50 mg CAPSULE***MO**	2	
ZTALMY 50 MG/ML SUSPENSION**DL**	5	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**	3	QL(30 per 30 days)
*galantamine 12 mg, 4 mg, 8 mg TABLET***MO**	3	QL(60 per 30 days)
*galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.***MO**	3	QL(30 per 30 days)
*galantamine 4 mg/ml SOLUTION***MO**	3	QL(200 per 30 days)
*memantine 10 mg, 5 mg TABLET***MO**	2	PA
*memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.***MO**	3	PA,QL(30 per 30 days)
*memantine 2 mg/ml SOLUTION***MO**	3	PA
*memantine 5-10 mg TABLET, DOSE PACK***MO**	2	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**	4	QL(30 per 30 days)
*rivastigmine tartrate 1.5 mg, 3 mg CAPSULE***MO**	2	QL(90 per 30 days)
*rivastigmine tartrate 4.5 mg, 6 mg CAPSULE***MO**	2	QL(60 per 30 days)
ANTIDEPRESSANTS		
*amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET***MO**	4	
*amitriptyline 25 mg TABLET***MO**	4	
*amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET***MO**	3	
AUVELITY 30 MG-105 MG /45 MG-105 MG tablet,IR ER biphasic,dosepack**MO**	4	ST
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC**MO**	4	ST,QL(60 per 30 days)
*bupropion hcl 100 mg TABLET, SR 12 HR.***MO**	3	QL(120 per 30 days)
*bupropion hcl 100 mg, 75 mg TABLET***MO**	3	QL(180 per 30 days)
*bupropion hcl 150 mg TABLET, ER 24 HR.***MO**	3	QL(90 per 30 days)
*bupropion hcl 150 mg TABLET, SR 12 HR.***MO**	3	QL(90 per 30 days)
*bupropion hcl 200 mg TABLET, SR 12 HR.***MO**	3	QL(60 per 30 days)
*bupropion hcl 300 mg TABLET, ER 24 HR.***MO**	3	QL(60 per 30 days)
*citalopram 10 mg, 20 mg, 40 mg TABLET***MO**	1	
*citalopram 10 mg/5 ml SOLUTION***MO**	2	
*clomipramine 25 mg, 50 mg, 75 mg CAPSULE***MO**	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET[MO]	4	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.[MO]	3	QL(30 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR.[DL]	5	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg, 20 mg, 5 mg TABLET[MO]	1	
escitalopram oxalate 15 mg CAPSULE[MO]	4	
escitalopram oxalate 5 mg/5 ml SOLUTION[MO]	4	QL(600 per 30 days)
EXXUA 18.2 MG (32 TABS) TABLET, ER 24 HR., DOSE PACK[DL]	5	PA
EXXUA 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG TABLET, ER 24 HR.[DL]	5	PA,QL(30 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR.[MO]	4	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR.[MO]	4	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE[MO]	1	QL(60 per 30 days)
fluoxetine 10 mg TABLET[MO]	2	QL(240 per 30 days)
fluoxetine 20 mg CAPSULE[MO]	1	QL(120 per 30 days)
fluoxetine 20 mg TABLET[MO]	2	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION[MO]	2	
fluoxetine 40 mg CAPSULE[MO]	1	QL(90 per 30 days)
fluoxetine 60 mg TABLET[MO]	2	QL(30 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET[MO]	2	QL(90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET[MO]	3	
MARPLAN 10 MG TABLET[MO]	4	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING[MO]	3	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET[MO]	2	
mirtazapine 45 mg TABLET[MO]	2	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET[MO]	3	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE[MO]	4	
nortriptyline 10 mg/5 ml SOLUTION[MO]	4	
paroxetine hcl 10 mg, 20 mg, 30 mg, 40 mg TABLET[MO]	2	
paroxetine hcl 10 mg/5 ml SUSPENSION[MO]	4	
paroxetine hcl 12.5 mg, 37.5 mg TABLET, ER 24 HR.[MO]	4	QL(60 per 30 days)
paroxetine hcl 25 mg TABLET, ER 24 HR.[MO]	4	QL(90 per 30 days)
phenelzine 15 mg TABLET[MO]	2	
protriptyline 10 mg, 5 mg TABLET[MO]	4	
RALDESY 10 MG/ML SOLUTION[DL]	5	
sertraline 100 mg TABLET[MO]	1	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE[MO]	4	
sertraline 25 mg, 50 mg TABLET[MO]	1	QL(90 per 30 days)
tranylcypromine 10 mg TABLET[MO]	4	
trazodone 100 mg, 150 mg, 50 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
trazodone 25 mg, 300 mg, 75 mg TABLET[MO]	2	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE[MO]	4	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET[MO]	4	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET[MO]	2	
venlafaxine 150 mg CAPSULE, ER 24 HR.[MO]	2	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR.[MO]	2	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR.[MO]	2	QL(90 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET[MO]	4	PA,QL(30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE[DL]	5	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE[DL]	5	PA,QL(14 per 365 days)
ANTIEMETICS		
aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK[MO]	4	BvsD
aprepitant 125 mg CAPSULE	5	BvsD,QL(2 per 28 days)
aprepitant 40 mg CAPSULE[MO]	4	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE[MO]	4	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY[MO]	4	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE[MO]	4	BvsD,QL(120 per 30 days)
granisetron hcl 1 mg TABLET[MO]	2	BvsD,QL(28 per 28 days)
meclizine 12.5 mg TABLET[MO]	2	
meclizine 25 mg TABLET[MO]	2	
metoclopramide hcl 10 mg, 5 mg TABLET[MO]	1	
ondansetron 4 mg, 8 mg TABLET, DISINTEGRATING[MO]	2	BvsD
ondansetron hcl 2 mg/ml SOLUTION[MO]	4	
ondansetron hcl 4 mg TABLET[MO]	1	BvsD
ondansetron hcl 4 mg/5 ml SOLUTION[MO]	4	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET[MO]	1	BvsD
ondansetron hcl (pf) 4 mg/2 ml SOLUTION[MO]	4	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE[MO]	4	
prochlorperazine 25 mg SUPPOSITORY[MO]	4	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION[MO]	4	
prochlorperazine maleate 10 mg, 5 mg TABLET[MO]	1	BvsD
promethazine 12.5 mg, 25 mg, 50 mg TABLET[MO]	4	
scopolamine base 1 mg over 3 days PATCH, 3 DAY[MO]	4	QL(10 per 30 days)
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION[MO]	3	BvsD
amphotericin b 50 mg RECON SOLUTION[MO]	2	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION[DL]	5	BvsD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
caspofungin 50 mg, 70 mg RECON SOLUTION[MO]	4	
ciclodan 8 % SOLUTION[MO]	2	QL(13.2 per 30 days)
ciclopirox 0.77 % CREAM[MO]	2	QL(90 per 30 days)
ciclopirox 0.77 % GEL[MO]	4	QL(100 per 30 days)
ciclopirox 0.77 % SUSPENSION[MO]	3	QL(60 per 30 days)
ciclopirox 8 % SOLUTION[MO]	2	QL(13.2 per 30 days)
clotrimazole 1 % CREAM[MO]	2	
clotrimazole 1 % SOLUTION[MO]	2	
clotrimazole 10 mg TROCHE[MO]	2	
clotrimazole-betamethasone 1-0.05 % CREAM[MO]	3	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION[MO]	3	QL(90 per 28 days)
CRESEMBA 186 MG, 74.5 MG CAPSULE[DL]	5	PA
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION[MO]	3	
fluconazole 100 mg, 200 mg, 50 mg TABLET[MO]	2	
fluconazole 150 mg TABLET[MO]	2	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK[MO]	2	
flucytosine 250 mg, 500 mg CAPSULE[DL]	5	
griseofulvin microsize 125 mg/5 ml SUSPENSION[MO]	3	
griseofulvin microsize 500 mg TABLET[MO]	4	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET[MO]	4	
itraconazole 100 mg CAPSULE[MO]	4	QL(120 per 30 days)
ketoconazole 2 % CREAM[MO]	2	QL(60 per 30 days)
ketoconazole 2 % SHAMPOO[MO]	2	QL(120 per 30 days)
ketoconazole 200 mg TABLET[MO]	4	PA
klayesta 100,000 unit/gram POWDER[MO]	4	
micafungin 100 mg, 50 mg RECON SOLUTION[MO]	4	
MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK[DL]	5	
micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK[DL]	5	
miconazole-3 200 mg SUPPOSITORY[MO]	3	
nyamyc 100,000 unit/gram POWDER[MO]	4	
nystatin 100,000 unit/gram CREAM[MO]	2	
nystatin 100,000 unit/gram OINTMENT[MO]	2	
nystatin 100,000 unit/gram POWDER[MO]	4	
nystatin 100,000 unit/ml SUSPENSION[MO]	2	
nystatin 500,000 unit TABLET[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM[MO]	4	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT[MO]	4	
nystop 100,000 unit/gram POWDER[MO]	4	
posaconazole 100 mg TABLET, DR/EC[DL]	5	PA
posaconazole 300 mg/16.7 ml SOLUTION[DL]	5	PA
terbinafine hcl 250 mg TABLET[MO]	1	
terconazole 0.4 %, 0.8 % CREAM[MO]	2	
terconazole 80 mg SUPPOSITORY[MO]	3	
voriconazole 10 mg/ml SOLUTION[MO]	4	
voriconazole 200 mg RECON SOLUTION[MO]	4	
voriconazole 200 mg, 50 mg TABLET[MO]	3	QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION[DL]	5	QL(400 per 30 days)
voriconazole-hpbcd 200 mg RECON SOLUTION[MO]	4	
ANTIGOUT AGENTS		
allopurinol 100 mg, 300 mg TABLET[MO]	1	
colchicine 0.6 mg TABLET[MO]	3	QL(120 per 30 days)
febuxostat 40 mg, 80 mg TABLET[MO]	3	ST,QL(30 per 30 days)
probenecid 500 mg TABLET[MO]	3	
probenecid-colchicine 500-0.5 mg TABLET[MO]	3	
ANTIMIGRAINE AGENTS		
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL[DL]	5	PA,QL(8 per 30 days)
eletriptan 20 mg, 40 mg TABLET[MO]	4	QL(9 per 30 days)
EMGALITY PEN 120 MG/ML PEN INJECTOR[MO]	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE[MO]	4	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE[MO]	4	PA,QL(3 per 30 days)
ergotamine-caffeine 1-100 mg TABLET[MO]	3	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET[MO]	2	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET[MO]	4	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]	3	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL[MO]	4	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]	4	QL(6 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml PEN INJECTOR[MO]	4	QL(6 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sumatriptan succinate 6 mg/0.5 ml SOLUTION[MO]	4	QL(6 per 30 days)
UBRELVY 100 MG, 50 MG TABLET[MO]	3	PA,QL(16 per 30 days)
ANTIMYASTHENIC AGENTS		
pyridostigmine bromide 30 mg, 60 mg TABLET[MO]	3	
VYVGART 20 MG/ML SOLUTION[DL]	5	PA
VYVGART HYTRULO 1,000 MG-10,000 UNIT/5 ML SYRINGE[DL]	5	PA,QL(20 per 28 days)
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION[DL]	5	PA,QL(22.4 per 28 days)
ANTIMYCOBACTERIALS		
dapsone 100 mg, 25 mg TABLET[MO]	3	
ethambutol 100 mg, 400 mg TABLET[MO]	2	
isoniazid 100 mg, 300 mg TABLET[MO]	1	
isoniazid 100 mg/ml SOLUTION[MO]	1	
isoniazid 50 mg/5 ml SOLUTION[MO]	3	
PRIFTIN 150 MG TABLET[MO]	4	
pyrazinamide 500 mg TABLET[MO]	4	
rifabutin 150 mg CAPSULE[MO]	4	
rifampin 150 mg, 300 mg CAPSULE[MO]	3	
rifampin 600 mg RECON SOLUTION[MO]	4	
rifapentine 150 mg TABLET[MO]	4	
SIRTURO 100 MG, 20 MG TABLET[DL]	5	PA
TRECATOR 250 MG TABLET[MO]	4	
ANTINEOPLASTICS		
abiraterone 250 mg TABLET[DL]	5	PA,QL(120 per 30 days)
abirtega 250 mg TABLET[MO]	4	PA,QL(120 per 30 days)
afatinib 20 mg, 30 mg, 40 mg TABLET[DL,LA]	5	PA,QL(30 per 30 days)
AKEEGA 100-500 MG, 50-500 MG TABLET[DL]	5	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE[DL]	5	PA,QL(240 per 30 days)
ALUNBRIG 180 MG, 90 MG TABLET[DL]	5	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET[DL]	5	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK[DL]	5	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]	5	PA
AUGTYRO 160 MG CAPSULE[DL]	5	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE[DL]	5	PA,QL(240 per 30 days)
AVMAPKI-FAKZYNJA 0.8-200 MG COMBO PACK[DL]	5	PA,QL(66 per 28 days)
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET[DL]	5	PA,QL(30 per 30 days)
azacitidine 100 mg RECON SOLUTION[DL]	5	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BALVERSA 3 MG TABLET[DL]	5	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET[DL]	5	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET[DL]	5	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION[DL]	5	PA
BEQALZI 1 MG, 20 MG, 5 MG TABLET[DL]	5	PA,QL(60 per 30 days)
BEQALZI 80 MG TABLET[DL]	5	PA,QL(120 per 30 days)
BEQALZI STARTER PACK 1-5-20-80 MG TABLET, DOSE PACK[DL]	5	PA,QL(44 per 28 days)
bexarotene 1 % GEL[DL]	5	PA,QL(240 per 30 days)
bexarotene 75 mg CAPSULE[DL]	5	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET[MO]	2	QL(30 per 30 days)
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION[MO]	4	PA
bortezomib 1 mg, 2.5 mg, 3.5 mg RECON SOLUTION[MO]	4	PA
BOSULIF 100 MG CAPSULE[DL]	5	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET[DL]	5	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET[DL]	5	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE[DL]	5	PA,QL(360 per 30 days)
bosutinib 100 mg TABLET[DL]	5	PA,QL(120 per 30 days)
bosutinib 400 mg, 500 mg TABLET[DL]	5	PA,QL(30 per 30 days)
BRAFTOVI 75 MG CAPSULE[DL]	5	PA,QL(180 per 30 days)
BRUKINSA 160 MG TABLET[DL]	5	PA,QL(120 per 30 days)
BRUKINSA 80 MG CAPSULE[DL]	5	PA,QL(120 per 30 days)
CABOMETYX 20 MG, 40 MG, 60 MG TABLET[DL]	5	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET[DL]	5	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET[DL]	5	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET[DL]	5	PA,QL(30 per 30 days)
CAVHANZA 60 MG, 80 MG TABLET, DISINTEGRATING[DL]	5	PA,QL(112 per 28 days)
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE[DL]	5	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE[DL]	5	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE[DL]	5	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE[DL]	5	PA,QL(56 per 28 days)
COTELLIC 20 MG TABLET[DL]	5	PA,QL(63 per 28 days)
cyclophosphamide 25 mg, 50 mg CAPSULE[MO]	4	BvsD
cyclophosphamide 25 mg, 50 mg TABLET[MO]	3	BvsD
CYRAMZA 10 MG/ML SOLUTION[DL]	5	PA
DANYELZA 4 MG/ML SOLUTION[DL]	5	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET[DL]	5	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION[DL]	5	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION[DL]	5	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET[DL]	5	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET[DL]	5	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET[DL]	5	PA,QL(90 per 30 days)
DAURISMO 100 MG TABLET[DL]	5	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET[DL]	5	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION[DL]	5	PA
EMPLICITI 300 MG, 400 MG RECON SOLUTION[DL]	5	PA
ENSACOVE 100 MG CAPSULE[DL]	5	PA,QL(60 per 30 days)
ENSACOVE 25 MG CAPSULE[DL]	5	PA,QL(270 per 30 days)
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION[DL]	5	PA
ERIVEDGE 150 MG CAPSULE[DL]	5	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET[DL]	5	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET[DL]	5	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET[DL]	5	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET[DL]	5	PA,QL(90 per 30 days)
ETCAMAH 75 MG TABLET[DL]	5	PA,QL(56 per 28 days)
EULEXIN 125 MG CAPSULE[DL]	5	PA
EVDI 1 MG/20 ML (0.05 MG/ML) SOLUTION[DL]	5	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET[DL]	5	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION[DL]	5	PA
exemestane 25 mg TABLET[MO]	4	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]	2	BvsD
FOTIVDA 0.89 MG, 1.34 MG CAPSULE[DL]	5	PA,QL(21 per 28 days)
FRUZAQLA 1 MG CAPSULE[DL]	5	PA,QL(84 per 28 days)
FRUZAQLA 5 MG CAPSULE[DL]	5	PA,QL(21 per 28 days)
GAVRETO 100 MG CAPSULE[DL,LA]	5	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION[DL]	5	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET[DL]	5	PA
GILOTRIF 20 MG, 30 MG, 40 MG TABLET[DL,LA]	5	PA,QL(30 per 30 days)
GLEOSTINE 10 MG CAPSULE[MO]	4	PA
GLEOSTINE 100 MG CAPSULE[DL]	5	PA
GLEOSTINE 40 MG CAPSULE	5	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION[DL]	5	PA
GOMEKLI 1 MG, 2 MG CAPSULE[DL]	5	PA
HERNEXEOS 60 MG TABLET[DL]	5	PA,QL(180 per 30 days)
hydroxyurea 500 mg CAPSULE[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HYRNUO 10 MG TABLET[DL]	5	PA,QL(120 per 30 days)
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE[DL]	5	PA,QL(21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG TABLET[DL]	5	PA,QL(21 per 28 days)
IBTROZI 200 MG CAPSULE[DL]	5	PA,QL(90 per 30 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET[DL]	5	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET[DL]	5	PA,QL(60 per 30 days)
IDHIFA 100 MG, 50 MG TABLET[DL]	5	PA,QL(30 per 30 days)
imatinib 100 mg TABLET[MO]	4	PA,QL(90 per 30 days)
imatinib 400 mg TABLET[DL]	5	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE[DL]	5	PA,QL(120 per 30 days)
IMBRUVICA 140 MG, 280 MG TABLET[DL]	5	PA
IMBRUVICA 420 MG TABLET[DL]	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE[DL]	5	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION[DL]	5	PA
IMFINZI 50 MG/ML SOLUTION[DL]	5	PA
IMJUDO 20 MG/ML SOLUTION[DL]	5	PA
IMKELDI 80 MG/ML SOLUTION[DL]	5	PA,QL(300 per 30 days)
INLEXZO 225 MG IMPLANT[DL]	5	PA
INLURIYO 200 MG TABLET[DL]	5	PA,QL(84 per 28 days)
INLYTA 1 MG TABLET[DL]	5	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET[DL]	5	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET[DL]	5	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE[DL]	5	PA,QL(120 per 30 days)
ITOVEBI 3 MG TABLET[DL]	5	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET[DL]	5	PA,QL(28 per 28 days)
IWILFIN 192 MG TABLET[DL]	5	PA,QL(240 per 30 days)
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET[DL]	5	PA,QL(60 per 30 days)
JAKAFI XR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG TABLET, ER 24 HR.[DL]	5	PA,QL(30 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET[DL]	5	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION	5	PA,QL(20 per 42 days)
JIDEYTRO 100 MG TABLET[DL]	5	PA,QL(30 per 30 days)
JIDEYTRO 25 MG TABLET[DL]	5	PA,QL(90 per 30 days)
KANJINTI 150 MG, 420 MG RECON SOLUTION[DL]	5	PA
KEYTRUDA 25 MG/ML SOLUTION[DL]	5	PA
KEYTRUDA QLEX 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML SOLUTION[DL]	5	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET[DL]	5	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET[DL]	5	PA,QL(42 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI 600 MG/DAY (200 MG X 3) TABLET[DL]	5	PA,QL(63 per 28 days)
KOMZIFTI 200 MG CAPSULE[DL]	5	PA,QL(90 per 30 days)
KOSELUGO 10 MG CAPSULE[DL]	5	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE[DL]	5	PA,QL(120 per 30 days)
KOSELUGO 5 MG CAPSULE, SPRINKLE[DL]	5	PA,QL(600 per 30 days)
KOSELUGO 7.5 MG CAPSULE, SPRINKLE[DL]	5	PA,QL(360 per 30 days)
KRAZATI 200 MG TABLET[DL]	5	PA,QL(180 per 30 days)
lapatinib 250 mg TABLET[DL]	5	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET[DL]	5	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET[DL]	5	PA,QL(60 per 30 days)
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE[DL]	5	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE[DL]	5	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]	5	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]	5	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]	4	
leucovorin calcium 10 mg/ml SOLUTION[MO]	3	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION[MO]	3	
LEUKERAN 2 MG TABLET[DL]	5	
levoleucovorin calcium 10 mg/ml SOLUTION[MO]	4	PA
levoleucovorin calcium 50 mg RECON SOLUTION[MO]	4	PA
LIBTAYO 50 MG/ML SOLUTION[DL]	5	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]	5	PA
lomustine 10 mg CAPSULE[MO]	4	PA
lomustine 100 mg, 40 mg CAPSULE[DL]	5	PA
LONSURF 15-6.14 MG TABLET[DL]	5	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET[DL]	5	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION[DL]	5	PA
LORBRENA 100 MG TABLET[DL]	5	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET[DL]	5	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET[DL]	5	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET[DL]	5	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET[DL]	5	PA,QL(90 per 30 days)
LYNPARZA 100 MG, 150 MG TABLET[DL]	5	PA,QL(120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYSODREN 500 MG TABLET**DL**	5	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET**DL**	5	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION**DL**	5	PA
MATULANE 50 MG CAPSULE**DL**	5	
MEKINIST 0.05 MG/ML RECON SOLUTION**DL**	5	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET**DL**	5	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET**DL**	5	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET**DL**	5	PA,QL(180 per 30 days)
*mercaptopurine 20 mg/ml SUSPENSION***DL**	5	
*mercaptopurine 50 mg TABLET***MO**	3	
*mesna 400 mg TABLET***DL**	5	
*mitomycin 20 mg, 5 mg RECON SOLUTION***MO**	4	
*mitomycin 40 mg RECON SOLUTION***DL**	5	
MODEYSO 125 MG CAPSULE**DL**	5	PA,QL(20 per 28 days)
MVASI 25 MG/ML SOLUTION**DL**	5	PA
NERLYNX 40 MG TABLET**DL**	5	PA,QL(180 per 30 days)
*nilotinib d-tartrate 150 mg, 200 mg, 50 mg CAPSULE***DL**	5	PA,QL(120 per 30 days)
*nilotinib hcl 150 mg, 200 mg, 50 mg CAPSULE***DL**	5	PA,QL(120 per 30 days)
*nilutamide 150 mg TABLET***DL**	5	QL(60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE**DL**	5	PA,QL(3 per 28 days)
NUBEQA 300 MG TABLET**DL**	5	PA,QL(120 per 30 days)
ODOMZO 200 MG CAPSULE**DL**	5	PA,QL(30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET**DL**	5	PA,QL(60 per 30 days)
OGSIVEO 50 MG TABLET**DL**	5	PA,QL(180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION**DL**	5	PA,QL(96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET**DL**	5	PA,QL(16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET**DL**	5	PA,QL(20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET**DL**	5	PA,QL(24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET**DL**	5	PA,QL(30 per 30 days)
ONUREG 200 MG, 300 MG TABLET**DL**	5	PA,QL(14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION**DL**	5	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION**DL**	5	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION**DL**	5	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**	5	PA,QL(10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION**DL**	5	PA,QL(40 per 28 days)
ORGOVYX 120 MG TABLET**DL**	5	PA,QL(32 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORSERDU 345 MG TABLET[DL]	5	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET[DL]	5	PA,QL(90 per 30 days)
PANRETIN 0.1 % GEL[DL]	5	PA
pazopanib 200 mg TABLET[DL]	5	PA,QL(120 per 30 days)
pazopanib 400 mg TABLET[DL]	5	PA,QL(60 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET[DL]	5	PA,QL(28 per 28 days)
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION[DL]	5	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET[DL]	5	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]	5	PA,QL(56 per 28 days)
pomalidomide 1 mg, 2 mg, 3 mg, 4 mg CAPSULE[DL]	5	PA,QL(21 per 28 days)
POTELIGEO 4 MG/ML SOLUTION[DL]	5	PA
PURIXAN 20 MG/ML SUSPENSION[DL]	5	
QINLOCK 50 MG TABLET[DL]	5	PA,QL(90 per 30 days)
RASONQUE 100 MG TABLET[DL]	5	PA,QL(120 per 30 days)
RASONQUE 150 MG TABLET[DL]	5	PA,QL(60 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET[DL]	5	PA,QL(60 per 30 days)
RETEVMO 40 MG TABLET[DL]	5	PA,QL(90 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET[DL]	5	PA
REZLIDHIA 150 MG CAPSULE[DL]	5	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION[DL]	5	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE[DL]	5	PA
ROZLYTREK 100 MG CAPSULE[DL]	5	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE[DL]	5	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET[DL]	5	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET[DL]	5	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION[DL]	5	PA
RYBREVANT 50 MG/ML SOLUTION[DL]	5	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]	5	PA
RYDAPT 25 MG CAPSULE[DL]	5	PA,QL(224 per 28 days)
SARCLISA 20 MG/ML SOLUTION[DL]	5	PA
SARCLISA ESCENA 1,400 MG/10 ML SOLUTION[DL]	5	PA
SCEMBLIX 100 MG TABLET[DL]	5	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET[DL]	5	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET[DL]	5	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION[DL]	5	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*sorafenib 200 mg TABLET*DL	5	PA,QL(120 per 30 days)
STIVARGA 40 MG TABLETDL	5	PA,QL(84 per 28 days)
*sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE*DL	5	PA,QL(28 per 28 days)
TABLOID 40 MG TABLETMO	4	
TABRECTA 150 MG, 200 MG TABLETDL	5	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSIONDL	5	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULEDL	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULEDL	5	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLETDL	5	PA,QL(30 per 30 days)
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULEDL	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULEDL	5	PA,QL(90 per 30 days)
*tamoxifen 10 mg, 20 mg TABLET*MO	1	
TAZVERIK 200 MG TABLETDL	5	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTIONDL	5	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTIONDL	5	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTIONDL	5	PA,QL(15 per 21 days)
TEPMETKO 225 MG TABLETDL	5	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTIONDL	5	PA,QL(20 per 21 days)
THALOMID 100 MG CAPSULEDL	5	PA,QL(120 per 30 days)
THALOMID 50 MG CAPSULEDL	5	PA,QL(240 per 30 days)
TIBSOVO 250 MG TABLETDL	5	PA,QL(60 per 30 days)
*toremifene 60 mg TABLET*DL	5	QL(30 per 30 days)
*torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET*DL	5	PA,QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTIONDL	5	PA
*tretinoin (antineoplastic) 10 mg CAPSULE*DL	5	
TRUQAP 160 MG, 200 MG TABLETDL	5	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLETDL	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLETDL	5	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULEDL,LA	5	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTIONDL	5	PA
UNLOXCYT 300 MG/5 ML (60 MG/ML) SOLUTIONDL	5	PA
VALCHLOR 0.016 % GELDL	5	PA,QL(60 per 28 days)
*valrubicin 40 mg/ml SOLUTION*DL	5	PA,QL(80 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLETDL	5	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTIONDL	5	PA
VENCLEXTA 10 MG TABLETMO	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLETDL	5	PA,QL(180 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENCLEXTA 50 MG TABLET	5	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK**DL**	5	PA,QL(42 per 28 days)
VEPPANU 100 MG TABLET**DL**	5	PA,QL(90 per 30 days)
VEPPANU 200 MG TABLET**DL**	5	PA,QL(30 per 30 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET**DL**	5	PA,QL(60 per 30 days)
VITRAKVI 100 MG CAPSULE**DL**	5	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION**DL**	5	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE**DL**	5	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET**DL**	5	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE**DL**	5	PA,QL(120 per 30 days)
VORANIGO 10 MG TABLET**DL**	5	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET**DL**	5	PA,QL(30 per 30 days)
VYLOY 100 MG, 300 MG RECON SOLUTION**DL**	5	PA
XALKORI 150 MG PELLET**DL**	5	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET**DL**	5	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE**DL**	5	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET**DL**	5	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET**DL**	5	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**	5	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET**DL**	5	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**	5	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET**DL**	5	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET**DL**	5	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE**DL**	5	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET**DL**	5	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET**DL**	5	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION**DL**	5	PA
YONDELIS 1 MG RECON SOLUTION**DL**	5	PA
*yulithira 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET***MO**	4	PA,QL(30 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET**DL**	5	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET**DL**	5	PA,QL(240 per 30 days)
ZENBEXUS 0.75 MG, 1 MG CAPSULE**DL**	5	PA,QL(21 per 28 days)
ZIRABEV 25 MG/ML SOLUTION**DL**	5	PA
ZOLINZA 100 MG CAPSULE**DL**	5	PA,QL(120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYDELIG 100 MG, 150 MG TABLET[DL]	5	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET[DL]	5	PA,QL(150 per 30 days)
ZYNYZ 500 MG/20 ML SOLUTION[DL]	5	PA,QL(20 per 28 days)
ANTIPARASITICS		
albendazole 200 mg TABLET[MO]	4	
atovaquone 750 mg/5 ml SUSPENSION[MO]	4	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET[MO]	4	
chloroquine phosphate 250 mg, 500 mg TABLET[MO]	2	
COARTEM 20-120 MG TABLET[MO]	4	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET[MO]	2	
hydroxychloroquine 200 mg TABLET[MO]	2	
IMPAVIDO 50 MG CAPSULE[DL]	5	QL(84 per 28 days)
ivermectin 3 mg, 6 mg TABLET[MO]	3	
LAMPIT 120 MG, 30 MG TABLET[MO]	4	
mefloquine 250 mg TABLET[MO]	2	
nitazoxanide 500 mg TABLET[DL]	5	
pentamidine 300 mg RECON SOLUTION[MO]	4	
pentamidine 300 mg RECON SOLUTION[MO]	4	BvsD
praziquantel 600 mg TABLET[MO]	4	
primaquine 26.3 mg (15 mg base) TABLET[MO]	3	
pyrimethamine 25 mg TABLET[DL]	5	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE[MO]	4	PA,QL(42 per 7 days)
ANTIPARKINSON AGENTS		
amantadine hcl 100 mg CAPSULE[MO]	3	
amantadine hcl 50 mg/5 ml SOLUTION[MO]	2	
apomorphine 10 mg/ml CARTRIDGE[DL]	5	PA,QL(84 per 28 days)
benztropine 0.5 mg, 1 mg, 2 mg TABLET[MO]	2	
benztropine 1 mg/ml SOLUTION[MO]	4	
bromocriptine 2.5 mg TABLET[MO]	3	
carbidopa 25 mg TABLET[MO]	4	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING[MO]	4	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET[MO]	2	
carbidopa-levodopa 25-100 mg TABLET[MO]	2	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER[MO]	3	
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]	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
entacapone 200 mg TABLET[MO]	3	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]	2	
rasagiline 0.5 mg, 1 mg TABLET[MO]	3	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET[MO]	2	
selegiline hcl 5 mg CAPSULE[MO]	2	
selegiline hcl 5 mg TABLET[MO]	2	
trihexyphenidyl 0.4 mg/ml ELIXIR[MO]	3	
trihexyphenidyl 2 mg, 5 mg TABLET[MO]	3	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE	5	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE	5	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON[DL]	5	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE[DL]	5	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION[MO]	4	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING[MO]	4	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET[MO]	3	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE	5	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE[DL]	5	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE[DL]	5	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE[DL]	5	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE[DL]	5	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET[MO]	4	PA,QL(60 per 30 days)
BYSANTI 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET[DL]	5	PA,QL(60 per 30 days)
BYSANTI TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK[DL]	4	PA
BYSANTI TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) TABLET, DOSE PACK[DL]	4	PA
BYSANTI TITRATION PACK C 1 MG(4)-2MG(2)- 6 MG (2) TABLET, DOSE PACK[DL]	4	PA
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE[DL]	4	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET[MO]	4	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET[MO]	4	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE[MO]	4	
chlorpromazine 25 mg/ml SOLUTION[MO]	4	
clozapine 100 mg TABLET[MO]	3	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING[MO]	4	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING[MO]	4	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clozapine 150 mg TABLET, DISINTEGRATING[MO]	4	PA,QL(180 per 30 days)
clozapine 200 mg TABLET[MO]	3	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING[MO]	4	PA,QL(135 per 30 days)
clozapine 25 mg TABLET[MO]	3	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING[MO]	4	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET[MO]	3	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET[DL]	4	PA,QL(60 per 30 days)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK[MO]	4	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]	4	PA,QL(56 per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2) TABLET, DOSE PACK[MO]	4	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION[MO]	4	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET[MO]	4	
fluphenazine hcl 2.5 mg/5 ml ELIXIR[MO]	3	
fluphenazine hcl 2.5 mg/ml SOLUTION[MO]	4	
fluphenazine hcl 5 mg/ml CONCENTRATE[MO]	4	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET[MO]	2	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION[MO]	3	
haloperidol lactate 2 mg/ml CONCENTRATE[MO]	2	
haloperidol lactate 5 mg/ml SOLUTION[MO]	2	
haloperidol lactate 5 mg/ml SYRINGE[MO]	2	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE	5	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE	5	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE[DL]	5	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE[DL]	5	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE[MO]	4	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE	5	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE	5	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE	5	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE	5	QL(2.63 per 90 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE[MO]	4	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET[MO]	3	QL(30 per 30 days)
lurasidone 80 mg TABLET[MO]	3	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET[DL]	5	PA,QL(30 per 30 days)
molindone 10 mg TABLET[MO]	4	QL(240 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
molindone 25 mg TABLET[MO]	4	QL(270 per 30 days)
molindone 5 mg TABLET[MO]	4	QL(360 per 30 days)
NUPLAZID 10 MG TABLET[DL]	5	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE[DL]	5	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION[MO]	3	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET[MO]	3	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING[MO]	3	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING[MO]	3	QL(60 per 30 days)
OPIPZA 10 MG FILM[DL]	5	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM[DL]	5	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM[DL]	5	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR.[MO]	4	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR.[MO]	4	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET[MO]	4	
pimozide 1 mg, 2 mg TABLET[MO]	3	
quetiapine 100 mg TABLET[MO]	2	QL(90 per 30 days)
quetiapine 150 mg TABLET[MO]	2	QL(30 per 30 days)
quetiapine 150 mg TABLET, ER 24 HR.[MO]	3	QL(90 per 30 days)
quetiapine 200 mg TABLET[MO]	2	QL(120 per 30 days)
quetiapine 200 mg TABLET, ER 24 HR.[MO]	3	QL(30 per 30 days)
quetiapine 25 mg, 50 mg TABLET[MO]	2	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET[MO]	2	QL(60 per 30 days)
quetiapine 300 mg, 400 mg TABLET, ER 24 HR.[MO]	3	QL(60 per 30 days)
quetiapine 50 mg TABLET, ER 24 HR.[MO]	3	QL(120 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET[DL]	5	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON[MO]	4	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON[DL]	5	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]	4	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]	4	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION[MO]	2	
risperidone microspheres 12.5 mg/2 ml, 25 mg/2 ml SUSPENSION, ER, RECON[MO]	4	QL(2 per 28 days)
risperidone microspheres 37.5 mg/2 ml, 50 mg/2 ml SUSPENSION, ER, RECON[DL]	5	QL(2 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR.DL	5	PA,QL(30 per 30 days)
*thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET*MO	2	
*thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE*MO	2	
*trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET*MO	2	
VERSACLOZ 50 MG/ML SUSPENSIONDL	5	PA,QL(540 per 30 days)
VRAYLAR 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULEDL	4	PA,QL(30 per 30 days)
WELTRUZA 318 MG, 425 MG, 531 MG SUSPENSION, ER, RECONDL	5	QL(1 per 28 days)
*ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE*MO	3	
*ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION*MO	4	
ZYPREXA 10 MG RECON SOLUTIONMO	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTIONMO	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTIONDL	5	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTIONDL	5	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	4	QL(960 per 30 days)
*abacavir 300 mg TABLET*MO	4	QL(60 per 30 days)
*abacavir-lamivudine 600-300 mg TABLET*MO	4	QL(30 per 30 days)
*acyclovir 200 mg CAPSULE*MO	2	
*acyclovir 400 mg, 800 mg TABLET*MO	1	
*acyclovir sodium 50 mg/ml SOLUTION*MO	2	BvsD
*adefovir 10 mg TABLET*MO	4	
APTIVUS 250 MG CAPSULEDL	5	QL(120 per 30 days)
*atazanavir 150 mg, 200 mg CAPSULE*MO	4	QL(60 per 30 days)
*atazanavir 300 mg CAPSULE*MO	4	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTIONDL	5	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLETDL	5	QL(30 per 30 days)
BIXLENVO 75-50 MG TABLETDL	5	QL(30 per 30 days)
BIXLENVO-SUNLENCA STARTER PACK 75 MG-50 MG /300 MG TABLETDL	5	QL(34 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ERDL	5	QL(50 per 365 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cidofovir 75 mg/ml SOLUTION[DL]	5	
CIMDUO 300-300 MG TABLET[DL]	5	QL(30 per 30 days)
darunavir 600 mg TABLET[MO]	4	QL(60 per 30 days)
darunavir 800 mg TABLET[DL]	5	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET[DL]	5	QL(30 per 30 days)
DESCOVY 120-15 MG, 200-25 MG TABLET[DL]	5	QL(30 per 30 days)
DOVATO 50-300 MG TABLET[DL]	5	QL(30 per 30 days)
EDURANT 25 MG TABLET[DL]	5	QL(30 per 30 days)
EDURANT PED 2.5 MG TABLET FOR SUSPENSION[DL]	5	QL(180 per 30 days)
efavirenz 600 mg TABLET[MO]	4	QL(30 per 30 days)
efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET[MO]	3	QL(30 per 30 days)
efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET[DL]	5	QL(30 per 30 days)
emtricita-rilpivirine-tenof df 200-25-300 mg TABLET[DL]	5	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE[MO]	4	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET[MO]	4	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION[MO]	4	QL(680 per 28 days)
entecavir 0.5 mg, 1 mg TABLET[MO]	4	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET[DL]	5	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET[DL]	5	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET[DL]	5	PA,QL(28 per 28 days)
etravirine 100 mg TABLET[DL]	5	QL(120 per 30 days)
etravirine 200 mg TABLET[DL]	5	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET[DL]	5	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET[MO]	2	QL(90 per 30 days)
fosamprenavir 700 mg TABLET[DL]	5	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION[DL]	5	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET[DL]	5	QL(30 per 30 days)
IDVYNSO 100-0.25 MG TABLET[DL]	5	QL(30 per 30 days)
INTELENCE 25 MG TABLET[MO]	4	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET[DL]	5	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET[MO]	4	QL(300 per 30 days)
ISENTRESS 25 MG CHEWABLE TABLET[MO]	3	QL(180 per 30 days)
ISENTRESS 400 MG TABLET[DL]	5	QL(120 per 30 days)
ISENTRESS HD 600 MG TABLET[DL]	5	QL(60 per 30 days)
JULUCA 50-25 MG TABLET[DL]	5	QL(30 per 30 days)
KALETRA 400-100 MG/5 ML SOLUTION[DL]	5	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*lamivudine 10 mg/ml SOLUTION*MO	2	QL(900 per 30 days)
*lamivudine 100 mg TABLET*MO	3	QL(90 per 30 days)
*lamivudine 150 mg TABLET*MO	2	QL(60 per 30 days)
*lamivudine 300 mg TABLET*MO	2	QL(30 per 30 days)
*lamivudine-zidovudine 150-300 mg TABLET*MO	4	QL(60 per 30 days)
LIVTENCITY 200 MG TABLETDL	5	PA,QL(120 per 30 days)
*lopinavir-ritonavir 100-25 mg TABLET*MO	4	QL(300 per 30 days)
*lopinavir-ritonavir 200-50 mg TABLET*MO	4	QL(150 per 30 days)
*maraviroc 150 mg TABLET*DL	5	QL(240 per 30 days)
*maraviroc 300 mg TABLET*DL	5	QL(120 per 30 days)
*nevirapine 200 mg TABLET*MO	2	QL(60 per 30 days)
*nevirapine 400 mg TABLET, ER 24 HR.*MO	4	QL(30 per 30 days)
*nevirapine 50 mg/5 ml SUSPENSION*MO	4	QL(1200 per 30 days)
NORVIR 100 MG POWDER IN PACKETMO	4	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLETDL	5	QL(30 per 30 days)
*oseltamivir 30 mg CAPSULE*MO	2	QL(224 per 365 days)
*oseltamivir 45 mg CAPSULE*MO	2	QL(112 per 365 days)
*oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION*MO	4	QL(1440 per 365 days)
*oseltamivir 75 mg CAPSULE*MO	3	QL(112 per 365 days)
PAXLOVID 150 MG (10)- 100 MG (10) TABLET, DOSE PACKMO	3	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACKMO	3	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACKMO	3	QL(60 per 10 days)
PIFELTRO 100 MG TABLETDL	5	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKETDL	5	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLETDL	5	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLETDL	5	PA
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLETDL	5	QL(30 per 30 days)
PREZCOBIX PED 600-90 MG TABLET FOR SUSPENSIONDL	5	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSIONDL	5	QL(360 per 30 days)
PREZISTA 150 MG TABLETDL	5	QL(240 per 30 days)
PREZISTA 75 MG TABLETMO	4	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICEMO	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTIONMO	4	
REYATAZ 50 MG POWDER IN PACKETMO	4	
*ribavirin 200 mg CAPSULE*MO	3	
*ribavirin 200 mg TABLET*MO	3	
*rilpivirine hcl 25 mg TABLET*DL	5	QL(30 per 30 days)
*rimantadine 100 mg TABLET*MO	3	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ritonavir 100 mg TABLET[MO]	2	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR.[DL]	5	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION[DL]	5	QL(1800 per 30 days)
STRIBILD 150-150-200-300 MG TABLET[DL]	5	QL(30 per 30 days)
SUNLENCA 300 MG TABLET[DL]	5	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION	5	QL(9 per 365 days)
SYMTUZA 800-150-200-10 MG TABLET[DL]	5	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET[MO]	2	QL(30 per 30 days)
TIVICAY 50 MG TABLET[DL]	5	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION[DL]	5	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET[DL]	5	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION[MO]	4	QL(180 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION[DL]	5	
TYBOST 150 MG TABLET[MO]	3	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET[MO]	3	
valganciclovir 450 mg TABLET[MO]	3	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION[DL]	5	QL(1056 per 30 days)
VEMLIDY 25 MG TABLET[DL]	5	QL(30 per 30 days)
VIRACEPT 250 MG TABLET[DL]	5	QL(300 per 30 days)
VIRACEPT 625 MG TABLET[DL]	5	QL(120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET[DL]	5	QL(30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER[DL]	5	QL(240 per 30 days)
VOCABRIA 30 MG TABLET[DL]	5	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET[DL]	5	PA,QL(28 per 28 days)
zidovudine 10 mg/ml SYRUP[MO]	3	QL(1680 per 28 days)
zidovudine 100 mg CAPSULE[MO]	4	QL(180 per 30 days)
zidovudine 300 mg TABLET[MO]	3	QL(60 per 30 days)
ZIRGAN 0.15 % GEL[MO]	4	QL(5 per 30 days)
ANXIOLYTICS		
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET[DL]	3	QL(120 per 30 days)
alprazolam 2 mg TABLET[DL]	3	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]	4	
clonazepam 0.25 mg, 2 mg TABLET[DL]	3	
clonazepam 0.5 mg, 1 mg TABLET[DL]	3	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET[DL]	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam 10 mg TABLET[DL]	3	QL(120 per 30 days)
diazepam 2 mg TABLET[DL]	3	QL(90 per 30 days)
diazepam 5 mg TABLET[DL]	3	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION[DL]	4	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE[DL]	4	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE[DL]	4	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE[MO]	3	
doxepin 10 mg/ml CONCENTRATE[MO]	4	
hydroxyzine hcl 10 mg, 50 mg TABLET[MO]	3	
hydroxyzine hcl 25 mg TABLET[MO]	3	
lorazepam 0.5 mg, 1 mg TABLET[DL]	2	QL(90 per 30 days)
lorazepam 2 mg TABLET[DL]	2	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE[DL]	3	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE[DL]	3	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]	2	
lithium citrate 8 meq/5 ml SOLUTION[MO]	4	
BLOOD GLUCOSE REGULATORS		
acarbose 100 mg, 25 mg, 50 mg TABLET[MO]	6	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	6	
dapagliflozin 10 mg, 5 mg TABLET[MO]	3	QL(30 per 30 days)
dapagliflozin-metformin 10-1,000 mg, 10-500 mg, 5-500 mg TABLET, IR/ER 24 HR., BIPHASIC[MO]	3	QL(30 per 30 days)
dapagliflozin-metformin 5-1,000 mg TABLET, IR/ER 24 HR., BIPHASIC[MO]	3	QL(60 per 30 days)
diazoxide 50 mg/ml SUSPENSION[DL]	5	
FARXIGA 10 MG, 5 MG TABLET[MO]	3	QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN[CI,MO]	3	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE[CI,MO]	3	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION[CI,MO]	3	
glimepiride 1 mg TABLET[MO]	6	
glimepiride 2 mg, 4 mg TABLET[MO]	6	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.[MO]	6	
glipizide 10 mg, 5 mg TABLET[MO]	6	
glipizide 15 mg, 2.5 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET[MO]	6	
GLYXAMBI 10-5 MG, 25-5 MG TABLET[MO]	3	QL(30 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN[CI,DL]	5	
INSULIN ASPART U-100 100 UNIT/ML (3 ML) INSULIN PEN[CI,MO]	3	
INSULIN ASPART U-100 100 UNIT/ML CARTRIDGE[CI,MO]	3	
INSULIN ASPART U-100 100 UNIT/ML SOLUTION[CI,MO]	3	
INSULIN LISPRO 100 UNIT/ML SOLUTION[CI,MO]	2	
JANUMET 50-1,000 MG, 50-500 MG TABLET[MO]	3	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE[MO]	3	QL(30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE[MO]	3	QL(60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET[MO]	3	QL(30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET[MO]	3	QL(30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET[MO]	3	QL(60 per 30 days)
JENTADUETO 2.5-850 MG TABLET[MO]	3	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC[MO]	3	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC[MO]	3	QL(30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN[CI,MO]	3	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION[CI,MO]	2	
linagliptin-metformin 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg TABLET[MO]	3	QL(60 per 30 days)
metformin 1,000 mg, 500 mg TABLET[MO]	6	
metformin 500 mg TABLET, ER 24 HR.[MO]	6	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR.[MO]	6	QL(60 per 30 days)
metformin 850 mg TABLET[MO]	6	
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]	3	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET[MO]	6	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN[CI,MO]	3	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION[CI,MO]	2	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN[CI,MO]	3	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION[CI,MO]	2	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN[CI,MO]	3	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION[CI,MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	3	
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION**CI,MO**	2	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN**CI,MO**	3	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE**CI,MO**	3	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION**CI,MO**	2	
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**	3	PA,QL(3 per 28 days)
OZEMPIC 1.5 MG, 4 MG, 9 MG TABLET**MO**	3	PA,QL(30 per 30 days)
*pioglitazone 15 mg, 45 mg TABLET***MO**	6	QL(30 per 30 days)
*pioglitazone 30 mg TABLET***MO**	6	QL(30 per 30 days)
*pioglitazone-metformin 15-500 mg, 15-850 mg TABLET***MO**	6	QL(90 per 30 days)
*repaglinide 0.5 mg, 1 mg, 2 mg TABLET***MO**	6	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET**MO**	3	PA,QL(30 per 30 days)
*sitagliptin phos-metformin 100-1,000 mg TABLET, ER 24 HR., MULTIPHASE***MO**	3	QL(30 per 30 days)
*sitagliptin phos-metformin 50-1,000 mg, 50-500 mg TABLET***MO**	3	QL(60 per 30 days)
*sitagliptin phos-metformin 50-1,000 mg, 50-500 mg TABLET, ER 24 HR., MULTIPHASE***MO**	3	QL(60 per 30 days)
*sitagliptin phosphate 100 mg, 25 mg, 50 mg TABLET***MO**	3	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN**CI,MO**	3	QL(15 per 24 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET**MO**	3	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	3	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	3	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	3	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN**CI,MO**	3	
TRADJENTA 5 MG TABLET**MO**	3	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	3	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	3	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION**CI,MO**	2	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC**MO**	3	QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC[MO]	3	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]	3	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]	3	QL(30 per 30 days)
XIGDUO XR 2.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC[MO]	3	QL(60 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR[MO]	6	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE[MO]	6	
BLOOD PRODUCTS AND MODIFIERS		
anagrelide 0.5 mg, 1 mg CAPSULE[MO]	3	
cilostazol 100 mg, 50 mg TABLET[MO]	2	
clopidogrel 300 mg TABLET[MO]	4	
clopidogrel 75 mg TABLET[MO]	6	QL(30 per 30 days)
dabigatran etexilate 110 mg, 150 mg, 75 mg CAPSULE[MO]	4	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]	3	ST,QL(592 per 30 days)
ELIQUIS 2.5 MG TABLET[MO]	3	QL(60 per 30 days)
ELIQUIS 5 MG TABLET[MO]	3	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK[MO]	3	QL(74 per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAPSULE, SPRINKLE[MO]	3	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]	3	
enoxaparin 300 mg/3 ml SOLUTION[MO]	3	
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION[MO]	3	
heparin (porcine) 5,000 unit/ml (1 ml) CARTRIDGE[MO]	3	
heparin (porcine) 5,000 unit/ml SYRINGE[MO]	3	
heparin, porcine (pf) 1,000 unit/ml, 5,000 unit/0.5 ml SOLUTION[MO]	3	
heparin, porcine (pf) 5,000 unit/0.5 ml, 5,000 unit/ml SYRINGE[MO]	3	
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]	5	PA
NIVESTYM 300 MCG/ML, 480 MCG/1.6 ML SOLUTION[DL]	5	PA
prasugrel hcl 10 mg, 5 mg TABLET[MO]	4	QL(30 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET[DL]	5	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET[DL]	5	PA,QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROMACTA 25 MG POWDER IN PACKET[DL]	5	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET[DL]	5	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET[DL]	5	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]	4	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION[DL]	5	PA,QL(14 per 30 days)
rivaroxaban 1 mg/ml SUSPENSION FOR RECONSTITUTION[MO]	3	ST,QL(600 per 30 days)
rivaroxaban 2.5 mg TABLET[MO]	3	QL(60 per 30 days)
ticagrelor 60 mg, 90 mg TABLET[MO]	3	QL(60 per 30 days)
tranexamic acid 650 mg TABLET[MO]	3	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE[DL]	5	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR[DL]	5	PA,QL(1.2 per 28 days)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR[DL]	5	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]	3	ST,QL(600 per 30 days)
XARELTO 10 MG, 20 MG TABLET[MO]	3	QL(30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET[MO]	3	QL(60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK[MO]	3	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML, 480 MCG/0.8 ML SYRINGE[DL]	5	PA
CARDIOVASCULAR AGENTS		
acebutolol 200 mg, 400 mg CAPSULE[MO]	6	
acetazolamide 125 mg, 250 mg TABLET[MO]	4	
acetazolamide 500 mg CAPSULE, ER[MO]	4	
aliskiren 150 mg, 300 mg TABLET[MO]	4	QL(30 per 30 days)
amiloride 5 mg TABLET[MO]	3	
amiloride-hydrochlorothiazide 5-50 mg TABLET[MO]	1	
amiodarone 100 mg, 400 mg TABLET[MO]	4	
amiodarone 200 mg TABLET[MO]	2	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET[MO]	6	
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]	4	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE[MO]	6	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE[MO]	6	QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET*MO	6	QL(30 per 30 days)
*amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET*MO	6	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	6	
*benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET*MO	6	
*benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET*MO	6	
*bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET*MO	2	
*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	2	
*bumetanide 0.5 mg, 2 mg TABLET*MO	2	
*bumetanide 1 mg TABLET*MO	2	
*candesartan 16 mg, 4 mg, 8 mg TABLET*MO	6	QL(60 per 30 days)
*candesartan 32 mg TABLET*MO	6	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	6	
*captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET*MO	6	
*cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR.*MO	2	
*carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET*MO	6	
*chlorthalidone 25 mg TABLET*MO	1	
*chlorthalidone 50 mg TABLET*MO	1	
*cholestyramine (with sugar) 4 gram POWDER*MO	3	
*cholestyramine (with sugar) 4 gram POWDER IN PACKET*MO	3	
*cholestyramine light 4 gram POWDER*MO	3	
*cholestyramine light 4 gram POWDER IN PACKET*MO	3	
*clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY*MO	4	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	3	
*colestipol 5 gram GRANULES*MO	4	QL(1000 per 30 days)
*colestipol 5 gram PACKET*MO	4	
*digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET*MO	2	QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.*MO	2	
*diltiazem hcl 120 mg CAPSULE, ER 24 HR.*MO	2	
*diltiazem hcl 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR.*MO	2	
*diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET*MO	2	
*diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR.*MO	2	
*diltiazem hcl 360 mg CAPSULE, ER 24 HR.*MO	2	QL(30 per 30 days)
*dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE*MO	4	
*doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET*MO	2	
*enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET*MO	6	
*enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET*MO	6	
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLET*MO*	3	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	6	QL(30 per 30 days)
*felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.*MO	6	
*fenofibrate 160 mg TABLET*MO	2	QL(30 per 30 days)
*fenofibrate 54 mg TABLET*MO	2	QL(60 per 30 days)
*fenofibrate micronized 130 mg, 43 mg CAPSULE*MO	4	ST,QL(30 per 30 days)
*fenofibrate micronized 134 mg, 200 mg CAPSULE*MO	3	QL(30 per 30 days)
*fenofibrate micronized 67 mg CAPSULE*MO	3	QL(60 per 30 days)
*fenofibrate nanocrystallized 145 mg TABLET*MO	3	QL(30 per 30 days)
*fenofibrate nanocrystallized 48 mg TABLET*MO	3	QL(60 per 30 days)
*fenofibric acid 105 mg, 35 mg TABLET*MO	3	QL(30 per 30 days)
*flecainide 100 mg, 150 mg, 50 mg TABLET*MO	3	
*fluvastatin 20 mg, 40 mg CAPSULE*MO	4	ST,QL(60 per 30 days)
*fluvastatin 80 mg TABLET, ER 24 HR.*MO	4	ST,QL(30 per 30 days)
*fosinopril 10 mg, 20 mg, 40 mg TABLET*MO	6	
*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	2	
*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	2	
*hydralazine 25 mg, 50 mg TABLET*MO	2	
*hydrochlorothiazide 12.5 mg CAPSULE*MO	1	
*hydrochlorothiazide 12.5 mg, 25 mg TABLET*MO	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	6	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET[MO]	6	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET[MO]	6	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET[MO]	2	
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	
isosorbide-hydralazine 20-37.5 mg TABLET[MO]	3	QL(180 per 30 days)
ivabradine 5 mg, 7.5 mg TABLET[MO]	4	QL(60 per 30 days)
KERENDIA 10 MG, 20 MG TABLET[MO]	3	PA,QL(30 per 30 days)
KERENDIA 40 MG TABLET[MO]	3	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET[MO]	2	
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET[MO]	6	
lisinopril 30 mg TABLET[MO]	6	
lisinopril-hydrochlorothiazide 10-12.5 mg TABLET[MO]	6	
lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET[MO]	6	
losartan 100 mg, 25 mg, 50 mg TABLET[MO]	6	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET[MO]	6	QL(60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET[MO]	6	
methyldopa 250 mg, 500 mg TABLET[MO]	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET[MO]	3	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.[MO]	6	
metoprolol succinate 200 mg TABLET, ER 24 HR.[MO]	6	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET[MO]	2	
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]	3	
metyrosine 250 mg CAPSULE[DL]	5	
midodrine 10 mg, 2.5 mg, 5 mg TABLET[MO]	3	
minoxidil 10 mg, 2.5 mg TABLET[MO]	2	
moexipril 15 mg, 7.5 mg TABLET[MO]	6	
MULTAQ 400 MG TABLET[MO]	3	QL(60 per 30 days)
nadolol 20 mg, 40 mg, 80 mg TABLET[MO]	3	
nebivolol 10 mg TABLET[MO]	3	QL(120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nebivolol 2.5 mg, 5 mg TABLET[MO]	3	QL(30 per 30 days)
nebivolol 20 mg TABLET[MO]	3	QL(60 per 30 days)
NEXLETOL 180 MG TABLET[MO]	3	PA,QL(30 per 30 days)
NEXLIZET 180-10 MG TABLET[MO]	3	PA,QL(30 per 30 days)
niacin 1,000 mg, 500 mg, 750 mg TABLET, ER 24 HR.[MO]	4	
niacin 500 mg TABLET[MO]	3	
niacor 500 mg TABLET[MO]	3	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER[MO]	3	
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR.[MO]	3	
nimodipine 30 mg CAPSULE[MO]	4	
nimodipine 60 mg/20 ml SOLUTION[DL]	5	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]	2	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET[MO]	3	
nitroglycerin 0.4 mg SUBLINGUAL TABLET[MO]	3	
olmesartan 20 mg, 40 mg TABLET[MO]	6	QL(30 per 30 days)
olmesartan 5 mg TABLET[MO]	6	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]	6	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET[MO]	6	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE[MO]	3	QL(120 per 30 days)
PACERONE 100 MG, 400 MG TABLET[MO]	4	
pacerone 200 mg TABLET[MO]	2	
pentoxifylline 400 mg TABLET ER[MO]	2	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET[MO]	6	
pravastatin 10 mg, 80 mg TABLET[MO]	6	
pravastatin 20 mg, 40 mg TABLET[MO]	6	
prazosin 1 mg, 2 mg, 5 mg CAPSULE[MO]	2	
prevalite 4 gram POWDER[MO]	3	
prevalite 4 gram POWDER IN PACKET[MO]	4	
propafenone 150 mg, 225 mg, 300 mg TABLET[MO]	3	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR.[MO]	4	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET[MO]	2	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR.[MO]	2	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET[MO]	6	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
quinidine sulfate 200 mg, 300 mg TABLET[MO]	4	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE[MO]	6	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR.[MO]	3	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR[MO]	3	PA,QL(3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR[MO]	3	PA,QL(6 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE[MO]	3	PA,QL(6 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET[MO]	6	
sacubitril-valsartan 24-26 mg, 49-51 mg, 97-103 mg TABLET[MO]	3	QL(60 per 30 days)
simvastatin 10 mg, 20 mg, 40 mg TABLET[MO]	6	
simvastatin 5 mg, 80 mg TABLET[MO]	6	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET[MO]	2	
sotalol af 120 mg, 160 mg, 80 mg TABLET[MO]	2	
spironolacton-hydrochlorothiaz 25-25 mg TABLET[MO]	2	
spironolactone 100 mg TABLET[MO]	1	
spironolactone 25 mg, 50 mg TABLET[MO]	1	
telmisartan 20 mg, 40 mg TABLET[MO]	6	QL(30 per 30 days)
telmisartan 80 mg TABLET[MO]	6	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET[MO]	6	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET[MO]	6	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET[MO]	6	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]	2	
timolol maleate 10 mg, 20 mg, 5 mg TABLET[MO]	4	
torsemide 10 mg, 100 mg, 5 mg TABLET[MO]	2	
torsemide 20 mg TABLET[MO]	2	
trandolapril 1 mg, 2 mg, 4 mg TABLET[MO]	6	
trandolapril-verapamil 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg TABLET, IR/ER 24 HR., BIPHASIC[MO]	3	
triamterene 100 mg, 50 mg CAPSULE[MO]	4	
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]	6	QL(60 per 30 days)
valsartan 40 mg, 80 mg TABLET[MO]	6	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]	6	QL(30 per 30 days)

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
duloxetine 30 mg CAPSULE, DR/EC **MO**	2	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC **MO**	2	QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE **MO**	3	PA,QL(30 per 30 days)
glatiramer 20 mg/ml SYRINGE **DL**	5	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE **DL**	5	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE **DL**	5	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE **DL**	5	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. **MO**	2	QL(30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR **DL**	5	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER **MO**	3	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET **MO**	3	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER **MO**	3	QL(90 per 30 days)
NUEDEXTA 20-10 MG CAPSULE **DL**	5	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE **MO**	3	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION **MO**	3	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE **MO**	3	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE **MO**	3	QL(60 per 30 days)
riluzole 50 mg TABLET **MO**	4	
teriflunomide 14 mg, 7 mg TABLET **MO**	4	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET **MO**	4	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET **MO**	4	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**	3	
triamcinolone acetonide 0.1 % PASTE **MO**	3	
DERMATOLOGICAL AGENTS		
accutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	4	
acitretin 10 mg, 17.5 mg, 25 mg CAPSULE **MO**	4	PA
adapalene 0.3 % GEL **MO**	3	QL(45 per 30 days)
adapalene 0.3 % GEL WITH PUMP **MO**	3	QL(45 per 30 days)
ammonium lactate 12 % CREAM **MO**	2	
ammonium lactate 12 % LOTION **MO**	2	
amnesteem 10 mg, 20 mg, 30 mg, 40 mg CAPSULE **MO**	4	
azelaic acid 15 % GEL **MO**	4	ST,QL(50 per 30 days)
betamethasone dipropionate 0.05 % CREAM **MO**	4	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION **MO**	4	QL(120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
betamethasone dipropionate 0.05 % OINTMENT[MO]	3	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM[MO]	3	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION[MO]	4	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT[MO]	3	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM[MO]	2	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL[MO]	3	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION[MO]	3	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT[MO]	3	QL(100 per 30 days)
calcipotriene 0.005 % CREAM[MO]	4	PA,QL(120 per 30 days)
calcipotriene 0.005 % SOLUTION[MO]	4	QL(60 per 30 days)
claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE[MO]	4	
clindamycin phosphate 1 % GEL[MO]	3	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION[MO]	3	QL(60 per 30 days)
clindamycin phosphate 1 % SWAB[MO]	2	
clindamycin-benzoyl peroxide 1-5 % GEL[MO]	4	QL(50 per 30 days)
clindamycin-benzoyl peroxide 1.2 %(1 % base) -5 % GEL[MO]	4	QL(45 per 30 days)
clobetasol 0.05 % CREAM[MO]	3	QL(120 per 30 days)
clobetasol 0.05 % FOAM[MO]	4	QL(100 per 28 days)
clobetasol 0.05 % GEL[MO]	4	QL(120 per 28 days)
clobetasol 0.05 % OINTMENT[MO]	3	QL(120 per 28 days)
clobetasol 0.05 % SHAMPOO[MO]	4	QL(240 per 30 days)
clobetasol 0.05 % SOLUTION[MO]	2	QL(100 per 30 days)
clobetasol-emollient 0.05 % CREAM[MO]	4	QL(120 per 30 days)
desonide 0.05 % CREAM[MO]	4	QL(240 per 30 days)
desonide 0.05 % OINTMENT[MO]	4	QL(240 per 30 days)
diclofenac sodium 3 % GEL[MO]	3	PA
erythromycin with ethanol 2 % SOLUTION[MO]	3	QL(120 per 30 days)
fluocinolone 0.01 % OIL[MO]	4	QL(118.28 per 30 days)
fluocinolone 0.01 % SOLUTION[MO]	4	QL(180 per 30 days)
fluocinolone 0.025 % CREAM[MO]	4	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT[MO]	4	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL[MO]	4	QL(118.28 per 30 days)
fluocinonide 0.05 % CREAM[MO]	3	QL(120 per 30 days)
fluocinonide 0.05 % GEL[MO]	3	QL(120 per 30 days)
fluocinonide 0.05 % OINTMENT[MO]	3	QL(120 per 30 days)
fluocinonide 0.05 % SOLUTION[MO]	3	QL(120 per 30 days)
fluorouracil 2 % SOLUTION[MO]	2	QL(30 per 30 days)
fluorouracil 5 % CREAM[MO]	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluorouracil 5 % SOLUTION[MO]	2	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT[MO]	2	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM[MO]	2	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR[MO]	2	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM[MO]	2	QL(240 per 30 days)
hydrocortisone 1 %, 2.5 % OINTMENT[MO]	2	QL(240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg TABLET[MO]	2	
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR[MO]	4	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION[MO]	2	QL(236 per 30 days)
hydrocortisone butyrate 0.1 % OINTMENT[MO]	4	QL(180 per 30 days)
imiquimod 5 % CREAM IN PACKET[MO]	3	QL(12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE[MO]	4	
LOCOID LIPOCREAM 0.1 % CREAM[MO]	4	QL(240 per 30 days)
malathion 0.5 % LOTION[MO]	4	
mometasone 0.1 % CREAM[MO]	2	QL(180 per 30 days)
mometasone 0.1 % OINTMENT[MO]	2	QL(180 per 30 days)
mometasone 0.1 % SOLUTION[MO]	2	QL(180 per 30 days)
mupirocin 2 % OINTMENT[MO]	1	
permethrin 5 % CREAM[MO]	3	
pimecrolimus 1 % CREAM[MO]	4	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION[MO]	4	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR[MO]	4	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR[MO]	4	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR[MO]	4	QL(60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT[MO]	4	PA,QL(180 per 30 days)
selenium sulfide 2.5 % LOTION[MO]	1	QL(120 per 30 days)
silver sulfadiazine 1 % CREAM[MO]	2	
SSD 1 % CREAM[MO]	2	
tacrolimus 0.03 %, 0.1 % OINTMENT[MO]	4	QL(200 per 30 days)
tazarotene 0.1 % CREAM[MO]	3	QL(120 per 30 days)
tretinoin 0.01 %, 0.05 % GEL[MO]	3	PA,QL(45 per 30 days)
tretinoin 0.025 % GEL[MO]	4	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM[MO]	3	PA,QL(45 per 30 days)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE[MO]	4	
ZORYVE 0.15 % CREAM[MO]	4	PA,QL(120 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION[MO]	4	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION[MO]	4	BvsD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION**MO**	4	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION**MO**	4	BvsD
*bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP***MO**	2	
*c-nate dha 28 mg iron-1 mg -200 mg CAPSULE***MO**	4	
*calcium chloride 100 mg/ml (10 %) SOLUTION***MO**	4	
*calcium chloride 100 mg/ml (10 %) SYRINGE***MO**	4	
*calcium gluconate 100 mg/ml (10%) SOLUTION***MO**	2	
*carglumic acid 200 mg TABLET, DISPERSIBLE***DL**	5	PA
CHEMET 100 MG CAPSULE**DL**	5	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX E 4.25%/D10W SUL FREE 4.25 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINISOL SF 15 % 15 % PARENTERAL SOLUTION**MO**	4	BvsD
CLINOLIPID 20 % EMULSION**MO**	4	BvsD
*complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK***MO**	2	
*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**	2	
*d5 %-0.45 % sodium chloride PARENTERAL SOLUTION***MO**	2	
*deferasirox 180 mg, 360 mg TABLET***MO**	4	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
deferasirox 90 mg TABLET[MO]	3	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]	2	
dextrose 5 % in water (d5w) 5 % PIGGYBACK[MO]	2	
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]	2	
dextrose 70 % in water (d70w) PARENTERAL SOLUTION[MO]	2	
electrolyte-148 PARENTERAL SOLUTION[MO]	4	
electrolyte-48 in d5w PARENTERAL SOLUTION[MO]	1	
electrolyte-a PARENTERAL SOLUTION[MO]	4	
INTRALIPID 20 %, 30 % EMULSION[MO]	4	BvsD
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION[MO]	4	
ISOLYTE S PH 7.4 PARENTERAL SOLUTION[MO]	4	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION[MO]	4	
ISOLYTE-S PARENTERAL SOLUTION[MO]	4	
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]	5	PA,QL(56 per 28 days)
JYNARQUE 15 MG, 30 MG TABLET[DL]	5	PA,QL(120 per 30 days)
KABIVEN 3.31-10.8-3.9 % EMULSION[MO]	4	BvsD
kionex 15 gram/60 ml SUSPENSION[MO]	3	
klor-con 10 10 meq TABLET ER[MO]	2	
KLOR-CON 10 10 MEQ TABLET ER[MO]	2	
klor-con 8 8 meq TABLET ER[MO]	2	
KLOR-CON 8 8 MEQ TABLET ER[MO]	2	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS[MO]	2	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS[MO]	2	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS[MO]	2	
lactated ringers PARENTERAL SOLUTION[MO]	1	
levocarnitine 330 mg TABLET[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levocarnitine (with sugar) 100 mg/ml SOLUTION[MO]	3	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET[MO]	3	QL(30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET[MO]	2	
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	
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]	2	
NEONATAL COMPLETE 29-1 MG TABLET[MO]	2	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET[MO]	2	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK[MO]	2	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION[MO]	4	
NORMOSOL-R PARENTERAL SOLUTION[MO]	4	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION[MO]	4	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION[MO]	4	
NUTRILIPID 20 % EMULSION[MO]	4	BvsD
one natal rx 27 mg iron- 1 mg TABLET[MO]	2	
penicillamine 250 mg TABLET[DL]	5	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION[MO]	4	BvsD
PLASMA-LYTE 148 PH 7.4 PARENTERAL SOLUTION[MO]	4	
PLASMA-LYTE A PARENTERAL SOLUTION[MO]	4	
PLENAMINE 15 % PARENTERAL SOLUTION[MO]	4	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]	2	
potassium chloride 10 meq, 20 meq TABLET ER[MO]	2	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS[MO]	2	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS[MO]	2	
potassium chloride 15 meq, 8 meq TABLET ER[MO]	2	
potassium chloride 2 meq/ml SOLUTION[MO]	2	
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID[MO]	4	
potassium chloride 8 meq CAPSULE, ER[MO]	2	
potassium chloride in 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 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	2	
*potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION*MO	3	
*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	
*potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER*MO	3	
*pr natal 400 29-1-400 mg COMBO PACK*MO	2	
*pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP*MO	2	
*pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK*MO	2	
*pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP*MO	2	
PREMASOL 10 % 10 % PARENTERAL SOLUTIONMO	4	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLETMO	2	
PRENATABS FA 29-1 MG TABLETMO	4	
*prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET*MO	2	
*prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET*MO	2	
PRENATE ELITE 26 MG IRON- 1 MG TABLETMO	2	
PROSOL 20 % PARENTERAL SOLUTIONMO	4	BvsD
*ringer's PARENTERAL SOLUTION*MO	1	
*se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET*MO	2	
SMOFLIPID 20 % EMULSIONMO	4	BvsD
*sodium bicarbonate 50 meq/50 ml (8.4 %) SYRINGE*MO	4	
*sodium chloride 2.5 meq/ml SOLUTION*MO	2	
*sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION*MO	2	
*sodium chloride 0.9 % PARENTERAL SOLUTION*MO	2	
*sodium chloride 0.9 % PIGGYBACK*MO	2	
*sodium chloride 0.9 % SOLUTION*MO	2	
*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	4	
*sodium polystyrene sulfonate 15 gram POWDER*MO	3	
*sodium polystyrene sulfonate 15 gram/60 ml SUSPENSION*MO	3	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSIONMO	3	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTIONMO	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRAVASOL 10 % 10 % PARENTERAL SOLUTION[MO]	4	BvsD
trientine 250 mg CAPSULE[DL]	5	QL(240 per 30 days)
trientine 500 mg CAPSULE[DL]	5	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET[MO]	2	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION[MO]	4	BvsD
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK[MO]	2	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE[MO]	4	
westab plus 27 mg iron- 1 mg TABLET[MO]	2	
GASTROINTESTINAL AGENTS		
alosetron 0.5 mg, 1 mg TABLET[MO]	4	PA,QL(60 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET[MO]	2	
cimetidine hcl 300 mg/5 ml SOLUTION[MO]	2	
constulose 10 gram/15 ml SOLUTION[MO]	2	
dicyclomine 10 mg CAPSULE[MO]	4	
dicyclomine 10 mg/5 ml SOLUTION[MO]	4	
dicyclomine 20 mg TABLET[MO]	4	
diphenoxylate-atropine 2.5-0.025 mg TABLET[MO]	4	
enulose 10 gram/15 ml SOLUTION[MO]	2	
esomeprazole magnesium 20 mg CAPSULE, DR/EC[MO]	3	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC[MO]	3	QL(60 per 30 days)
famotidine 10 mg/ml SOLUTION[MO]	2	
famotidine 20 mg, 40 mg TABLET[MO]	2	
FAMOTIDINE 4 MG/ML SOLUTION[MO]	2	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION[MO]	4	
famotidine (pf) 20 mg/2 ml SOLUTION[MO]	2	
FAMOTIDINE (PF) 4 MG/ML SOLUTION[MO]	2	
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]	2	
glutamine (sickle cell) 5 gram POWDER IN PACKET[DL]	5	PA,QL(180 per 30 days)
glycopyrrolate 0.2 mg/ml SOLUTION[MO]	4	
glycopyrrolate 1 mg, 2 mg TABLET[MO]	3	
lactulose 10 gram/15 ml SOLUTION[MO]	2	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC[MO]	2	QL(60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE[MO]	3	QL(30 per 30 days)
loperamide 2 mg CAPSULE[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lubiprostone 24 mcg, 8 mcg CAPSULE[MO]	3	QL(60 per 30 days)
misoprostol 100 mcg, 200 mcg TABLET[MO]	3	
MOVANTIK 12.5 MG, 25 MG TABLET[MO]	3	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]	2	
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]	4	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK[MO]	4	
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]	3	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]	2	
sucralfate 100 mg/ml SUSPENSION[MO]	4	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION[MO]	4	
SUTAB 1.479-0.188- 0.225 GRAM TABLET[MO]	3	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC[MO]	4	
ursodiol 250 mg TABLET[MO]	3	
ursodiol 300 mg CAPSULE[MO]	3	
ursodiol 500 mg TABLET[MO]	4	
VOWST 1 X 10EXP6 TO 3 X 10EXP7 CELL CAPSULE[DL]	5	PA
XERMELO 250 MG TABLET[DL]	5	PA,QL(84 per 28 days)
XIFAXAN 200 MG TABLET[MO]	4	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET[DL]	5	PA,QL(84 per 28 days)
GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
betaine 1 gram/scoop POWDER[DL]	5	
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]	3	
CYSTAGON 150 MG, 50 MG CAPSULE[MO]	4	
ELELYSO 200 UNIT RECON SOLUTION[DL]	5	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE[DL]	5	
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION[DL]	5	PA
sapropterin 100 mg POWDER IN PACKET[DL]	5	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium phenylbutyrate 0.94 gram/gram POWDER[DL]	5	
sodium phenylbutyrate 500 mg TABLET[DL]	5	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION[DL]	5	PA
WELIREG 40 MG TABLET[DL]	5	PA,QL(90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION[DL]	5	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION[DL]	5	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]	4	
GENITOURINARY AGENTS		
alfuzosin 10 mg TABLET, ER 24 HR.[MO]	1	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET[MO]	3	
dutasteride 0.5 mg CAPSULE[MO]	3	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR.[MO]	3	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE[MO]	4	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR.[MO]	3	QL(30 per 30 days)
finasteride 5 mg TABLET[MO]	1	QL(30 per 30 days)
GEMTESA 75 MG TABLET[MO]	4	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR.[MO]	3	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON[MO]	3	QL(300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR.[MO]	3	QL(60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR.[MO]	3	QL(60 per 30 days)
oxybutynin chloride 5 mg TABLET[MO]	3	
oxybutynin chloride 5 mg/5 ml SYRUP[MO]	3	
silodosin 4 mg, 8 mg CAPSULE[MO]	3	QL(30 per 30 days)
solifenacin 10 mg, 5 mg TABLET[MO]	4	QL(30 per 30 days)
tadalafil 5 mg TABLET[MO]	4	PA
tamsulosin 0.4 mg CAPSULE[MO]	2	
tolterodine 1 mg, 2 mg TABLET[MO]	4	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR.[MO]	3	QL(30 per 30 days)
trospium 20 mg TABLET[MO]	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
betamethasone acet,sod phos 6 mg/ml SUSPENSION[MO]	3	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET[MO]	2	
dexamethasone 0.5 mg/5 ml ELIXIR[MO]	2	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET[MO]	2	
abigale lo 0.5-0.1 mg TABLET[MO]	2	
afirmelle 0.1-20 mg-mcg TABLET[MO]	2	
altavera (28) 0.15-0.03 mg TABLET[MO]	2	
alyacen 1/35 (28) 1-35 mg-mcg TABLET[MO]	2	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET[MO]	2	
amethia 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
amethyst (28) 90-20 mcg (28) TABLET[MO]	4	
apri 0.15-0.03 mg TABLET[MO]	2	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET[MO]	2	
ashlyna 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
aubra 0.1-20 mg-mcg TABLET[MO]	2	
aubra eq 0.1-20 mg-mcg TABLET[MO]	2	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET[MO]	2	
aurovela 1/20 (21) 1-20 mg-mcg TABLET[MO]	3	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET[MO]	2	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET[MO]	2	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET[MO]	2	
aviane 0.1-20 mg-mcg TABLET[MO]	2	
ayuna 0.15-0.03 mg TABLET[MO]	2	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET[MO]	2	
balziva (28) 0.4-35 mg-mcg TABLET[MO]	4	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET[MO]	2	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET[MO]	2	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET[MO]	2	
briellyn 0.4-35 mg-mcg TABLET[MO]	4	
camila 0.35 mg TABLET[MO]	2	
camrese 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
chateal eq (28) 0.15-0.03 mg TABLET[MO]	2	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY[MO]	4	QL(8 per 28 days)
conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET[MO]	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cryselle (28) 0.3-30 mg-mcg TABLET[MO]	2	
cyred 0.15-0.03 mg TABLET[MO]	2	
cyred eq 0.15-0.03 mg TABLET[MO]	2	
danazol 100 mg, 200 mg, 50 mg CAPSULE[MO]	4	
dasetta 1/35 (28) 1-35 mg-mcg TABLET[MO]	2	
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET[MO]	2	
daysee 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
deblitane 0.35 mg TABLET[MO]	2	
DEPO-ESTRADIOL 5 MG/ML OIL[MO]	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE[MO]	3	QL(0.65 per 90 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET[MO]	2	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET[MO]	2	
dolishale 90-20 mcg (28) TABLET[MO]	4	
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]	3	QL(8 per 28 days)
drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET[MO]	2	
DUAVEE 0.45-20 MG TABLET[MO]	4	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET[MO]	2	
eluryng 0.12-0.015 mg/24 hr RING[MO]	3	QL(1 per 28 days)
emzahh 0.35 mg TABLET[MO]	2	
ENDOMETRIN 100 MG INSERT[MO]	4	
enilloring 0.12-0.015 mg/24 hr RING[MO]	3	QL(1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET[MO]	2	
enskyce 0.15-0.03 mg TABLET[MO]	2	
errin 0.35 mg TABLET[MO]	2	
estarylla 0.25-0.035 mg TABLET[MO]	2	
estradiol 0.01 % (0.1 mg/gram) CREAM[MO]	3	
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]	2	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]	3	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 2 mg TABLET[MO]	1	
estradiol 10 mcg TABLET[MO]	3	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL[MO]	4	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET[MO]	2	
ESTRING 2 MG (7.5 MCG /24 HOUR) RING[MO]	4	QL(1 per 90 days)
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING[MO]	3	QL(1 per 28 days)
falmina (28) 0.1-20 mg-mcg TABLET[MO]	2	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET[MO]	2	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING[MO]	4	
gallifrey 5 mg TABLET[MO]	3	
GWYN LO 220-20 MCG/24 HR PATCH, WEEKLY[MO]	3	QL(3 per 28 days)
hailey 1.5-30 mg-mcg TABLET[MO]	2	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET[MO]	2	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET[MO]	2	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET[MO]	2	
haloette 0.12-0.015 mg/24 hr RING[MO]	3	QL(1 per 28 days)
heather 0.35 mg TABLET[MO]	2	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
incassia 0.35 mg TABLET[MO]	2	
introvale 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
isibloom 0.15-0.03 mg TABLET[MO]	2	
jaimiess 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
jasmiel (28) 3-0.02 mg TABLET[MO]	2	
jencycla 0.35 mg TABLET[MO]	2	
juleber 0.15-0.03 mg TABLET[MO]	2	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET[MO]	2	
junel 1/20 (21) 1-20 mg-mcg TABLET[MO]	3	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET[MO]	2	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET[MO]	2	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET[MO]	2	
kalliga 0.15-0.03 mg TABLET[MO]	2	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET[MO]	2	
kelnor 1/35 (28) 1-35 mg-mcg TABLET[MO]	2	
kelnor 1/50 (28) 1-50 mg-mcg TABLET[MO]	2	
kurvelo (28) 0.15-0.03 mg TABLET[MO]	2	
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]	2	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET[MO]	2	
larin 1/20 (21) 1-20 mg-mcg TABLET[MO]	3	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET[MO]	2	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET*MO	2	
*leena 28 0.5/1/0.5-35 mg-mcg TABLET*MO	2	
*lessina 0.1-20 mg-mcg TABLET*MO	2	
*levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET*MO	2	
*levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET*MO	2	
*levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET*MO	2	
*levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH*MO	2	QL(91 per 90 days)
*levonorgestrel-ethinyl estrad 90-20 mcg (28) TABLET*MO	4	
*levora-28 0.15-0.03 mg TABLET*MO	2	
*lo-zumandimine (28) 3-0.02 mg TABLET*MO	2	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLETMO	2	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLETMO	3	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLETMO	2	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLETMO	2	
*lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH*MO	2	QL(91 per 90 days)
*loryna (28) 3-0.02 mg TABLET*MO	2	
*low-ogestrel (28) 0.3-30 mg-mcg TABLET*MO	2	
*luizza 1-20 mg-mcg TABLET*MO	3	
*luizza 1.5-30 mg-mcg TABLET*MO	2	
*lutera (28) 0.1-20 mg-mcg TABLET*MO	2	
*lyleq 0.35 mg TABLET*MO	2	
*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	3	QL(8 per 28 days)
*lyza 0.35 mg TABLET*MO	2	
*marlissa (28) 0.15-0.03 mg TABLET*MO	2	
*medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET*MO	2	
*medroxyprogesterone 150 mg/ml SUSPENSION*MO	2	QL(1 per 90 days)
*medroxyprogesterone 150 mg/ml SYRINGE*MO	2	QL(1 per 90 days)
*megestrol 20 mg, 40 mg TABLET*MO	2	
*megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml) SUSPENSION*MO	3	
*megestrol 625 mg/5 ml (125 mg/ml) SUSPENSION*MO	4	
*meleya 0.35 mg TABLET*MO	2	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLETMO	3	
*microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET*MO	2	
*microgestin 1/20 (21) 1-20 mg-mcg TABLET*MO	3	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET[MO]	2	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET[MO]	2	
mili 0.25-0.035 mg TABLET[MO]	2	
mimvey 1-0.5 mg TABLET[MO]	2	
mono-linyah 0.25-0.035 mg TABLET[MO]	2	
NATAZIA 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG TABLET[MO]	4	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET[MO]	2	
NEXPLANON 68 MG IMPLANT[MO]	3	
nikki (28) 3-0.02 mg TABLET[MO]	2	
NORA-BE 0.35 MG TABLET[MO]	2	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY[MO]	3	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET[MO]	4	
norethindrone (contraceptive) 0.35 mg TABLET[MO]	2	
norethindrone ac-eth estradiol 1-20 mg-mcg TABLET[MO]	3	
norethindrone ac-eth estradiol 1.5-30 mg-mcg TABLET[MO]	2	
norethindrone acetate 5 mg TABLET[MO]	3	
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]	2	
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]	2	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET[MO]	2	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET[MO]	2	
nortrel 1/35 (28) 1-35 mg-mcg TABLET[MO]	2	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET[MO]	2	
nylia 1/35 (28) 1-35 mg-mcg TABLET[MO]	2	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET[MO]	2	
ocella 3-0.03 mg TABLET[MO]	2	
orquidea 0.35 mg TABLET[MO]	2	
philith 0.4-35 mg-mcg TABLET[MO]	4	
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET[MO]	2	
portia 28 0.15-0.03 mg TABLET[MO]	2	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET[MO]	4	
PREMARIN 0.625 MG/GRAM CREAM[MO]	3	
progesterone 50 mg/ml OIL[MO]	3	
progesterone micronized 100 mg INSERT[MO]	4	
progesterone micronized 100 mg, 200 mg CAPSULE[MO]	3	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
raloxifene 60 mg TABLET[MO]	2	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET[MO]	2	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
sharobel 0.35 mg TABLET[MO]	2	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET[MO]	2	
simpesse 0.15 mg-30 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
sprintec (28) 0.25-0.035 mg TABLET[MO]	2	
sronyx 0.1-20 mg-mcg TABLET[MO]	2	
syeda 3-0.03 mg TABLET[MO]	2	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET[MO]	2	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET[MO]	2	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET[MO]	2	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET[MO]	3	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET[MO]	3	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP[MO]	3	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL[MO]	3	PA
testosterone enanthate 200 mg/ml OIL[MO]	2	PA,QL(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET[MO]	2	
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET[MO]	2	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET[MO]	2	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET[MO]	2	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET[MO]	2	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET[MO]	2	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET[MO]	2	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET[MO]	2	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET[MO]	2	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET[MO]	2	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET[MO]	2	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET[MO]	2	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET[MO]	2	
tulana 0.35 mg TABLET[MO]	2	
turqoz (28) 0.3-30 mg-mcg TABLET[MO]	2	
TWIRLA 120-30 MCG/24 HR PATCH, WEEKLY[MO]	3	QL(3 per 28 days)
valtya 1-35 mg-mcg, 1-50 mg-mcg TABLET[MO]	2	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET[MO]	2	
vestura (28) 3-0.02 mg TABLET[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*vienva 0.1-20 mg-mcg TABLET*MO	2	
*viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET*MO	2	
*volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET*MO	2	
*vyfemla (28) 0.4-35 mg-mcg TABLET*MO	4	
*vylibra 0.25-0.035 mg TABLET*MO	2	
*wera (28) 0.5-35 mg-mcg TABLET*MO	2	
*wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET*MO	4	
*xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET*MO	2	
*xelria fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET*MO	4	
*xulane 150-35 mcg/24 hr PATCH, WEEKLY*MO	3	QL(3 per 28 days)
*zafemy 150-35 mcg/24 hr PATCH, WEEKLY*MO	3	QL(3 per 28 days)
*zarah 3-0.03 mg TABLET*MO	2	
*zovia 1-35 (28) 1-35 mg-mcg TABLET*MO	2	
*zumandimine (28) 3-0.03 mg TABLET*MO	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLETMO	3	
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 TABLETMO	3	
*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 TABLETMO	1	
*liomny 25 mcg, 5 mcg, 50 mcg TABLET*MO	3	
*liothyronine 10 mcg/ml SOLUTION*MO	3	
*liothyronine 25 mcg, 5 mcg, 50 mcg TABLET*MO	3	
*np thyroid 120 mg, 15 mg, 30 mg, 60 mg, 90 mg TABLET*MO	3	
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 TABLETMO	3	
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 TABLETMO	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
*cabergoline 0.5 mg TABLET*MO	3	
ELIGARD 7.5 MG (1 MONTH) SYRINGEMO	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGEMO	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGEMO	4	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIGARD (6 MONTH) 45 MG SYRINGE[MO]	4	PA
FIRMAGON 120 MG RECON SOLUTION[DL]	5	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION[DL]	5	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION[MO]	4	PA
lanreotide 120 mg/0.5 ml SYRINGE[DL]	5	PA,QL(0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE[DL]	5	PA,QL(0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE[DL]	5	PA,QL(0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT[MO]	4	
leuprolide acetate (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION[MO]	4	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT	5	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT[DL]	5	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG SYRINGE KIT	5	PA,QL(1 per 90 days)
LUTRATE DEPOT (3 MONTH) 22.5 MG SUSPENSION FOR RECONSTITUTION[MO]	4	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml SOLUTION[MO]	4	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE[MO]	4	PA
octreotide acetate 50 mcg/ml SOLUTION[MO]	3	PA
octreotide,microspheres 10 mg, 20 mg, 30 mg SUSPENSION, ER, RECON[DL]	5	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON[DL]	5	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION[DL]	5	PA,QL(60 per 30 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION[DL]	5	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION[DL]	5	PA,QL(30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION[MO]	4	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
methimazole 10 mg, 5 mg TABLET[MO]	2	
propylthiouracil 50 mg TABLET[MO]	2	
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]	5	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION[AV,DL]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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**	5	PA,QL(0.2 per 28 days)
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE**DL**	5	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR**DL**	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE**DL**	5	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR**DL**	5	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT**DL**	5	PA,QL(2 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT**DL**	5	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT**DL**	5	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**	5	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**	5	PA,QL(6 per 28 days)
ARCALYST 220 MG RECON SOLUTION**DL**	5	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION**AV,DL**	1	
*azathioprine 50 mg TABLET***MO**	2	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION**AV,DL**	1	
BENLYSTA 120 MG RECON SOLUTION**DL**	5	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR**DL**	5	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE**DL**	5	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION**DL**	5	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE**DL**	5	PA,QL(2 per 28 days)
BESREMI PEN 500 MCG/0.5 ML PEN INJECTOR**DL**	5	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**	5	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE**DL**	5	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE**DL**	5	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR**DL**	5	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR**DL**	5	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR**DL**	5	PA,QL(8 per 28 days)
*cyclosporine 100 mg, 25 mg CAPSULE***MO**	4	BvsD
*cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE***MO**	4	BvsD
*cyclosporine modified 100 mg/ml SOLUTION***MO**	4	BvsD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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**	5	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR**DL**	5	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE**DL**	5	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE**DL**	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE**DL**	5	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION**DL**	5	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE**DL**	5	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR**DL**	5	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**	4	PA
*everolimus (immunosuppressive) 0.25 mg TABLET***MO**	4	BvsD,QL(60 per 30 days)
*everolimus (immunosuppressive) 0.5 mg TABLET***DL**	5	BvsD,QL(120 per 30 days)
*everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET***DL**	5	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION**DL**	5	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**	5	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**	5	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**	5	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT**DL**	5	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT**DL**	5	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT**DL**	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT**DL**	5	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT**DL**	5	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**	5	PA,QL(6 per 28 days)
*icatibant 30 mg/3 ml SYRINGE***DL**	5	PA,QL(18 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	4	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]	3	QL(30 per 30 days)
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]	2	BvsD
methotrexate sodium 25 mg/ml SOLUTION[MO]	1	
methotrexate sodium (pf) 1 gram RECON SOLUTION[MO]	2	
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]	4	BvsD
mycophenolate mofetil 250 mg CAPSULE[MO]	2	BvsD
mycophenolate mofetil 500 mg TABLET[MO]	3	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION[MO]	4	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC[MO]	4	BvsD
OMLYCLO 150 MG/ML, 300 MG/2 ML SYRINGE[DL]	5	PA,QL(8 per 28 days)
OMLYCLO 75 MG/0.5 ML SYRINGE[DL]	5	PA,QL(4 per 28 days)
OTULFI 45 MG/0.5 ML SOLUTION[MO]	3	PA,QL(1.5 per 84 days)
OTULFI 45 MG/0.5 ML SYRINGE[MO]	3	PA,QL(1.5 per 84 days)
OTULFI 90 MG/ML SYRINGE[DL]	5	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]	5	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION[DL]	5	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]	4	BvsD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR.[DL]	5	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR.[DL]	5	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION[DL]	5	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]	5	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]	4	BvsD
sirolimus 1 mg/ml SOLUTION[MO]	4	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR	5	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE	5	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR[DL]	5	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR[DL]	5	PA,QL(16.8 per 365 days)
SKYRIZI 55 MG/0.37 ML SYRINGE	5	PA,QL(0.74 per 84 days)
STELARA 45 MG/0.5 ML SOLUTION[DL]	5	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE[DL]	5	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE[DL]	5	PA,QL(3 per 84 days)
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE[MO]	3	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	5	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE[DL]	5	PA,QL(4 per 28 days)
TREMFYA ONE-PRESS 100 MG/ML AUTO-INJECTOR	5	PA,QL(3 per 84 days)
TREMFYA PEN 100 MG/ML PEN INJECTOR	5	PA,QL(3 per 84 days)
TREMFYA PEN 200 MG/2 ML PEN INJECTOR[DL]	5	PA,QL(4 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) 200 MG/2 ML PEN INJECTOR[DL]	5	PA,QL(4 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	5	PA,QL(3.6 per 28 days)
TYENNE AUTOINJECTOR 162 MG/0.9 ML PEN INJECTOR[DL]	5	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]	5	PA,QL(1.5 per 84 days)
USTEKINUMAB 45 MG/0.5 ML SYRINGE[DL]	5	PA,QL(1.5 per 84 days)
USTEKINUMAB 90 MG/ML SYRINGE[DL]	5	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]	4	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR[DL,LA]	5	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE[DL,LA]	5	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR[DL,LA]	5	PA,QL(4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE[DL,LA]	5	PA,QL(4 per 28 days)
YESINTEK 45 MG/0.5 ML SOLUTION[MO]	3	PA,QL(1.5 per 84 days)
YESINTEK 45 MG/0.5 ML SYRINGE[MO]	3	PA,QL(1.5 per 84 days)
YESINTEK 90 MG/ML SYRINGE[DL]	5	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]	3	
budesonide 3 mg CAPSULE, DR/EC[MO]	3	
budesonide 9 mg TABLET, DR/ER[DL]	5	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA[MO]	3	
mesalamine 0.375 gram CAPSULE, ER 24 HR.[MO]	4	QL(120 per 30 days)
mesalamine 1,000 mg SUPPOSITORY[MO]	4	QL(30 per 30 days)
mesalamine 4 gram/60 ml ENEMA[MO]	4	QL(1800 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sulfasalazine 500 mg TABLET[MO]	1	
sulfasalazine 500 mg TABLET, DR/EC[MO]	2	
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]	4	QL(300 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL[MO]	3	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE[MO]	2	
calcitriol 1 mcg/ml SOLUTION[MO]	4	
cinacalcet 30 mg, 60 mg TABLET[MO]	4	QL(60 per 30 days)
cinacalcet 90 mg TABLET[MO]	4	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE[MO]	4	
ENOBY 60 MG/ML SYRINGE[MO]	4	QL(1 per 180 days)
FORTEO 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR[DL]	5	PA,QL(2.24 per 28 days)
ibandronate 150 mg TABLET[MO]	2	QL(1 per 28 days)
ibandronate 3 mg/3 ml SOLUTION[MO]	4	PA,QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE[MO]	4	PA,QL(3 per 90 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE[MO]	4	
PROLIA 60 MG/ML SYRINGE[MO]	4	QL(1 per 180 days)
risedronate 150 mg TABLET[MO]	3	QL(1 per 30 days)
risedronate 30 mg, 5 mg TABLET[MO]	3	QL(30 per 30 days)
risedronate 35 mg TABLET[MO]	3	QL(4 per 28 days)
risedronate 35 mg TABLET, DR/EC[MO]	4	QL(4 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR[DL]	5	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION[DL]	5	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK[MO]	4	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION[MO]	4	
zoledronic acid 4 mg/5 ml SOLUTION[MO]	4	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK[MO]	4	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	5	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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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]	2	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]	3	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS[MO]	3	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE[DL]	4	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK[DL]	4	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	
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]	4	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IV PREP WIPES PADS, MEDICATED[MO]	1	
mifepristone 300 mg TABLET[DL]	5	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD[MO]	3	
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	
nitroglycerin 0.4 % (w/w) OINTMENT[MO]	4	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN[MO]	1	
OMNIPOD 5 (LIBRE 2/3 PLUS) CARTRIDGE[MO]	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) CARTRIDGE[MO]	3	
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE[MO]	3	
OMNIPOD 5 INTRO (LIBRE2/3PLUS) CARTRIDGE[MO]	3	
OMNIPOD CLASSIC PODS (GEN 3) CARTRIDGE[MO]	3	
OMNIPOD DASH INTRO KIT (GEN 4) CARTRIDGE[MO]	3	
OMNIPOD DASH PODS (GEN 4) CARTRIDGE[MO]	3	
OMNIPOD GO PODS CARTRIDGE[MO]	3	
OMNIPOD GO PODS 10 UNITS/DAY CARTRIDGE[MO]	3	
OMNIPOD GO PODS 15 UNITS/DAY CARTRIDGE[MO]	3	
OMNIPOD GO PODS 20 UNITS/DAY CARTRIDGE[MO]	3	
OMNIPOD GO PODS 25 UNITS/DAY CARTRIDGE[MO]	3	
OMNIPOD GO PODS 30 UNITS/DAY CARTRIDGE[MO]	3	
OMNIPOD GO PODS 40 UNITS/DAY CARTRIDGE[MO]	3	
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]	5	PA,QL(30 per 30 days)
sodium chloride 0.9 % SOLUTION[MO]	2	
sorbitol-mannitol 2.7-0.54 gram/100 ml SOLUTION[MO]	2	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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**	4	PA,QL(10 per 42 days)
OPHTHALMIC AGENTS		
*atropine 1 % DROPS***MO**	2	
ATROPINE SULFATE (PF) 1 % DROPPERETTE**MO**	2	
*azelastine 0.05 % DROPS***MO**	2	
*bacitracin 500 unit/gram OINTMENT***MO**	3	
*bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT***MO**	2	
BETADINE OPHTHALMIC PREP 5 % SOLUTION**MO**	4	
*betaxolol 0.5 % DROPS***MO**	2	
*bimatoprost 0.01 % DROPS***MO**	3	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**	3	
*cromolyn 4 % DROPS***MO**	1	
*cyclosporine 0.05 % DROPPERETTE***MO**	3	QL(60 per 30 days)
CYSTARAN 0.44 % DROPS**DL**	5	PA,QL(60 per 28 days)
*dexamethasone sodium phosphate 0.1 % DROPS***MO**	2	
*diclofenac sodium 0.1 % DROPS***MO**	2	
*dorzolamide 2 % DROPS***MO**	1	
*dorzolamide-timolol 22.3-6.8 mg/ml DROPS***MO**	1	
*dorzolamide-timolol (pf) 2-0.5 % DROPPERETTE***MO**	4	QL(60 per 30 days)
*erythromycin 5 mg/gram (0.5 %) OINTMENT***MO**	2	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION**MO**	3	QL(16.6 per 30 days)
*fluorometholone 0.1 % DROPS, SUSPENSION***MO**	3	
*flurbiprofen sodium 0.03 % DROPS***MO**	2	
*gatifloxacin 0.5 % DROPS***MO**	3	QL(2.5 per 25 days)
*gentamicin 0.3 % DROPS***MO**	2	
ILEVRO 0.3 % DROPS, SUSPENSION**MO**	3	QL(3 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketorolac 0.4 %, 0.5 % DROPS[MO]	3	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]	4	
loteprednol etabonate 0.2 %, 0.5 % DROPS, SUSPENSION[MO]	4	
loteprednol etabonate 0.5 % DROPS, GEL[MO]	4	
LUMIGAN 0.01 % DROPS[MO]	3	QL(2.5 per 25 days)
methazolamide 25 mg, 50 mg TABLET[MO]	4	
MIEBO (PF) 100 % DROPS[MO]	4	QL(3 per 30 days)
moxifloxacin 0.5 % DROPS[MO]	3	
NATACYN 5 % DROPS, SUSPENSION[MO]	4	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT[MO]	3	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT[MO]	2	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT[MO]	2	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION[MO]	2	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS[MO]	2	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION[MO]	3	
ofloxacin 0.3 % DROPS[MO]	2	
pilocarpine hcl 1 %, 2 %, 4 % DROPS[MO]	3	
polycin 500-10,000 unit/gram OINTMENT[MO]	2	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS[MO]	1	
prednisolone acetate 1 % DROPS, SUSPENSION[MO]	3	
prednisolone sodium phosphate 1 % DROPS[MO]	2	
RHOPRESSA 0.02 % DROPS[MO]	3	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS[MO]	3	ST
SIMBRINZA 1-0.2 % DROPS, SUSPENSION[MO]	4	
sulfacetamide sodium 10 % DROPS[MO]	2	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS[MO]	2	
timolol 0.5 % DROPS[MO]	4	
timolol maleate 0.25 % DROPS[MO]	1	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION[MO]	4	
timolol maleate 0.5 % DROPS[MO]	1	
timolol maleate 0.5 % DROPS, ONCE DAILY[MO]	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE[MO]	4	
tobramycin 0.3 % DROPS[MO]	2	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION[MO]	2	
travoprost 0.004 % DROPS[MO]	3	QL(2.5 per 25 days)
trifluridine 1 % DROPS[MO]	3	
TRYPTYR 0.003 % DROPPERETTE[MO]	4	QL(60 per 30 days)
VYZULTA 0.024 % DROPS[MO]	4	QL(2.5 per 25 days)
OTIC AGENTS		
fluocinolone acetonide oil 0.01 % DROPS[MO]	3	
hydrocortisone-acetic acid 1-2 % DROPS[MO]	3	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION[MO]	2	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION[MO]	2	
ofloxacin 0.3 % DROPS[MO]	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION[MO]	3	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET[DL]	5	PA,QL(90 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER[MO]	3	QL(12 per 30 days)
AIRSUPRA 90-80 MCG/ACTUATION HFA AEROSOL INHALER[MO]	3	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]	2	BvsD
albuterol sulfate 2 mg, 4 mg TABLET[MO]	4	
albuterol sulfate 2 mg/5 ml SYRUP[MO]	1	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION[MO]	2	BvsD
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER[MO]	3	QL(36 per 30 days)
alyq 20 mg TABLET[MO]	4	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET[DL]	5	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION[MO]	2	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION[MO]	4	BvsD,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE[MO]	3	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER[MO]	4	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]	3	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) SPRAY, NON-AEROSOL[MO]	2	QL(30 per 25 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE[MO]	3	QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACTUATION HFA AEROSOL INHALER[MO]	3	QL(10.7 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER[MO]	3	QL(10.7 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION[MO]	4	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION[DL]	5	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION[MO]	2	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST[MO]	4	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE[MO]	4	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION[MO]	3	BvsD
desloratadine 5 mg TABLET[MO]	3	QL(30 per 30 days)
diphenhydramine hcl 50 mg/ml SOLUTION[MO]	4	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR[MO]	3	QL(4 per 30 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR[DL]	5	PA,QL(1 per 28 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL[MO]	3	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE[MO]	3	QL(60 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION[MO]	2	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE[MO]	3	
ipratropium bromide 0.02 % SOLUTION[MO]	2	BvsD
ipratropium bromide 17 mcg/actuation HFA AEROSOL INHALER[MO]	4	PA,QL(25.8 per 30 days)
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL[MO]	2	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL[MO]	2	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION[MO]	2	BvsD
levalbuterol tartrate 45 mcg/actuation HFA AEROSOL INHALER[MO]	4	ST,QL(30 per 30 days)
levocetirizine 5 mg TABLET[MO]	1	QL(30 per 30 days)
macitentan 10 mg TABLET[DL]	5	PA,QL(30 per 30 days)
mometasone 50 mcg/actuation SPRAY, NON-AEROSOL[MO]	4	QL(34 per 30 days)
montelukast 10 mg TABLET[MO]	1	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET[MO]	4	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]	5	PA,QL(60 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR[DL]	5	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE[DL]	5	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE[DL]	5	PA,QL(0.4 per 28 days)
pirfenidone 267 mg CAPSULE[DL]	5	PA,QL(270 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pirfenidone 267 mg TABLET[DL]	5	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET[DL]	5	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION[DL]	5	BvsD
riociguat 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg TABLET[DL]	5	PA,QL(90 per 30 days)
roflumilast 250 mcg TABLET[MO]	3	QL(28 per 365 days)
roflumilast 500 mcg TABLET[MO]	3	QL(30 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET[MO]	3	PA,QL(360 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST[MO]	3	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE[MO]	3	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST[MO]	3	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST[MO]	3	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER[MO]	3	QL(30.6 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET[MO]	4	PA,QL(60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR.[MO]	4	
theophylline 400 mg, 600 mg TABLET, ER 24 HR.[MO]	4	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE[MO]	3	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]	5	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]	5	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]	5	PA,QL(60 per 30 days)
UPTRAVI 100 MCG, 150 MCG TABLET[DL]	5	PA,QL(60 per 30 days)
UPTRAVI 200 MCG (140)- 800 MCG (60) TABLET, DOSE PACK[DL]	5	PA,QL(200 per 30 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER[MO]	3	QL(36 per 30 days)
WINREVAIR 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) KIT[DL]	5	PA
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE[MO]	3	QL(60 per 30 days)
zafirlukast 10 mg, 20 mg TABLET[MO]	4	QL(60 per 30 days)
SKELETAL MUSCLE RELAXANTS		
chlorzoxazone 500 mg TABLET[MO]	4	
cyclobenzaprine 10 mg, 5 mg TABLET[MO]	4	
methocarbamol 500 mg, 750 mg TABLET[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SLEEP DISORDER AGENTS		
BELSOMRA 10 MG TABLET[MO]	3	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET[MO]	3	QL(30 per 30 days)
BELSOMRA 5 MG TABLET[MO]	3	QL(120 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET[MO]	4	QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET[MO]	3	QL(60 per 30 days)
ramelteon 8 mg TABLET[MO]	4	QL(30 per 30 days)
sodium oxybate 500 mg/ml SOLUTION[DL]	5	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE[DL]	5	PA,QL(30 per 30 days)
temazepam 15 mg CAPSULE[DL]	3	QL(30 per 30 days)
temazepam 30 mg CAPSULE[DL]	3	QL(30 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE[MO]	3	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET[MO]	2	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE[MO]	2	QL(30 per 30 days)
(*) Not a Part D Drug		
3-day vaginal 2 % CREAM	*	
a and d (lanolin-petrolatum) OINTMENT	*	
a thru z advanced formula 18-400 mg-mcg TABLET	*	
a thru z men's ultimate 8 mg iron- 200 mcg-600 mcg TABLET	*	
a thru z select 300-60-600-300 mcg, 500-300-250 mcg TABLET	*	
a thru z select 50plus formula 0.4 mg-300 mcg- 250 mcg TABLET	*	
a thru z select women's TABLET	*	
abc complete adult 8 mg iron- 200 mcg-600 mcg TABLET	*	
abc complete men's 8 mg iron- 200 mcg-600 mcg TABLET	*	
abc complete senior 50 plus 0.4 mg-300 mcg- 250 mcg TABLET	*	
abc complete senior men's 300-60-600-300 mcg TABLET	*	
abc complete women's 18-400 mg-mcg TABLET	*	
abc plus 0.4 mg-300 mcg- 250 mcg TABLET	*	
acetaminophen 120 mg SUPPOSITORY	*	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SOLUTION	*	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SUSPENSION	*	
acetaminophen 160 mg/5 ml LIQUID	*	
acetaminophen 325 mg, 500 mg TABLET	*	
acid gone antacid 95-358 mg/15 ml SUSPENSION	*	
acid gone antacid e.strength 160-105 mg CHEWABLE TABLET	*	
acid reducer (famotidine) 10 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acne medication 2.5 % GEL	*	
acne treatment (benzoyl perox) 10 % GEL	*	
acne-clear 10 % GEL	*	
adapalene 0.1 % GEL	*	QL(45 per 30 days)
adult aspirin regimen 81 mg TABLET, DR/EC	*	
adult multivitamin gummies 120 mcg, 200 mcg CHEWABLE TABLET	*	
adult one daily gummies 200 mcg CHEWABLE TABLET	*	
adult tussin chest congestion 100 mg/5 ml LIQUID	*	
adults 50 plus 0.4 mg-300 mcg- 250 mcg TABLET	*	
adults multivitamin 18 mg iron-400 mcg-25 mcg TABLET	*	
advanced antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
ADVIN COVID-19 AG HOME TEST KIT	*	
aflora 20 mg iron- 1,670 mcg dfe TABLET	*	
AIMSCO LATEX CONDOM DEVICE	*	
all day allergy (cetirizine) 10 mg CAPSULE	*	
all day allergy (cetirizine) 10 mg TABLET	*	
all day pain relief 220 mg TABLET	*	
all day relief 220 mg TABLET	*	
aller-g-time 25 mg TABLET	*	
allergy (diphenhydramine) 25 mg CAPSULE	*	
allergy (diphenhydramine) 25 mg TABLET	*	
allergy relief (cetirizine) 10 mg, 5 mg TABLET	*	
allergy relief (loratadine) 10 mg TABLET	*	
allergy relief (loratadine) 5 mg/5 ml SOLUTION	*	
allergy relief(diphenhydramin) 12.5 mg/5 ml LIQUID	*	
allergy relief(diphenhydramin) 25 mg CAPSULE	*	
allergy relief(diphenhydramin) 25 mg CHEWABLE TABLET	*	
allergy relief(diphenhydramin) 25 mg TABLET	*	
almacone-2 400-400-40 mg/5 ml SUSPENSION	*	
altamist 0.65 % AEROSOL SPRAY	*	
alum-mag hydroxide-simeth 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
aluminum hydroxide gel 320 mg/5 ml SUSPENSION	*	
ameriphor OINTMENT	*	
amladex 1-5-50 mg TABLET	*	
anecream5 5 % CREAM	*	
animal chews CHEWABLE TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
antacid 200-200-20 mg/5 ml SUSPENSION	*	
antacid (calcium carbonate) 200 mg calcium (500 mg) CHEWABLE TABLET	*	
antacid anti-gas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
antacid exst (mag carb-al hyd) 160-105 mg CHEWABLE TABLET	*	
antacid ext str (calcium carb) 300 mg (750 mg) CHEWABLE TABLET	*	
antacid liquid 200-200-20 mg/5 ml SUSPENSION	*	
antacid m 200-200-20 mg/5 ml SUSPENSION	*	
antacid maximum strength 400-400-40 mg/5 ml SUSPENSION	*	
antacid plus anti-gas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
antacid regular strength 200-200-20 mg/5 ml SUSPENSION	*	
antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
anti-diarrheal (loperamide) 1 mg/7.5 ml LIQUID	*	
anti-diarrheal (loperamide) 2 mg CAPSULE	*	
anti-diarrheal (loperamide) 2 mg TABLET	*	
anti-itch (hc) 1 % CREAM	*	QL(240 per 30 days)
anti-itch (hc) 1 % LOTION	*	
anti-itch (hc) 1 % OINTMENT	*	QL(240 per 30 days)
anti-nausea SOLUTION	*	
antibiotic (bacitracin zinc) 500 unit/gram OINTMENT	*	
antibiotic (neomy-bacit-polym) 3.5mg-400 unit- 5,000 unit/gram OINTMENT	*	
antibiotic plus (pramoxine) 3.5-10,000-10 mg-unit-mg/gram CREAM	*	
antibiotic plus pain rel(pram) 3.5-10,000-10 mg-unit-mg/gram CREAM	*	
antibiotic-pain relief (bacit) 3.5-500-10,000 mg-unit-unit/g OINTMENT	*	
antifungal (clotrimazole) 1 % CREAM	*	
antifungal (miconazole) 2 % CREAM	*	
antifungal (miconazole) 2 % POWDER	*	
antifungal (terbinafine) 1 % CREAM	*	
antifungal extra thick 2 % CREAM	*	
antifungal ringworm 1 % CREAM	*	
antiseptic 10 % SOLUTION	*	
antiseptic skin clnsr(chlorhe) 4 % LIQUID	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aquanil hc 1 % LOTION	*	
aquaphor itch relief 1 % OINTMENT	*	QL(240 per 30 days)
arthritis pain relief(capsaic) 0.075 %, 0.1 % CREAM	*	
arthritis-muscle (capsaicin) 0.025 % CREAM	*	
artificial eye lubricant 83-15 % OINTMENT	*	
artificial tear(dxtrn-hpm-gly) 0.1-0.3-0.2 % DROPS	*	
artificial tears (pf) 0.1-0.3 % DROPPERETTE	*	
artificial tears(glycerin-peg) 1-0.3 % DROPS	*	
artificial tears(pvalch-povid) 0.5-0.6 % DROPS	*	
asperflex (lidocaine) 4 % CREAM	*	
aspirin 325 mg TABLET	*	
aspirin 325 mg, 81 mg TABLET, DR/EC	*	
aspirin 81 mg CHEWABLE TABLET	*	
aspirin,buffd-calcium carb-mag 325 mg TABLET	*	
athlete's foot 2 % AEROSOL POWDER	*	
athlete's foot 2 % AEROSOL SPRAY	*	
athlete's foot 2 % POWDER	*	
athlete's foot (clotrimazole) 1 % CREAM	*	
athlete's foot (clotrimazole) 1 % SOLUTION	*	
athlete's foot (terbinafine) 1 % CREAM	*	
athletic foot cream 1 % CREAM	*	
auro dri swimmers' ear 95-5 % DROPS	*	
aveeno intense relief CREAM	*	
AYR SALINE 0.65 % AEROSOL SPRAY	*	
azolen 2 % TINCTURE	*	
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 complex-vitamin c-folic acid 400 mcg TABLET ER	*	
b-complex with vitamin c CAPSULE	*	
b-complex with vitamin c TABLET	*	
BABY AYR SALINE 0.65 % DROPS	*	
bacitracin 500 unit/gram OINTMENT	*	
bacitracin 500 unit/gram PACKET	*	
bacitracin zinc 500 unit/gram OINTMENT	*	
bacitracin zinc 500 unit/gram OINTMENT IN PACKET	*	
bacitraycin plus 500 unit/gram OINTMENT	*	
banophen 25 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
banophen 25 mg, 50 mg CAPSULE	*	
baza antifungal 2 % CREAM	*	
benzoyl peroxide 10 %, 5 % GEL	*	
beta-hc 1 % LOTION	*	
BINAXNOW COVD AG CARD HOME TST KIT	*	
BINAXNOW COVID-19 AG SELF TEST KIT	*	
bisacodyl 10 mg SUPPOSITORY	*	
bisacodyl 5 mg TABLET, DR/EC	*	
bismuth subsalicylate 262 mg CHEWABLE TABLET	*	
cal-gest antacid 200 mg calcium (500 mg) CHEWABLE TABLET	*	
calcidol 200 mcg/ml (8,000 unit/ml) DROPS	*	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg) CHEWABLE TABLET	*	
calcium carb, citrate-vit d3 600 mg-12.5 mcg (500 unit) TABLET ER	*	
calcium carbonate 500 mg calcium (1,250 mg) TABLET	*	
calcium carbonate 500 mg/5 ml (1,250 mg/5 ml) SUSPENSION	*	
calcium carbonate-vitamin d3 250 mg-3.125 mcg (125 unit) TABLET	*	
calcium citrate 200 mg (950 mg), 250 mg calcium TABLET	*	
calcium citrate + d 315 mg-5 mcg (200 unit) TABLET	*	
calcium citrate-vitamin d3 200 mg-6.25 mcg (250 unit), 250 mg-5 mcg (200 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit) TABLET	*	
calcium-d3-zinc-copper-mangan 325 mg-12.5 mcg -2.75 mg TABLET	*	
capsaicin 0.025 %, 0.075 %, 0.1 % CREAM	*	
capsaicin hp 0.1 % CREAM	*	
capsaid es 0.1 % CREAM	*	
carboxymethylcellulose sodium 0.5 % DROPPERETTE	*	
carboxymethylcellulose sodium 0.5 % DROPS	*	
carboxymethylcellulose sodium 1 % DROPPERETTE, GEL	*	
carboxymethylcellulose sodium 1 % DROPS, LIQUID GEL	*	
CARESTART COVID-19 AG HOME TST KIT	*	
central-vite 18 mg iron-400 mcg-25 mcg TABLET	*	
central-vite women's mature 8 mg iron-400 mcg-50 mcg TABLET	*	
centravites 50 plus 0.4 mg-300 mcg- 250 mcg TABLET	*	
centravites adults 18 mg iron-400 mcg-25 mcg TABLET	*	
centrum 18-400 mg-mcg TABLET	*	
centrum 9 mg iron/15 ml LIQUID	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
centrum silver 0.4 mg-300 mcg- 250 mcg TABLET	*	
centrum women 18-400 mg-mcg TABLET	*	
century 18-400 mg-mcg TABLET	*	
century adult formula 18 mg iron-400 mcg-25 mcg TABLET	*	
century adults 50 plus 0.4 mg-300 mcg- 250 mcg TABLET	*	
century mature 0.4 mg-300 mcg- 250 mcg TABLET	*	
century men 50 plus 300-60-600-300 mcg TABLET	*	
century women 50 plus 8 mg iron-400 mcg-50 mcg TABLET	*	
cenvite 9 mg iron/15 ml LIQUID	*	
CERTAVITE SENIOR 0.4 MG-300 MCG- 250 MCG TABLET	*	
certavite-antioxidant 18-400 mg-mcg TABLET	*	
cetirizine 1 mg/ml SOLUTION	*	QL(300 per 30 days)
cetirizine 10 mg, 5 mg CHEWABLE TABLET	*	
cetirizine 10 mg, 5 mg TABLET	*	
cetirizine 5 mg/5 ml SOLUTION	*	
CHEST CONGESTION RELIEF 100 MG/5 ML LIQUID	*	
chest congestion relief dm 10-100 mg/5 ml SYRUP	*	
child allergy relf(cetirizine) 1 mg/ml SOLUTION	*	QL(300 per 30 days)
child's all day allergy(cetir) 1 mg/ml SOLUTION	*	QL(300 per 30 days)
children's acetaminophen 160 mg/5 ml LIQUID	*	
children's acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml) SUSPENSION	*	
children's allergy (diphenhyd) 12.5 mg CHEWABLE TABLET	*	
children's allergy (diphenhyd) 12.5 mg/5 ml LIQUID	*	
children's allergy relief(lor) 5 mg CHEWABLE TABLET	*	
children's allergy relief(lor) 5 mg/5 ml SOLUTION	*	
children's aspirin 81 mg CHEWABLE TABLET	*	
children's cetirizine 1 mg/ml SOLUTION	*	QL(300 per 30 days)
children's cetirizine 10 mg, 5 mg CHEWABLE TABLET	*	
children's chew multivitamin CHEWABLE TABLET	*	
children's chewable multivitmn 300 mcg CHEWABLE TABLET	*	
children's chewables 300 mcg CHEWABLE TABLET	*	
children's loratadine 5 mg CHEWABLE TABLET	*	
children's mapap 80 mg CHEWABLE TABLET	*	
children's multi-vit gummies 200 mcg CHEWABLE TABLET	*	
children's multivitamin CHEWABLE TABLET	*	
children's multivitamin-immune CHEWABLE TABLET	*	
children's pain reliever 160 mg/5 ml SUSPENSION	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's pain-fever relief 160 mg/5 ml SUSPENSION	*	
children's saline nasal spray 0.65 % AEROSOL SPRAY	*	
childrens chewables multivitmn CHEWABLE TABLET	*	
chlorhexidine gluconate 2 % TOWELETTE	*	
chlorhexidine gluconate 2 %, 4 % LIQUID	*	
chocolate laxative 15 mg CHEWABLE TABLET	*	
citracal + d maximum 315 mg-6.25 mcg (250 unit) TABLET	*	
CLEARBLUE PREGNANCY TEST KIT	*	
clearcanal earwax softener 6.5 % DROPS	*	
clearlax 17 gram POWDER IN PACKET	*	
clearlax 17 gram/dose POWDER	*	
clinere ear wax removal 6.5 % DROPS	*	
CLINITEST COVID-19 HOME TEST KIT	*	
clotrimazole 1 % CREAM	*	
clotrimazole 1 % SOLUTION	*	
clotrimazole 3 day 2 % CREAM	*	
clotrimazole af 1 % CREAM	*	
clotrimazole-3 2 % CREAM	*	
clotrimazole-7 1 % CREAM	*	
co q-10 100 mg, 200 mg, 30 mg, 400 mg, 50 mg CAPSULE	*	
coenzyme q10 100 mg, 200 mg, 30 mg, 400 mg, 50 mg, 60 mg CAPSULE	*	
coenzyme q10-vitamin e 100-5 mg-unit CAPSULE	*	
COLACE 100 MG CAPSULE	*	
COLACE 2-IN-1 8.6-50 MG TABLET	*	
COLACE CLEAR 50 MG CAPSULE	*	
comfort gel 200-200-20 mg/5 ml SUSPENSION	*	
comfort gel extra strength 400-400-40 mg/5 ml SUSPENSION	*	
complete multivitamin-mineral 18-400 mg-mcg TABLET	*	
complete mv adult 50 plus 0.4 mg-300 mcg- 250 mcg TABLET	*	
coq10 (ubiquinol) 100 mg CAPSULE	*	
coqmax ubiquinol 100 mg, 200 mg CAPSULE	*	
CORDX COVID-19 AG HOME TEST KIT	*	
CORDX TYFAST COVID AG HOME TST KIT	*	
cortisone (hydrocortisone) 1 % CREAM	*	QL(240 per 30 days)
cortisone (hydrocortisone) 1 % LOTION	*	
cortisone cooling 1 % GEL	*	
cortisone with aloe 1 % CREAM	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cortizone-10 1 % CREAM	*	QL(240 per 30 days)
cortizone-10 1 % LOTION	*	
cortizone-10 1 % OINTMENT	*	QL(240 per 30 days)
cortizone-10 1 % SOLUTION	*	
cortizone-10 feminine itch 1 % CREAM	*	
cortizone-10 with aloe 1 % CREAM	*	
corvita 1.25-2.5-7 mg TABLET	*	
COVID-19 AT-HOME TEST KIT	*	
COVID-19 RAPID AT-HOME TEST KIT	*	
critic-aid clear af(miconazol) 2 % OINTMENT	*	
curae 1.5 mg TABLET	*	
daily fiber 0.4 gram CAPSULE	*	
daily fiber (psyllium-aspart) 3.4 gram POWDER IN PACKET	*	
daily fiber (psyllium-sucrose) 3 gram/7 gram, 3.4 gram/12 gram, 3.4 gram/7 gram POWDER	*	
daily gummies 200 mcg CHEWABLE TABLET	*	
daily multi-vitamin TABLET	*	
daily multiple for women 18 mg iron-400 mcg-500 mg ca TABLET	*	
daily multivitamin with iron 18-400 mg-mcg TABLET	*	
daily multivitamin-minerals 18-400 mg-mcg TABLET	*	
daily value TABLET	*	
daily vitamin formula TABLET	*	
daily vitamin formula-iron 18-400 mg-mcg TABLET	*	
daily vitamin formula-minerals TABLET	*	
daylogic acne treatment 10 % GEL	*	
debrox kids 95-5 % DROPS	*	
debrox swimmer's ear 95-5 % DROPS	*	
deep sea nasal 0.65 % AEROSOL SPRAY	*	
dermafungal 2 % CREAM	*	
dermaphor OINTMENT	*	
dermarest eczema (hydrocort) 1 % LOTION	*	
desenex 2 % CREAM	*	
desenex 2 % POWDER	*	
dextromethorphan-guaifenesin 10-100 mg/5 ml LIQUID	*	
dextromethorphan-guaifenesin 10-100 mg/5 ml SYRUP	*	
diabetic multivitamin 120 mcg CHEWABLE TABLET	*	
dialyvite 800 0.8 mg TABLET	*	
DIGITAL PREGNANCY TEST KIT	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diphedryl 12.5 mg/5 ml LIQUID	*	
diphenhydramine hcl 12.5 mg/5 ml LIQUID	*	
diphenhydramine hcl 25 mg TABLET	*	
diphenhydramine hcl 50 mg CAPSULE	*	
docusate calcium 240 mg CAPSULE	*	
docusate sodium 100 mg, 250 mg CAPSULE	*	
docusate sodium 283 mg/5 ml ENEMA	*	
docusate sodium 50 mg/5 ml LIQUID	*	
DOCUSOL KIDS 100 MG/5 ML ENEMA	*	
dok 100 mg TABLET	*	
double antibiotic (b.tracn zn) 500-10,000 unit/gram OINTMENT	*	
double antibiotic-pain relief 3.5-10,000-10 mg-unit-mg/gram CREAM	*	
driminate 50 mg TABLET	*	
dripdrop 700-410-150 mg POWDER IN PACKET	*	
dry eye relief 1-0.2-0.2 % DROPS	*	
dry eye relief (peg 400) 1 % DROPS	*	
dulcolax (magnesium hydroxide) 400 mg/5 ml SUSPENSION	*	
DUREX AIR CONDOM DEVICE	*	
DUREX AVANTI BARE REAL FEEL MISCELLANEOUS	*	
DUREX EXTRA SENSITIVE CONDOM DEVICE	*	
DUREX TROPICAL CONDOM DEVICE	*	
ear drops (carbamide peroxide) 6.5 % DROPS	*	
ear drops for swimmers 95-5 % DROPS	*	
ear dry 95-5 % DROPS	*	
ear wax removal drops 6.5 % DROPS	*	
ear wax removal kit 6.5 % DROPS	*	
EARLY PREGNANCY TEST KIT	*	
EARLY RESULT PREGNANCY TEST KIT	*	
econtra one-step 1.5 mg TABLET	*	
ed-apap 160 mg/5 ml LIQUID	*	
effaclar adapalene 0.1 % GEL	*	QL(45 per 30 days)
electrolytes-dextrose PACKET	*	
electrolytes-dextrose SOLUTION	*	
ELLUME COVID-19 HOME TEST KIT	*	
emetrol SOLUTION	*	
emetrol chewable 230 mg CHEWABLE TABLET	*	
endit (zinc oxide) 20 % OINTMENT	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
endur-b complex 400 mcg TABLET ER	*	
enema 19-7 gram/118 ml ENEMA	*	
enema disposable 19-7 gram/118 ml ENEMA	*	
ENEMEEZ 283 MG/5 ML ENEMA	*	
ENEMEEZ KIDS 100 MG/5 ML ENEMA	*	
ENEMEEZ PLUS 283-20 MG/5 ML ENEMA	*	
eq gentle 0.3 % DROPS	*	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
ergocalciferol (vitamin d2) 200 mcg/ml (8,000 unit/ml) DROPS	*	
essentia 18-400 mg-mcg TABLET	*	
EVERLYWELL COVID19 HOM COLLECT MISCELLANEOUS	*	
expectorant dm 10-100 mg/5 ml SYRUP	*	
eyes alive 0.5 % DROPPERETTE	*	
fa-8 0.8 mg CAPSULE	*	
famotidine 10 mg TABLET	*	
FANTASY CONDOM DEVICE	*	
FASTEP COVID-19 AG HOME TEST KIT	*	
FC2 FEMALE CONDOM MISCELLANEOUS	*	
fe-vite 15 mg iron (75 mg)/ml DROPS	*	
fem moist andlub(glycerin-hec) GEL	*	
feosol 325 mg (65 mg iron) TABLET	*	
ferosul 325 mg (65 mg iron) TABLET	*	
ferro-time 325 mg (65 mg iron) TABLET	*	
ferrous sulfate 142 mg (45 mg iron) TABLET ER	*	
ferrous sulfate 15 mg iron (75 mg)/ml DROPS	*	
ferrous sulfate 220 mg (44 mg iron)/5 ml ELIXIR	*	
ferrous sulfate 220 mg (44 mg iron)/5 ml SOLUTION	*	
ferrous sulfate 300 mg (60 mg iron)/5 ml LIQUID	*	
ferrous sulfate 324 mg (65 mg iron), 325 mg (65 mg iron) TABLET, DR/EC	*	
ferrous sulfate 325 mg (65 mg iron) TABLET	*	
FEVERALL 120 MG, 325 MG, 80 MG SUPPOSITORY	*	
fiber (calcium polycarbophil) 625 mg TABLET	*	
fiber (psyllium husk) 0.4 gram CAPSULE	*	
fiber (psyllium husk-sugar) 3.4 gram/12 gram, 3.4 gram/7 gram POWDER	*	
fiber (with aspartame) 3 gram/5.8 gram, 3.4 gram/5.8 gram POWDER	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fiber laxative (ca polycarbo) 625 mg TABLET	*	
fiber laxative(methylcellulos) 500 mg TABLET	*	
FIBER THERAPY (M-CELL/SUGAR) 2 GRAM/19 GRAM POWDER	*	
fiber therapy (m-cellulose) 500 mg TABLET	*	
fiber therapy (psyllium-sucro) 3 gram/12 gram, 3 gram/7 gram POWDER	*	
fiber therapy(psyl seed-sugar) POWDER	*	
fiber-lax 625 mg TABLET	*	
first aid antibiotic 3.5mg-400 unit- 5,000 unit/gram OINTMENT	*	
first aid antibiotic-pain rlf 3.5-500-10,000 mg-unit-unit/g OINTMENT	*	
first aid antiseptic(povidone) 10 % SOLUTION	*	
FIRST RESPONSE PREGNANCY TEST KIT	*	
FLEET ENEMA 19-7 GRAM/118 ML ENEMA	*	
FLEET GLYCERIN LAXATIVE 5.4 GRAM/5.4 ML SOLUTION	*	
FLEET PEDIATRIC 9.5-3.5 GRAM/59 ML ENEMA	*	
flintstones multivitamin CHEWABLE TABLET	*	
flintstones/extra c CHEWABLE TABLET	*	
florraxyl 20 mg iron- 1,670 mcg dfe TABLET	*	
flotrex 0.25 mg, 0.5 mg, 1 mg CHEWABLE TABLET	*	
FLOWFLEX COVID-19 AG HOME TEST KIT	*	
foaming antacid 95-358 mg/15 ml SUSPENSION	*	
folamax 20 mg iron- 1,670 mcg dfe TABLET	*	
folaprime 20 mg iron- 1,670 mcg dfe TABLET	*	
folic acid 0.8 mg CAPSULE	*	
folic acid 1 mg, 400 mcg, 800 mcg TABLET	*	
folicore b complex 1,000 mcg-10 mg -400 mcg TABLET	*	
FOLIKA-BC 1 MG-60 MG- 300 MCG TABLET	*	
folixia 20 mg iron- 1,670 mcg dfe TABLET	*	
full spectrum b-vitamin c 0.8 mg TABLET	*	
gavilax 17 gram/dose POWDER	*	
GENABIO COVID-19 RAPID AT-HOME KIT	*	
gentle laxative (bisacodyl) 10 mg SUPPOSITORY	*	
gentle laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
gentle laxative (mag hydrox) 400 mg/5 ml SUSPENSION	*	
geri-lanta 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
geri-mox antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
geri-mucil (aspartame) 3 gram/5.8 gram POWDER	*	
geri-mucil (sugar) 3 gram/12 gram POWDER	*	
glucose 3.75 gram, 4 gram CHEWABLE TABLET	*	
glucose gel 40 % GEL	*	
glycerin LIQUID	*	
glycerin 99.5 % SOLUTION	*	
glycerin (adult) SUPPOSITORY	*	
glycerin (child) SUPPOSITORY	*	
GOTOKNOW COVID-19 AG HOME TEST KIT	*	
guaifenesin 100 mg/5 ml LIQUID	*	
gummi bear multivitamin CHEWABLE TABLET	*	
gummy dinos CHEWABLE TABLET	*	
gyne-lotrimin 7 1 % CREAM	*	
hair vitamins TABLET	*	
hair,skin and nails TABLET	*	
hair,skin and nails(fa-biotin) 66.7-1,666.7 mcg TABLET	*	
headache relief (asa-acet-caf) 250-250-65 mg TABLET	*	
healthylax 17 gram POWDER IN PACKET	*	
heartburn relief 254-237.5 mg/5 ml SUSPENSION	*	
heartburn relief (famotidine) 10 mg TABLET	*	
hemorrhoid-fissure pain 5 % CREAM	*	
hemorrhoidal (phenyleph-cocoa) 0.25-88.44 % SUPPOSITORY	*	
hemorrhoidal cooling 0.25-50 % GEL	*	
hemorrhoidal cream 0.25-1 % CREAM	*	
hemorrhoidal relief 5 % CREAM	*	
hemorrhoidal(pe-min oil-petro) 0.25-14-74.9 % OINTMENT	*	
her style 1.5 mg TABLET	*	
high potency multivit (w-iron) 18-400 mg-mcg TABLET	*	
high potency multivitamin 400 mcg TABLET	*	
home lice-bedbug-dust mite spr 0.5 % AEROSOL SPRAY	*	
hydralyte PACKET	*	
hydralyte SOLUTION	*	
hydrating electrolyte PACKET	*	
hydration multiplier PACKET	*	
hydrocortisone 0.5 % CREAM	*	
hydrocortisone 1 % CREAM	*	QL(240 per 30 days)
hydrocortisone 1 % CREAM IN PACKET	*	
hydrocortisone 1 % LOTION	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone 1 % OINTMENT	*	QL(240 per 30 days)
hydrocortisone acetate 1 % CREAM	*	
hydrocortisone acetate 1 % OINTMENT	*	
hydrocortisone plus 1 % CREAM	*	
hydrocortisone-aloe vera 1 % CREAM	*	
hydrocream 1 % CREAM	*	QL(240 per 30 days)
hydrolatum OINTMENT	*	
ibuprofen 200 mg TABLET	*	
icy hot max (lido hcl-menthol) 4-1 % CREAM	*	
IHEALTH COVID-19 AG HOME TEST KIT	*	
INDICAID COVID-19 AG HOME TEST KIT	*	
infant pain reliever 160 mg/5 ml SUSPENSION	*	
infant's acetaminophen 160 mg/5 ml SUSPENSION	*	
infant-toddler multivit 250 mcg-50 mg- 10 mcg/ml DROPS	*	
infant-toddler multivit-iron 11 mg iron/ml DROPS	*	
infant-toddler multivitamin 250 mcg-50 mg- 10 mcg-5 mg/ml DROPS	*	
infants' pain and fever 160 mg/5 ml SUSPENSION	*	
INTELISWAB COVID-19 HOME TEST KIT	*	
inzo antifungal 2 % CREAM	*	
iron 325 mg (65 mg iron) TABLET	*	
iron (ferrous sulfate) 325 mg (65 mg iron) TABLET	*	
itch relief (clotrimazole) 1 % CREAM	*	
itch relief (hc) 1 % OINTMENT	*	QL(240 per 30 days)
itch relief (hc) with aloe 1 % CREAM	*	
jock itch (clotrimazole) 1 % CREAM	*	
jock itch (terbinafine) 1 % CREAM	*	
keyfolic 20 mg iron- 1,670 mcg dfe TABLET	*	
KIMONO LUBRICATED CONDOMS DEVICE	*	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	*	
KIMONO MICROTHIN CONDOMS DEVICE	*	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	*	
KIMONO TEXTURED CONDOMS DEVICE	*	
KIMONO THIN LUBRICATED CONDOMS DEVICE	*	
kinderlyte PACKET	*	
kinderlyte SOLUTION	*	
konsyl (sugar) 3 gram/12 gram POWDER	*	
lanashield 50 % OINTMENT	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
laxative (bisacodyl) 5 mg TABLET	*	
laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
laxative (sennosides) 15 mg, 25 mg TABLET	*	
levonorgestrel 1.5 mg TABLET	*	
lice bedding spray 0.5 % AEROSOL SPRAY	*	
lice killing 0.33-4 % SHAMPOO	*	
lice killing (permethrin) 1 % LIQUID	*	
lice pyrinyl shampoo 0.33-4 % SHAMPOO	*	
lice treatment 0.33-4 % SHAMPOO	*	
lice treatment 1 % LIQUID	*	
lice treatment (permethrin) 1 % LIQUID	*	
lice-bedbug-mite bedding 0.5 % AEROSOL SPRAY	*	
lidocaine 4 %, 5 % CREAM	*	
lidocaine hcl 4 % CREAM	*	
lidosync (lidocaine-menthol) 4-1 % CREAM	*	
liquid antacid 400-400-40 mg/5 ml SUSPENSION	*	
little animals-iron CHEWABLE TABLET	*	
loperamide 1 mg/7.5 ml LIQUID	*	
loratadine 10 mg TABLET	*	
loratadine 10 mg TABLET, DISINTEGRATING	*	
loratadine 5 mg/5 ml SOLUTION	*	
lotrimin af 2 % POWDER	*	
lotrimin af powder 2 % AEROSOL POWDER	*	
lubricant (p-glycol-glycerin) 1-0.3 % DROPS	*	
lubricant eye 57.3-42.5 %, 57.7-31.9 % OINTMENT	*	
lubricant eye (cmc-glycer)(pf) 0.5-0.9 % DROPPERETTE	*	
lubricant eye (cmc-glycerin) 0.5-0.9 % DROPS	*	
lubricant eye (pg-peg 400) 0.4-0.3 % DROPS	*	
lubricant eye (pg-peg 400)(pf) 0.4-0.3 % DROPPERETTE	*	
lubricant eye (propyl glycol) 0.6 %, 0.7 % DROPS	*	
lubricant eye drops 0.25 %, 0.5 % DROPS	*	
lubricant eye drops 0.5 % DROPPERETTE	*	
lubricants GEL	*	
lubricating jelly (chlorhexid) GEL	*	
lubricating plus 0.5 % DROPPERETTE	*	
lubrifresh pm 83-15 % OINTMENT	*	
LUCIRA CHECK-IT COVID HOME TST KIT	*	
m-dryl 12.5 mg/5 ml LIQUID	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
m-pap 160 mg/5 ml LIQUID	*	
maalox maximum strength 400-400-40 mg/5 ml SUSPENSION	*	
mag-al plus 200-200-20 mg/5 ml SUSPENSION	*	
mag-al plus extra strength 400-400-40 mg/5 ml SUSPENSION	*	
magnesium hydroxide 400 mg/5 ml SUSPENSION	*	
magnesium oxide 400 mg (241.3 mg magnesium), 400 mg magnesium, 420 mg TABLET	*	
meclizine 12.5 mg TABLET	*	
meclizine 25 mg CHEWABLE TABLET	*	
mega multiple/chelated mineral TABLET	*	
mega multivitamin for men 200-175-250 mcg TABLET	*	
men 50 plus advanced one daily 400-20-370 mcg TABLET	*	
men 50 plus multivitamin 300-60-600-300 mcg TABLET	*	
men under 50 multivitamin 8 mg iron- 200 mcg-600 mcg TABLET	*	
men's 50 plus daily formula 400-20-370 mcg TABLET	*	
men's 50 plus multivitamin 400-20-370 mcg TABLET	*	
men's daily formula 400-20-300 mcg TABLET	*	
men's daily gummies 200 mcg CHEWABLE TABLET	*	
men's daily multivitamin 8 mg iron- 200 mcg-600 mcg TABLET	*	
men's multivitamin gummies 120 mcg, 200 mcg CHEWABLE TABLET	*	
men's one daily 400-20-300 mcg TABLET	*	
men's pack 0.4-250 mg-mcg COMBO PACK	*	
metamucil (with sugar) 3.4 gram/12 gram POWDER	*	
miconazole nitrate 1,200-2 mg-%, 200 mg- 2 % (9 gram) KIT	*	
miconazole nitrate 2 % AEROSOL POWDER	*	
miconazole nitrate 2 % CREAM	*	
miconazole nitrate 2 % POWDER	*	
miconazole nitrate 4 % (200 mg)- 2 % (9 gram) COMBO PACK, PREFILL, CREAM	*	
miconazole-3 200 mg- 2 % (9 gram) KIT	*	
miconazole-3 4 % (200 mg)- 2 % (9 gram) COMBO PACK, PREFILL, CREAM	*	
miconazole-7 2 % CREAM	*	
miconazorb af 2 % POWDER	*	
micotrin ac 1 % CREAM	*	
micotrin ap 2 % POWDER	*	
micro-guard 2 % POWDER	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
migraine formula 250-250-65 mg TABLET	*	
migraine relief 250-250-65 mg TABLET	*	
milk of magnesia 400 mg/5 ml SUSPENSION	*	
milk of magnesia concentrated 2,400 mg/10 ml SUSPENSION	*	
mini multivitamins-iron 18-400 mg-mcg TABLET	*	
mintox maximum strength 400-400-40 mg/5 ml SUSPENSION	*	
mintox plus 200-200-25 mg CHEWABLE TABLET	*	
mirafast 1,200 mg CHEWABLE TABLET	*	
moisturizing cream CREAM	*	
moisturizing lubricant 0.25 % DROPS	*	
monistat 3 200 mg- 2 % (9 gram) KIT	*	
monistat care (hydrocortisone) 1 % CREAM	*	QL(240 per 30 days)
motion sickness 50 mg TABLET	*	
motion sickness (meclizine) 25 mg TABLET	*	
motion sickness relief 50 mg TABLET	*	
motion sickness relief(mecliz) 25 mg TABLET	*	
motion-time 25 mg CHEWABLE TABLET	*	
multi antibiotic plus 3.5-10,000-10 mg-unit-mg/gram CREAM	*	
multi complete with iron 18-400 mg-mcg TABLET	*	
multi for her 50 plus 400-80 mcg TABLET	*	
multi-day with iron 18-400 mg-mcg TABLET	*	
multi-vit with fluoride-iron 0.25mg fluoride -10 mg iron/ml DROPS	*	
multi-vitamin with fluoride 0.25 mg, 0.5 mg, 1 mg CHEWABLE TABLET	*	
multi-vitamin with fluoride 0.25 mg/ml, 0.5 mg/ml DROPS	*	
multi-vite 9 mg iron/15 ml LIQUID	*	
multihealth fiber 3.4 gram/5.8 gram POWDER	*	
multihealth fiber (sugar) 3.4 gram/7 gram POWDER	*	
multiple vitamin-minerals TABLET	*	
multiple vitamins TABLET	*	
multivit with min-folic acid 0.4 mg TABLET	*	
multivit with min-folic acid 120 mcg, 200 mcg CHEWABLE TABLET	*	
multivit,calc,min-fa-k1-lycop 240 mcg-30 mcg- 300 mcg TABLET	*	
multivit-min-ferrous gluconate 9 mg iron/ 15 ml (15 ml), 9 mg iron/15 ml LIQUID	*	
multivitamin TABLET	*	
multivitamin men's 50 plus 400-370 mcg TABLET	*	
multivitamin with iron TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
multivitamin with minerals 9 mg iron/15 ml LIQUID	*	
multivitamin women 50 plus 8 mg iron-400 mcg-50 mcg TABLET	*	
murine ear wax removal system 6.5 % DROPS	*	
my choice 1.5 mg TABLET	*	
my way 1.5 mg TABLET	*	
mycozyl ac 1 % CREAM	*	
mycozyl ap 2 % POWDER	*	
mylanta maximum strength 400-400-40 mg/5 ml SUSPENSION	*	
myo-tone TABLET	*	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL	*	
naproxen sodium 220 mg TABLET	*	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL	*	
nasal antiseptic swabs 10 % SWAB	*	
nasal decongestant (pseudoeph) 30 mg TABLET	*	
nasal moisturizing 0.65 % AEROSOL SPRAY	*	
nasal spray (sodium chloride) 0.65 % AEROSOL SPRAY	*	
natural daily fiber 3.4 gram/5.8 gram POWDER	*	
natural fiber laxative (sugar) POWDER	*	
natural tears (pf) 0.1-0.3 % DROPPERETTE	*	
nausea relief SOLUTION	*	
neosporin (neo-bac-polym) 3.5-400-5,000 mg-unit-unit OINTMENT IN PACKET	*	
neosporin plus burn relief 3.5-500-10,000 mg-unit-unit/g OINTMENT	*	
nephro vitamins 0.8 mg TABLET	*	
NEPHRO-VITE 0.8 MG TABLET	*	
NEPHRONEX 900 MCG/5 ML LIQUID	*	
new day 1.5 mg TABLET	*	
nicotinamide (with chromium) 500 mcg- 750 mg TABLET	*	
nicotine 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr PATCH, 24 HR.	*	
nicotine 21-14-7 mg/24 hr PATCH, TD DAILY, SEQUENTIAL	*	
nicotine (polacrilex) 2 mg, 4 mg GUM	*	
nicotine (polacrilex) 2 mg, 4 mg LOZENGE	*	
nicotine (polacrilex) 2 mg, 4 mg MINI LOZENGE	*	
noble formula hc 1 % CREAM	*	QL(240 per 30 days)
numbcream 5 % CREAM	*	
nusyllium 3.4 gram/12 gram POWDER	*	
nutralyn 20 mg iron- 1,670 mcg dfe TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUTRISOURCE FIBER PACKET	*	
NUTRISOURCE FIBER POWDER	*	
OHC COVID-19 ANTIGEN HOME TEST KIT	*	
omnicap 0.4 mg TABLET	*	
ON-GO COVID-19 AG AT HOME TEST KIT	*	
oncovite TABLET	*	
one daily 0.4-600 mg-mcg TABLET	*	
one daily energy 9 mg iron-400 mcg-200 mg TABLET	*	
one daily essential 0.4 mg, 400 mcg TABLET	*	
one daily for men 0.4-600 mg-mcg TABLET	*	
one daily for women 18-0.4 mg TABLET	*	
one daily healthy weight 200-18-0.4 mg TABLET	*	
one daily maximum 18 mg iron-400 mcg-25 mcg, 18-0.4 mg TABLET	*	
one daily men's 50 plus w-d3 400-20-370 mcg TABLET	*	
one daily men's health 240 mcg-30 mcg- 300 mcg TABLET	*	
one daily multivit-iron(folic) 18-400 mg-mcg TABLET	*	
one daily multivitamin 400 mcg TABLET	*	
one daily multivitamin women 18-400 mg-mcg TABLET	*	
one daily plus iron 18-400 mg-mcg TABLET	*	
one daily women 50 plus 400-120 mcg-mg TABLET	*	
one daily women 50 plus(vit k) 400 mcg-500 mg calcium-20 mcg TABLET	*	
one daily women's 18 mg iron- 400 mcg, 18 mg iron-400 mcg-25 mcg TABLET	*	
one daily womens 50 plus 0.4 mg TABLET	*	
ONE STEP PREGNANCY TEST KIT	*	
one-a-day cholesterol plus 0.4 mg TABLET	*	
one-a-day essential TABLET	*	
one-a-day maximum formula TABLET	*	
one-a-day men vitacraves 200 mcg CHEWABLE TABLET	*	
one-a-day men's pro edge 0.4 mg TABLET	*	
one-a-day teen advantage 18-400 mg-mcg TABLET	*	
one-a-day women vitacraves 200 mcg CHEWABLE TABLET	*	
one-a-day women's 50 plus 0.4 mg TABLET	*	
onelax fiber (with sucrose) 3.4 gram/12 gram POWDER	*	
onevite daily multivitamin 400 mcg TABLET	*	
OPILL 0.075 MG TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
option-2 1.5 mg TABLET	*	
ORACIT 490-640 MG/5 ML SOLUTION	*	
oralyte SOLUTION	*	
overnight lubricating eye 94-3 % OINTMENT	*	
oyster shell + d3 250 mg-3.125 mcg (125 unit) TABLET	*	
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 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-5 mcg (200 unit) TABLET	*	
oystercal-d 500 mg-10 mcg (400 unit) TABLET	*	
pain relief (acetaminophen) 325 mg, 500 mg TABLET	*	
pain relief es (acetaminophen) 500 mg TABLET	*	
pain reliever (acetaminophen) 325 mg, 500 mg TABLET	*	
pain reliever es(acetaminophn) 500 mg TABLET	*	
pain reliever plus 250-250-65 mg TABLET	*	
pedia iron 15 mg iron (75 mg)/ml DROPS	*	
pedia tri-vite 250 mcg-50 mg- 10 mcg/ml DROPS	*	
PEDIA-LAX 2.8 GRAM/2.7 ML SOLUTION	*	
pedia-lax stool softener 50 mg/15 ml SYRUP	*	
pediatric electrolyte SOLUTION	*	
pediatric electrolyte 10.6-4.7 meq/8.5 gram POWDER IN PACKET	*	
pediatric enema 9.5-3.5 gram/59 ml ENEMA	*	
pediatric freezer pops SOLUTION	*	
pediatric tri-vite 750 unit-35 mg -400 unit/ml DROPS	*	
personal lubricating jelly GEL	*	
petrolatum OINTMENT	*	
phospha 250 neutral 250 mg TABLET	*	
phospho-trin 250 neutral 250 mg TABLET	*	
phospho-trin k500 500 mg TABLET, SOLUBLE	*	
phosphorous 250 mg TABLET	*	
phosphorous supplement 280-160-250 mg POWDER IN PACKET	*	
phytonadione (vitamin k1) 5 mg TABLET	*	
PILOT COVID-19 AT-HOME TEST KIT	*	
pinaway 50 mg/ml SUSPENSION	*	
pink bismuth 262 mg CHEWABLE TABLET	*	
pink bismuth 525 mg/15 ml SUSPENSION	*	
pinworm treatment 50 mg/ml SUSPENSION	*	
PIXEL COVID19 HOME COLLECT KIT MISCELLANEOUS	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
poly bacitracin (zinc) 500-10,000 unit/gram OINTMENT	*	
poly-vita drops 750 unit-35 mg- 400 unit/ml DROPS	*	
polyethylene glycol 3350 17 gram POWDER IN PACKET	*	
polyethylene glycol 3350 17 gram/dose POWDER	*	
polyvinyl alcohol 1.4 % DROPS	*	
pot,sodium citrate-citric acid 550-500-334 mg/5 ml SOLUTION	*	
potassium citrate-citric acid 1,100-334 mg/5 ml SOLUTION	*	
potassium, sodium phosphates 280-160-250 mg POWDER IN PACKET	*	
povidone-iodine 10 % LIQUID IN PACKET	*	
povidone-iodine 10 % OINTMENT	*	
povidone-iodine 10 % PADS, MEDICATED	*	
povidone-iodine 10 % SWAB	*	
povidone-iodine 10 %, 7.5 % SOLUTION	*	
PREGNANCY TEST KIT	*	
preparation h hydrocortisone 1 % CREAM	*	QL(240 per 30 days)
profend 10 % SWAB	*	
profola 20 mg iron- 1,670 mcg dfe TABLET	*	
promethazine-codeine 6.25-10 mg/5 ml SYRUP	*	
protective ointment OINTMENT	*	
pseudoephedrine hcl 30 mg TABLET	*	
psyllium husk 0.4 gram CAPSULE	*	
psyllium husk (with sugar) 3 gram/7 gram POWDER	*	
pure and gentle (saline) 19-7 gram/118 ml ENEMA	*	
purevit dualfe plus 162-115.2-1 mg CAPSULE	*	
purevita folic acid 400 mcg TABLET	*	
pvp prep 10 % SOLUTION	*	
pyridoxine (vitamin b6) 100 mg/ml SOLUTION	*	
q-sorb co q-10 100 mg, 200 mg CAPSULE	*	
QUICKVUE AT-HOME COVID-19 TEST KIT	*	
quintabs 400 mcg TABLET	*	
quintabs-m iron free 0.4 mg TABLET	*	
qunol mega coq10 100 mg CAPSULE	*	
RAPID SARS-COV-2 AG HOME TEST KIT	*	
ready-to-use enema 19-7 gram/118 ml ENEMA	*	
readyprep pvp 10 % SOLUTION	*	
rectalief 5 % CREAM	*	
reese's pinworm medicine 50 mg/ml SUSPENSION	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
reguloid (aspartame) 3 gram/5.8 gram POWDER	*	
reguloid (psyllium husk) 0.4 gram CAPSULE	*	
reguloid (psyllium husk) 3 gram/5.8 gram POWDER	*	
reguloid (psyllium husk-sucro) 3 gram/7 gram POWDER	*	
remedy antifungal 2 % POWDER	*	
remedy phytoplex antifungal 2 % OINTMENT	*	
remedy phytoplex antifungal 2 % POWDER	*	
rena-vite 0.8 mg TABLET	*	
rena-vite rx 1-60-300 mg-mg-mcg TABLET	*	
renal vitamin 0.8 mg TABLET	*	
renal-vite 0.8 mg TABLET	*	
reno caps 1 mg CAPSULE	*	
restore plus (cmcellulose) 0.5 % DROPPERETTE	*	
restore pm 57.3-42.5 % OINTMENT	*	
retaine cmc 0.5 % DROPPERETTE	*	
retaine pm 80-20 % OINTMENT	*	
rid lice killing 0.33-4 % SHAMPOO	*	
ringworm 1 % CREAM	*	
SACCHARIN POWDER	*	
saline mist 0.65 % AEROSOL SPRAY	*	
saline nasal 0.65 % AEROSOL SPRAY	*	
saline nasal mist 0.65 % AEROSOL SPRAY	*	
saline nose 0.65 % AEROSOL SPRAY	*	
scalp relief (hydrocortisone) 1 % SOLUTION	*	
scalpicin anti-itch 1 % SOLUTION	*	
scrub care povidone iodine 10 % SOLUTION	*	
se-tan plus 162-115.2-1 mg CAPSULE	*	
secura antifungal extra thick 2 % CREAM	*	
secura protective OINTMENT	*	
senexon-s 8.6-50 mg TABLET	*	
senior tabs 0.4 mg-300 mcg- 250 mcg TABLET	*	
senna 176 mg/5 ml, 8.8 mg/5 ml SYRUP	*	
senna 8.6 mg CAPSULE	*	
senna 8.6 mg TABLET	*	
senna lax 8.6 mg TABLET	*	
senna laxative 8.6 mg TABLET	*	
senna leaf extract 176 mg/5 ml SYRUP	*	
senna plus 8.6-50 mg CAPSULE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
senna plus 8.6-50 mg TABLET	*	
senna-s 8.6-50 mg TABLET	*	
senna-time s 8.6-50 mg TABLET	*	
sennosides 8.8 mg/5 ml SYRUP	*	
sennosides-docusate sodium 8.6-50 mg TABLET	*	
SENOKOT 8.6 MG TABLET	*	
SENOKOT 8.7 MG CHEWABLE TABLET	*	
SENOKOT EXTRA STRENGTH 17.2 MG TABLET	*	
SENOKOT KIDS 8.7 MG CHEWABLE TABLET	*	
SENOKOT-S 8.6-50 MG TABLET	*	
sentia 0.6 % DROPS	*	
sentry 18-400 mg-mcg TABLET	*	
sentry senior 0.4 mg-300 mcg- 250 mcg TABLET	*	
skin protectant a and d OINTMENT	*	
skin protectant a-d (pet, lan) OINTMENT	*	
slow release iron 142 mg (45 mg iron), 143 mg (45 mg iron) TABLET ER	*	
smart q10 100 mg CHEWABLE TABLET	*	
smooth antacid 300 mg (750 mg) CHEWABLE TABLET	*	
smooth texture fiber 3 gram/5.8 gram POWDER	*	
sodium bicarbonate 325 mg, 650 mg TABLET	*	
SODIUM BICARBONATE (BULK) POWDER	*	
sodium chloride 1,000 mg TABLET, SOLUBLE	*	
sodium citrate-citric acid 500-334 mg/5 ml SOLUTION	*	
solivite 400 mcg CAPSULE	*	
soluvita a,c,d with fluoride 0.25 mg fluor. (0.55 mg)/ml DROPS	*	
SORBITOL 70 % SOLUTION	*	
spectravite adult 18-400 mg-mcg TABLET	*	
spectravite adult 50 plus 0.4 mg-300 mcg- 250 mcg TABLET	*	
spectravite advanced formula 18-400 mg-mcg TABLET	*	
spectravite men 50 plus 300-60-600-300 mcg TABLET	*	
spectravite men's 8 mg iron- 200 mcg-600 mcg TABLET	*	
spectravite women 18-400 mg-mcg TABLET	*	
spectravite women 50 plus 8 mg iron-400 mcg-50 mcg TABLET	*	
SPEEDYSWAB COVID-19 HOME TEST KIT	*	
stimulant laxative plus 8.6-50 mg TABLET	*	
stomach relief 262 mg CHEWABLE TABLET	*	
stomach relief 262 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
stomach relief 262 mg/15 ml, 525 mg/15 ml SUSPENSION	*	
stool softener 100 mg TABLET	*	
stool softener 100 mg, 250 mg CAPSULE	*	
stool softener (docusate cal) 240 mg CAPSULE	*	
stool softener-laxative 8.6-50 mg TABLET	*	
stool softener-stimulant laxat 8.6-50 mg CAPSULE	*	
stool softener-stimulant laxat 8.6-50 mg TABLET	*	
stop lice 0.5 % AEROSOL SPRAY	*	
STRESS B WITH ZINC TABLET	*	
studio 35 moisturizing skin CREAM	*	
sudogest 30 mg TABLET	*	
suphedrin 30 mg TABLET	*	
support LIQUID	*	
swim ear 95-5 % DROPS	*	
swimmer's instant ear dry 95-5 % DROPS	*	
tab-a-vite 400 mcg TABLET	*	
teravax 400 mcg CAPSULE	*	
terbinafine hcl 1 % CREAM	*	
thera 400 mcg TABLET	*	
thera antifungal 2 % CREAM	*	
thera antifungal 2 % POWDER	*	
thera-tabs TABLET	*	
thera-vite max-m 9 mg iron-400 mcg TABLET	*	
theralogix companion 0.4 mg TABLET	*	
therapeutic-m 19 mg iron- 400 mcg, 9 mg iron-400 mcg TABLET	*	
theratears 1 % DROPPERETTE, GEL	*	
theratrum complete 50 plus-lyc 0.4 mg-300 mcg- 250 mcg TABLET	*	
thiamine hcl (vitamin b1) 100 mg/ml SOLUTION	*	
tioconazole 6.5 % OINTMENT	*	
tioconazole-1 6.5 % OINTMENT	*	
tm-daily vite 400 mcg TABLET	*	
tri-buffered aspirin 325 mg TABLET	*	
tri-vitamin with fluoride 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml DROPS	*	
tri-vite with fluoride 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml DROPS	*	
tricitrates 550-500-334 mg/5 ml SOLUTION	*	
trimazole 1 % CREAM	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triple antibiotic 3.5mg-400 unit- 5,000 unit/gram OINTMENT	*	
triple antibiotic plus 3.5-500-10,000 mg-unit-unit/g OINTMENT	*	
triple antibiotic-pain relief 3.5-500-10,000 mg-unit-unit/g OINTMENT	*	
triple paste af 2 % OINTMENT	*	
TROJAN BARESKIN DEVICE	*	
TROJAN EXTENDED PLEASURE DEVICE	*	
TROJAN MAGNUM CONDOMS DEVICE	*	
TROJAN PLEASURE PACK DEVICE	*	
TROJAN ULTRA RIBBED CONDOM DEVICE	*	
TROJAN ULTRA THIN DEVICE	*	
TROJAN ULTRA THIN SPERMICIDAL DEVICE	*	
TROJAN VERY THIN LUB CONDOMS DEVICE	*	
TROJAN-ENZ (NON-LUB) CONDOMS DEVICE	*	
TROJAN-ENZ LUBRICATED CONDOMS DEVICE	*	
TROJAN-ENZ/SPERMICIDAL CONDOMS DEVICE	*	
TRUE COVER CONDOM DEVICE	*	
true multivitamin 400 mcg TABLET	*	
truelyte advanced hydration SOLUTION	*	
trueplus glucose 15 gram/32 ml GEL IN PACKET	*	
trueplus glucose 3.75 gram CHEWABLE TABLET	*	
TRUSTEX LATEX CONDOM DEVICE	*	
TRUSTEX LUBRICATED CONDOMS DEVICE	*	
TRUSTEX NON-LUB CONDOMS DEVICE	*	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	*	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	*	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	*	
tusnel diabetic 10-100 mg/5 ml LIQUID	*	
tusnel-ex 100 mg/5 ml LIQUID	*	
tussin dm 10-100 mg/5 ml LIQUID	*	
tussin dm 10-100 mg/5 ml SYRUP	*	
tussin dm cough and chest 10-100 mg/5 ml SYRUP	*	
tussin mucus-chest congestion 100 mg/5 ml LIQUID	*	
tyr cooler LIQUID	*	
ultra fresh 0.5 % DROPS	*	
ultra lubricant eye 0.4-0.3 % DROPS	*	
ultra tuss safe 10-100 mg/5 ml SYRUP	*	
v-c forte 1 mg CAPSULE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vanicream hc 1 % CREAM	*	
ventiva tears 0.5 % DROPS	*	
vic-forte 1 mg CAPSULE	*	
vis guard (petrolatum-min oil) 83-15 % OINTMENT	*	
vis guard (polyvinyl alcohol) 1.4 % DROPS	*	
vista meibo tears 0.6 % DROPS	*	
vista tears 0.4-0.3 % DROPS	*	
vit a palmitate-vit c-vit d3 250 mcg-50 mg- 10 mcg/ml, 750 unit-35 mg -400 unit/ml DROPS	*	
vitacore 20 mg iron- 1,670 mcg dfe TABLET	*	
vitafusion women's multi 120 mcg CHEWABLE TABLET	*	
vitajoy adult multi 200 mcg CHEWABLE TABLET	*	
vitalee 0.4 mg TABLET	*	
vitamin a and d OINTMENT	*	
vitamin b complex CAPSULE	*	
vitamin b complex TABLET	*	
vitamin b complex-folic acid 0.4 mg TABLET	*	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	
vitamin k1 10 mg/ml SOLUTION	*	
vitamins a,c,d and fluoride 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml DROPS	*	
vitamins b complex TABLET	*	
vitatrum complete 18 mg iron-400 mcg-25 mcg TABLET	*	
viteyes areds 2 plus multivit 200 mcg-15 mcg- 5 mg-1 mg CAPSULE	*	
vitrum 50 plus 0.4 mg-300 mcg- 250 mcg TABLET	*	
vits a and d-white pet-lanolin OINTMENT	*	
wal-mucil fiber (aspartame) 3.4 gram/5.8 gram POWDER	*	
wal-mucil fiber (sugar) 3.4 gram/7 gram POWDER	*	
wal-mucil natural fiber lax 3.4 gram/12 gram POWDER	*	
wal-mucil with calcium 1-60 gram-mg CAPSULE	*	
wal-sporin 500-10,000 unit/gram OINTMENT	*	
wal-tussin dm 10-100 mg/5 ml SYRUP	*	
wal-tussin dm clear 10-100 mg/5 ml SYRUP	*	
well lyte advanced hydration SOLUTION	*	
wellfola 20 mg iron- 1,670 mcg dfe TABLET	*	
WELLLIFE COVID-19 AG HOME TEST KIT	*	
wes-phos 250 neutral 250 mg TABLET	*	
white petrolatum OINTMENT	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
women's 50 plus daily formula 400 mcg-500 mg calcium-20 mcg TABLET	*	
women's daily formula 18 mg iron-400 mcg-500 mg, 18 mg iron-400 mcg-500 mg ca TABLET	*	
women's daily multivitamin 18-400 mg-mcg TABLET	*	
women's gentle laxative(bisac) 5 mg TABLET, DR/EC	*	
women's multivitamin gummies 120 mcg, 200 mcg CHEWABLE TABLET	*	
women's one daily 18 mg iron-400 mcg-500 mg, 18 mg iron-400 mcg-500 mg ca TABLET	*	
womens daily gummies 200 mcg CHEWABLE TABLET	*	
XERAC AC 6.25 % SOLUTION	*	
xyzbac 1-5-50 mg TABLET	*	
yelets 18-400 mg-mcg TABLET	*	
zeasorb af 2 % POWDER	*	
zinc oxide 20 % OINTMENT	*	
zylotrol (lidocaine hcl) 4-1 % CREAM	*	
zyvit 1-5-50 mg TABLET	*	
Erectile Dysfunction		
sildenafil 100 mg, 25 mg, 50 mg TABLET	1	QL(6 per 30 days)
Vitamins/Minerals		
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
dodex 1,000 mcg/ml SOLUTION	1	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
folic acid 1 mg TABLET	1	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

#

3-day vaginal 93

A

a and d (lanolin-petrolatum) 93
a thru z advanced formula 93
a thru z men's ultimate 93
a thru z select 93
a thru z select 50plus formula 93
a thru z select women's 93
abacavir 45
abacavir-lamivudine 45
abc complete adult 93
abc complete men's 93
abc complete senior 50 plus 93
abc complete senior men's 93
abc complete women's 93
abc plus 93
ABELCET 29
abigale 71
abigale lo 71
ABILIFY ASIMTUFII 42
ABILIFY MAINTENA 42
abiraterone 32
abirtega 32
ABRYSVO (PF) 78
acamprosate 18
acarbose 49
accutane 60
acebutolol 53
acetaminophen 93
acetaminophen-codeine 16
acetazolamide 53
acetic acid 18
acetylcysteine 90
acid gone antacid 93
acid gone antacid e.strength 93
acid reducer (famotidine) 93
acitretin 60
acne medication 94
acne treatment (benzoyl perox) 94
acne-clear 94
ACTHIB (PF) 78
ACTIMMUNE 78
acyclovir 45
acyclovir sodium 45
ADACEL(TDAP ADOLESN/ADULT)(PF) 78, 79
ADALIMUMAB-ADAZ 79
ADALIMUMAB-ADBM 79
ADALIMUMAB-ADBM(CF) PEN CROHNS 79
ADALIMUMAB-ADBM(CF) PEN PS-UV 79
adapalene 60, 94
adefovir 45
ADEMPAS 90
ADSTILADRIN 84
adult aspirin regimen 94
adult multivitamin gummies 94
adult one daily gummies 94
adult tussin chest congestion 94
adults 50 plus 94
adults multivitamin 94
ADVAIR HFA 90
advanced antacid-antigas 94
ADVIN COVID-19 AG HOME TEST 94
afatinib 32
afirmelle 71
aflora 94
AIMSCO LATEX CONDOM 94
AIRSUPRA 90
AKEEGA 32
albendazole 41
albuterol sulfate 90
ALCOHOL PADS 84

ALCOHOL PREP PADS 84
ALCOHOL SWABS 84
ALCOHOL WIPES 84
ALECENSA 32
alendronate 84
alfuzosin 69
aliskiren 53
all day allergy (cetirizine) 94
all day pain relief 94
all day relief 94
aller-g-time 94
allergy (diphenhydramine) 94
allergy relief (cetirizine) 94
allergy relief (loratadine) 94
allergy relief(diphenhydramin) 94
allopurinol 31
almacone-2 94
alosetron 67
alprazolam 48
altamist 94
altavera (28) 71
alum-mag hydroxide-simeth 94
aluminum hydroxide gel 94
ALUNBRIG 32
alyacen 1/35 (28) 71
alyacen 7/7/7 (28) 71
alyq 90
amantadine hcl 41
ambrisentan 90
ameriphor 94
amethia 71
amethyst (28) 71
amikacin 18
amiloride 53
amiloride-hydrochlorothiazide 53
aminophylline 90
AMINOSYN II 10 % 62
AMINOSYN II 15 % 62
AMINOSYN-PF 10 % 63
AMINOSYN-PF 7 % (SULFITE-FREE) 63
amiodarone 53
amitriptyline 27
amladex 94
amlodipine 53
amlodipine-atorvastatin 53
amlodipine-benazepril 53
amlodipine-olmesartan 54
amlodipine-valsartan 54
ammonium lactate 60
amnesteem 60
amoxapine 27
amoxicillin 19
amoxicillin-pot clavulanate 19
amphotericin b 29
amphotericin b liposome 29
ampicillin 19
ampicillin sodium 19
ampicillin-sulbactam 19
anagrelide 52
anastrozole 32
anecream5 94
animal chews 94
ANKTIVA 32
antacid 95
antacid (calcium carbonate) 95
antacid anti-gas 95
antacid exst (mag carb-al hyd) 95
antacid ext str (calcium carb) 95
antacid liquid 95
antacid m 95
antacid maximum strength 95
antacid plus anti-gas 95
antacid regular strength 95
antacid-antigas 95
anti-diarrheal (loperamide) 95
anti-itch (hc) 95
anti-nausea 95
antibiotic (bacitracin zinc) 95
antibiotic (neomy-bacit-polym) 95
antibiotic plus (pramoxine) 95

antibiotic plus pain rel(pram) 95
antibiotic-pain relief (bacit) 95
antifungal (clotrimazole) 95
antifungal (miconazole) 95
antifungal (terbinafine) 95
antifungal extra thick 95
antifungal ringworm 95
antiseptic 95
antiseptic skin clnsr(chlorhe) 95
apomorphine 41
aprepitant 29
apri 71
APTIVUS 45
aquanil hc 96
aquaphor itch relief 96
aranelle (28) 71
ARCALYST 79
AREXVY (PF) 79
arformoterol 90
ARIKAYCE 19
aripiprazole 42
ARISTADA 42
ARISTADA INITIO 42
ARMOUR THYROID 77
ARNUITY ELLIPTA 90
arthritis pain relief(capsaic) 96
arthritis-muscle (capsaicin) 96
artificial eye lubricant 96
artificial tear(dxtrn-hpm-gly) 96
artificial tears (pf) 96
artificial tears(glycerin-peg) 96
artificial tears(pvalch-povid) 96
asenapine maleate 42
ashlyna 71
asperflex (lidocaine) 96
aspirin 96
aspirin,buffd-calcium carb-mag 96
atazanavir 45
atenolol 54
atenolol-chlorthalidone 54
athlete's foot 96
athlete's foot (clotrimazole) 96
athlete's foot (terbinafine) 96
athletic foot cream 96
atomoxetine 59
atorvastatin 54
atovaquone 41
atovaquone-proguanil 41
atropine 88
ATROPINE SULFATE (PF) 88
ATROVENT HFA 90
aubra 71
aubra eq 71
AUGTYRO 32
auro dri swimmers' ear 96
aurovela 1.5/30 (21) 71
aurovela 1/20 (21) 71
aurovela 24 fe 71
aurovela fe 1-20 (28) 71
aurovela fe 1.5/30 (28) 71
AUSTEDO 59
AUSTEDO XR 59
AUSTEDO XR TITRATION KT(WK1-4) 59
AUTOJECT 2 INJECTION DEVICE 85
AUTOPEN 1 TO 21 UNITS 85
AUTOPEN 2 TO 42 UNITS 85
AUTOSHIELD DUO PEN NEEDLE 85
AUVELITY 27
AUVI-Q 90
aveeno intense relief 96
aviane 71
AVMAPKI-FAKZYNJA 32
AYR SALINE 96
ayuna 71
AYVAKIT 32
azacitidine 32
azathioprine 79
azelaic acid 60
azelastine 88, 90
azithromycin 19

azolen 96
aztreonam 19
azurette (28) 71

B

b complex 96
b complex 1 (with folic acid) 96
b complex-vitamin c-folic acid 96
b-complex with vitamin c 96
BABY AYR SALINE 96
bacitracin 19, 88, 96
bacitracin zinc 96
bacitracin-polymyxin b 88
bacitraycin plus 96
baclofen 45
bal-care dha 63
balsalazide 83
BALVERSA 33
balziva (28) 71
BAND-AID GAUZE PADS 85
banophen 96, 97
BAQSIMI 49
BARACLUDE 45
BAVENCIO 33
baza antifungal 97
BCG VACCINE, LIVE (PF) 79
BD ALCOHOL SWABS 85
BD AUTOSHIELD DUO PEN NEEDLE 85
BD ECLIPSE LUER-LOK 85
BD INSULIN SYRINGE 85
BD INSULIN SYRINGE (HALF UNIT) 85
BD INSULIN SYRINGE MICRO-FINE 85
BD INSULIN SYRINGE U-500 85
BD INSULIN SYRINGE ULTRA-FINE 85
BD LO-DOSE MICRO-FINE IV 85
BD NANO 2ND GEN PEN NEEDLE 85
BD SAFETYGLIDE INSULIN SYRINGE 85
BD SAFETYGLIDE SYRINGE 85
BD ULTRA-FINE MICRO PEN NEEDLE 85
BD ULTRA-FINE MINI PEN NEEDLE 85
BD ULTRA-FINE NANO PEN NEEDLE 85
BD ULTRA-FINE ORIG PEN NEEDLE 85
BD ULTRA-FINE SHORT PEN NEEDLE 85
BD VEO INSULIN SYR (HALF UNIT) 85
BD VEO INSULIN SYRINGE UF 85
BELSOMRA 93
benazepril 54
benazepril-hydrochlorothiazide 54
BENLYSTA 79
benzoyl peroxide 97
benztropine 41
BEQALZI 33
BEQALZI STARTER PACK 33
BESREMI 79
BESREMI PEN 79
beta-hc 97
BETADINE OPHTHALMIC PREP 88
betaine 68
betamethasone acet,sod phos 69
betamethasone dipropionate 60, 61
betamethasone valerate 61
betamethasone, augmented 61
betaxolol 88
bethanechol chloride 69
bexarotene 33
BEXSERO 79
bicalutamide 33
BICILLIN C-R 19
BICILLIN L-A 19
BIKTARVY 45
bimatoprost 88
BINAXNOW COVD AG CARD HOME TST 97
BINAXNOW COVID-19 AG SELF TEST 97
bisacodyl 97
bismuth subsalicylate 97
bisoprolol fumarate 54
bisoprolol-hydrochlorothiazide 54
BIXLENVO 45
BIXLENVO-SUNLENCA STARTER PACK 45
blisovi 24 fe 71
blisovi fe 1.5/30 (28) 71

blisovi fe 1/20 (28) 71
BOOSTRIX TDAP 79
BORDERED GAUZE 85
BORTEZOMIB 33
BOSULIF 33
bosutinib 33
BRAFTOVI 33
BREO ELLIPTA 90
BREZTRI AEROSPHERE 91
briellyn 71
brimonidine 88
brivaracetam 23, 24
BRIVIACT 24
bromocriptine 41
BRUKINSA 33
budesonide 83, 91
bumetanide 54
bupivacaine (pf) 18
bupivacaine hcl 18
buprenorphine 16
buprenorphine hcl 18
buprenorphine-naloxone 18
bupropion hcl 27
bupropion hcl (smoking deter) 18
buspirone 48
butalbital-acetaminophen-caff 85
BYSANTI 42
BYSANTI TITRATION PACK A 42
BYSANTI TITRATION PACK B 42
BYSANTI TITRATION PACK C 42

C

c-nate dha 63
CABENUVA 45
cabergoline 77
CABOMETYX 33
cal-gest antacid 97
calcidol 97
calcipotriene 61
calcitonin (salmon) 84
calcitriol 84
calcium antacid 97
calcium carb, citrate-vit d3 97
calcium carbonate 97
calcium carbonate-vitamin d3 97
calcium chloride 63
calcium citrate 97
calcium citrate + d 97
calcium citrate-vitamin d3 97
calcium gluconate 63
calcium-d3-zinc-copper-mangan 97
CALQUENCE (ACALABRUTINIB MAL) 33
camila 71
camrese 71
camrese lo 71
candesartan 54
candesartan-hydrochlorothiazid 54
CAPLYTA 42
CAPRELSA 33
capsaicin 97
capsaicin hp 97
capsaid es 97
captopril 54
captopril-hydrochlorothiazide 54
carbamazepine 24
carbidopa 41
carbidopa-levodopa 41
carbidopa-levodopa-entacapone 41
carboxymethylcellulose sodium 97
CARESTART COVID-19 AG HOME TST 97
CARETOUCH ALCOHOL PREP PAD 85
carglumic acid 63
carteolol 88
cartia xt 54
carvedilol 54
caspofungin 30
CAVHANZA 33
CAYSTON 91
cefaclor 19
cefadroxil 19
cefazolin 19

cefazolin in dextrose (iso-os) 19
cefdinir 20
cefepime 20
cefepime in dextrose 5 % 20
cefepime in dextrose,iso-osm 20
cefixime 20
cefotetan 20
cefoxitin 20
cefoxitin in dextrose, iso-osm 20
cefpodoxime 20
cefprozil 20
ceftaroline fosamil 20
ceftazidime 20
ceftriaxone 20
ceftriaxone in dextrose,iso-os 20
cefuroxime axetil 20
cefuroxime sodium 20
celecoxib 16
central-vite 97
central-vite women's mature 97
centravites 50 plus 97
centravites adults 97
centrum 97
centrum silver 98
centrum women 98
century 98
century adult formula 98
century adults 50 plus 98
century mature 98
century men 50 plus 98
century women 50 plus 98
cenvite 98
cephalexin 20
CEQUR SIMPLICITY 85
CEQUR SIMPLICITY INSERTER 85
CERTAVITE SENIOR 98
certavite-antioxidant 98
cetirizine 91, 98
chateal eq (28) 71
CHEMET 63
CHEST CONGESTION RELIEF 98
chest congestion relief dm 98
child allergy relf(cetirizine) 98
child's all day allergy(cetir) 98
children's acetaminophen 98
children's allergy (diphenhyd) 98
children's allergy relief(lor) 98
children's aspirin 98
children's cetirizine 98
children's chew multivitamin 98
children's chewable multivitmn 98
children's chewables 98
children's loratadine 98
children's mapap 98
children's multi-vit gummies 98
children's multivitamin 98
children's multivitamin-immune 98
children's pain reliever 98
children's pain-fever relief 99
children's saline nasal spray 99
childrens chewables multivitmn 99
chlorhexidine gluconate 60, 99
chloroquine phosphate 41
chlorpromazine 42
chlorthalidone 54
chlorzoxazone 92
chocolate laxative 99
cholestyramine (with sugar) 54
cholestyramine light 54
CHORIONIC GONADOTROPIN, HUMAN 70
ciclodan 30
ciclopirox 30
cidofovir 46
cilostazol 52
CIMDUO 46
cimetidine 67
cimetidine hcl 67
cinacalcet 84
ciprofloxacin hcl 20, 88
ciprofloxacin in 5 % dextrose 20

citalopram 27
citracal + d maximum 99
claravis 61
clarithromycin 20
CLEARBLUE PREGNANCY TEST 99
clearcanal earwax softener 99
clearlax 99
clindamycin hcl 20
clindamycin in 0.9 % sod chlor 21
clindamycin in 5 % dextrose 21
clindamycin palmitate hcl 21
clindamycin pediatric 21
clindamycin phosphate 21, 61
clindamycin-benzoyl peroxide 61
clinere ear wax removal 99
CLINIMIX 4.25%/D10W SULF FREE 63
CLINIMIX 4.25%/D5W SULFIT FREE 63
CLINIMIX 5%-D20W(SULFITE-FREE) 63
CLINIMIX 5%/D15W SULFITE FREE 63
CLINIMIX 6%-D5W (SULFITE-FREE) 63
CLINIMIX 8%-D10W(SULFITE-FREE) 63
CLINIMIX 8%-D14W(SULFITE-FREE) 63
CLINIMIX E 2.75%/D5W SULF FREE 63
CLINIMIX E 4.25%/D10W SUL FREE 63
CLINIMIX E 4.25%/D5W SULF FREE 63
CLINIMIX E 5%/D15W SULFIT FREE 63
CLINIMIX E 5%/D20W SULFIT FREE 63
CLINIMIX E 8%-D10W SULFITEFREE 63
CLINIMIX E 8%-D14W SULFITEFREE 63
CLINISOL SF 15 % 63
CLINITEST COVID-19 HOME TEST 99
CLINOLIPID 63
clobazam 24
clobetasol 61
clobetasol-emollient 61
clomipramine 27
clonazepam 48
clonidine 54
clonidine hcl 54
clopidogrel 52
clorazepate dipotassium 48
clotrimazole 30, 99
clotrimazole 3 day 99
clotrimazole af 99
clotrimazole-3 99
clotrimazole-7 99
clotrimazole-betamethasone 30
clozapine 42, 43
co q-10 99
COARTEM 41
COBENFY 86
COBENFY STARTER PACK 86
coenzyme q10 99
coenzyme q10-vitamin e 99
COLACE 99
COLACE 2-IN-1 99
COLACE CLEAR 99
colchicine 31
colestipol 54
colistin (colistimethate na) 21
COMBIGAN 88
COMBIPATCH 71
COMBIVENT RESPIMAT 91
COMETRIQ 33
comfort gel 99
comfort gel extra strength 99
complete multivitamin-mineral 99
complete mv adult 50 plus 99
complete natal dha 63
compro 29
conjugated estrogens 71
constulose 67
COPIKTRA 33
coq10 (ubiquinol) 99
coqmax ubiquinol 99
CORDX COVID-19 AG HOME TEST 99
CORDX TYFAST COVID AG HOME TST 99
cortisone (hydrocortisone) 99
cortisone cooling 99
cortisone with aloe 99

cortizone-10 100
cortizone-10 feminine itch 100
cortizone-10 with aloe 100
corvita 100
COSENTYX 79
COSENTYX (2 SYRINGES) 79
COSENTYX PEN 79
COSENTYX PEN (2 PENS) 79
COSENTYX UNOREADY PEN 79
COTELLIC 33
COVID-19 AT-HOME TEST 100
COVID-19 RAPID AT-HOME TEST 100
CREON 68
CRESEMBA 30
critic-aid clear af(miconazol) 100
cromolyn 88, 91
cryselle (28) 72
curae 100
CURITY ALCOHOL SWABS 86
CURITY GAUZE 86
cyanocobalamin (vitamin b-12) 118
cyclobenzaprine 92
cyclophosphamide 33
cyclosporine 79, 88
cyclosporine modified 79
CYRAMZA 33
cyred 72
cyred eq 72
CYSTAGON 68
CYSTARAN 88

D

d10 %-0.45 % sodium chloride 63
d2.5 %-0.45 % sodium chloride 63
d5 % and 0.9 % sodium chloride 63
d5 %-0.45 % sodium chloride 63
dabigatran etexilate 52
daily fiber 100
daily fiber (psyllium-aspart) 100
daily fiber (psyllium-sucrose) 100
daily gummies 100
daily multi-vitamin 100
daily multiple for women 100
daily multivitamin with iron 100
daily multivitamin-minerals 100
daily value 100
daily vitamin formula 100
daily vitamin formula-iron 100
daily vitamin formula-minerals 100
danazol 72
DANYELZA 33
DANZITEN 33
dapagliflozin 49
dapagliflozin-metformin 49
dapsone 32
DAPTACEL (DTAP PEDIATRIC) (PF) 80
daptomycin 21
daptomycin in 0.9 % sod chlor 21
darunavir 46
DARZALEX 33
DARZALEX FASPRO 33
dasatinib 34
dasetta 1/35 (28) 72
dasetta 7/7/7 (28) 72
DAURISMO 34
daylogic acne treatment 100
daysee 72
deblitane 72
debrox kids 100
debrox swimmer's ear 100
decitabine 34
deep sea nasal 100
deferasirox 63, 64
DELSTRIGO 46
DENGVAXIA (PF) 80
DEPO-ESTRADIOL 72
DEPO-SUBQ PROVERA 104 72
DERMACEA 86
dermafungal 100
dermaphor 100
dermarest eczema (hydrocort) 100

DESCOVY 46
desenex 100
desipramine 28
desloratadine 91
desmopressin 70
desog-e.estradiol/e.estradiol 72
desogestrel-ethinyl estradiol 72
desonide 61
desvenlafaxine succinate 28
dexamethasone 69, 70
dexamethasone intensol 70
dexamethasone sodium phos (pf) 70
dexamethasone sodium phosphate 70, 88
dexmethylphenidate 59
dextroamphetamine sulfate 59
dextroamphetamine-amphetamine 59
dextromethorphan-guaifenesin 100
dextromethorphan-quinidine 59
dextrose 10 % and 0.2 % nacl 64
dextrose 10 % in water (d10w) 64
dextrose 20 % in water (d20w) 64
dextrose 25 % in water (d25w) 64
dextrose 30 % in water (d30w) 64
dextrose 40 % in water (d40w) 64
dextrose 5 % in water (d5w) 64
dextrose 5 %-lactated ringers 64
dextrose 5%-0.2 % sod chloride 64
dextrose 5%-0.3 % sod.chloride 64
dextrose 50 % in water (d50w) 64
dextrose 70 % in water (d70w) 64
diabetic multivitamin 100
DIACOMIT 24
dialyvite 800 100
diazepam 24, 49
diazepam intensol 49
diazoxide 49
diclofenac potassium 16
diclofenac sodium 16, 61, 88
dicloxacillin 21
dicyclomine 67
DIFICID 21
DIGITAL PREGNANCY TEST 100
digoxin 54
dihydroergotamine 31
DILANTIN 24
dilt-xr 55
diltiazem hcl 55
dimethyl fumarate 59
diphedryl 101
diphenhydramine hcl 91, 101
diphenoxylate-atropine 67
disulfiram 18
divalproex 24
docusate calcium 101
docusate sodium 101
DOCUSOL KIDS 101
dodex 118
dofetilide 55
dok 101
dolishale 72
donepezil 27
dorzolamide 88
dorzolamide-timolol 88
dorzolamide-timolol (pf) 88
dotti 72
double antibiotic (b.tracn zn) 101
double antibiotic-pain relief 101
DOVATO 46
doxazosin 55
doxepin 49
doxercalciferol 84
doxy-100 21
doxycycline hyclate 21
doxycycline monohydrate 21
driminate 101
dripdrop 101
DRIZALMA SPRINKLE 59
dronabinol 29
DROPLET INSULIN SYR(HALF UNIT) 86
DROPLET INSULIN SYRINGE 86

DROPLET MICRON PEN NEEDLE 86
DROPLET PEN NEEDLE 86
DROPSAFE ALCOHOL PREP PADS 86
DROPSAFE PEN NEEDLE 86
drospirenone-ethinyl estradiol 72
DROXIA 86
dry eye relief 101
dry eye relief (peg 400) 101
DUAVEE 72
dulcolax (magnesium hydroxide) 101
duloxetine 59, 60
DUPIXENT PEN 80
DUPIXENT SYRINGE 80
DUREX AIR CONDOM 101
DUREX AVANTI BARE REAL FEEL 101
DUREX EXTRA SENSITIVE CONDOM 101
DUREX TROPICAL CONDOM 101
dutasteride 69
dutasteride-tamsulosin 69

E

ear drops (carbamide peroxide) 101
ear drops for swimmers 101
ear dry 101
ear wax removal drops 101
ear wax removal kit 101
EARLY PREGNANCY TEST 101
EARLY RESULT PREGNANCY TEST 101
EASY COMFORT ALCOHOL PAD 86
EASY TOUCH ALCOHOL PREP PADS 86
EASYLIFE ALCOHOL PADS 86
econtra one-step 101
ed-apap 101
EDURANT 46
EDURANT PED 46
efavirenz 46
efavirenz-emtricitabin-tenofov 46
efavirenz-lamivu-tenofov disop 46
effaclar adapalene 101
electrolyte-148 64
electrolyte-48 in d5w 64
electrolyte-a 64
electrolytes-dextrose 101
ELELYSO 68
eletriptan 31
ELIGARD 77
ELIGARD (3 MONTH) 77
ELIGARD (4 MONTH) 77
ELIGARD (6 MONTH) 78
elinest 72
ELIQUIS 52
ELIQUIS DVT-PE TREAT 30D START 52
ELIQUIS SPRINKLE 52
ELLUME COVID-19 HOME TEST 101
ELMIRON 69
eluryng 72
emetrol 101
emetrol chewable 101
EMGALITY PEN 31
EMGALITY SYRINGE 31
EMPLICITI 34
EMSAM 28
emtricita-rilpivirine-tenof df 46
emtricitabine 46
emtricitabine-tenofovir (tdf) 46
EMTRIVA 46
emzahh 72
enalapril maleate 55
enalapril-hydrochlorothiazide 55
ENBREL 80
ENBREL MINI 80
ENBREL SURECLICK 80
endit (zinc oxide) 101
ENDOCET 16
ENDOMETRIN 72
endur-b complex 102
enema 102
enema disposable 102
ENEMEEZ 102
ENEMEEZ KIDS 102
ENEMEEZ PLUS 102

ENGERIX-B (PF) 80
ENGERIX-B PEDIATRIC (PF) 80
enilloring 72
ENOBY 84
enoxaparin 52
enpresse 72
ENSACOVE 34
enskyce 72
entacapone 42
entecavir 46
ENTRESTO SPRINKLE 55
enulose 67
ENVARSUS XR 80
EPCLUSA 46
EPIDIOLEX 24
epinephrine 91
epitol 24
EPRONTIA 24
eq gentle 102
ERBITUX 34
ergocalciferol (vitamin d2) 102, 118
ergotamine-caffeine 31
ERIVEDGE 34
ERLEADA 34
erlotinib 34
errin 72
ertapenem 21
ERYTHROCIN 21
erythromycin 21, 88
erythromycin lactobionate 21
erythromycin with ethanol 61
escitalopram oxalate 28
eslicarbazepine 24
esomeprazole magnesium 67
essentia 102
estarylla 72
estradiol 72
estradiol valerate 72
estradiol-norethindrone acet 72
ESTRING 72
eszopiclone 93
ETCAMAH 34
ethambutol 32
ethosuximide 24
ethynodiol diac-eth estradiol 72
etodolac 16
etonogestrel-ethinyl estradiol 73
etravirine 46
EULEXIN 34
EVDI 34
EVERLYWELL COVID19 HOM COLLECT 102
everolimus (antineoplastic) 34
everolimus (immunosuppressive) 80
EVOTAZ 46
exemestane 34
expectorant dm 102
EXXUA 28
eyes alive 102
EYSUVIS 88
ezetimibe 55
ezetimibe-simvastatin 55

F

fa-8 102
falmina (28) 73
famciclovir 46
famotidine 67, 102
famotidine (pf) 67
FANAPT 43
FANAPT TITRATION PACK A 43
FANAPT TITRATION PACK B 43
FANAPT TITRATION PACK C 43
FANTASY CONDOM 102
FARXIGA 49
FASENRA PEN 91
FASTEP COVID-19 AG HOME TEST 102
FC2 FEMALE CONDOM 102
fe-vite 102
febuxostat 31
feirza 73
felbamate 24

felodipine 55
fem moist andlub(glycerin-hec) 102
FEMLYV 73
fenofibrate 55
fenofibrate micronized 55
fenofibrate nanocrystallized 55
fenofibric acid 55
fentanyl 16
feosol 102
ferosul 102
ferro-time 102
ferrous sulfate 102
fesoterodine 69
FETZIMA 28
FEVERALL 102
FIASP FLEXTOUCH U-100 INSULIN 49
FIASP PENFILL U-100 INSULIN 49
FIASP U-100 INSULIN 49
fiber (calcium polycarbophil) 102
fiber (psyllium husk) 102
fiber (psyllium husk-sugar) 102
fiber (with aspartame) 102
fiber laxative (ca polycarbo) 103
fiber laxative(methylcellulos) 103
FIBER THERAPY (M-CELL/SUGAR) 103
fiber therapy (m-cellulose) 103
fiber therapy (psyllium-sucro) 103
fiber therapy(psyl seed-sugar) 103
fiber-lax 103
fidaxomicin 21
finasteride 69
fingolimod 60
FINTEPLA 24
FIRMAGON 78
FIRMAGON KIT W DILUENT SYRINGE 78
first aid antibiotic 103
first aid antibiotic-pain rlf 103
first aid antiseptic(povidone) 103
FIRST RESPONSE PREGNANCY TEST 103
flecainide 55
FLEET ENEMA 103
FLEET GLYCERIN LAXATIVE 103
FLEET PEDIATRIC 103
flintstones multivitamin 103
flintstones/extra c 103
florraxyl 103
flotrex 103
FLOWFLEX COVID-19 AG HOME TEST 103
fluconazole 30
fluconazole in nacl (iso-osm) 30
flucytosine 30
fludrocortisone 70
flunisolide 91
fluocinolone 61
fluocinolone acetonide oil 90
fluocinolone and shower cap 61
fluocinonide 61
fluorometholone 88
fluorouracil 34, 61, 62
fluoxetine 28
fluphenazine decanoate 43
fluphenazine hcl 43
flurbiprofen 16
flurbiprofen sodium 88
fluticasone propion-salmeterol 91
fluticasone propionate 62, 91
fluvastatin 55
fluvoxamine 28
foaming antacid 103
folamax 103
folaprime 103
folic acid 103, 118
folicore b complex 103
FOLIKA-BC 103
folixia 103
FORTEO 84
fosamprenavir 46
fosfomycin tromethamine 21
fosinopril 55
fosinopril-hydrochlorothiazide 55

fosphenytoin 24
FOTIVDA 34
FRUZAQLA 34
full spectrum b-vitamin c 103
furosemide 55
FUZEON 46
FYCOMPA 24

G

gabapentin 24
galantamine 27
gallifrey 73
GAMUNEX-C 80
GARDASIL 9 (PF) 80
gatifloxacin 88
GAUZE BANDAGE 86
GAUZE PAD 86
gavilax 103
gavilyte-c 67
gavilyte-g 67
gavilyte-n 67
GAVRETO 34
GAZYVA 34
gefitinib 34
gemfibrozil 55
GEMTESA 69
GENABIO COVID-19 RAPID AT-HOME 103
generlac 67
gentamicin 21, 88
gentamicin in nacl (iso-osm) 21
gentamicin sulfate (ped) (pf) 21
gentle laxative (bisacodyl) 103
gentle laxative (mag hydrox) 103
GENVOYA 46
geri-lanta 103
geri-mox antacid-antigas 103
geri-mucil (aspartame) 104
geri-mucil (sugar) 104
GILOTRIF 34
glatiramer 60
glatopa 60
GLEOSTINE 34
glimepiride 49
glipizide 49
glipizide-metformin 50
glucose 104
glucose gel 104
glutamine (sickle cell) 67
glycerin 104
glycerin (adult) 104
glycerin (child) 104
glycopyrrolate 67
GLYXAMBI 50
GOMEKLI 34
GOTOKNOW COVID-19 AG HOME TEST 104
granisetron hcl 29
griseofulvin microsize 30
griseofulvin ultramicrosize 30
guaifenesin 104
guanfacine 55, 60
gummi bear multivitamin 104
gummy dinos 104
GWYN LO 73
gyne-lotrimin 7 104

H

HAEGARDA 80
hailey 73
hailey 24 fe 73
hailey fe 1.5/30 (28) 73
hailey fe 1/20 (28) 73
hair vitamins 104
hair,skin and nails 104
hair,skin and nails(fa-biotin) 104
haloette 73
haloperidol 43
haloperidol decanoate 43
haloperidol lactate 43
HAVRIX (PF) 80
headache relief (asa-acet-caf) 104
healthylax 104
heartburn relief 104

heartburn relief (famotidine) 104
heather 73
hemorrhoid-fissure pain 104
hemorrhoidal (phenyleph-cocoa) 104
hemorrhoidal cooling 104
hemorrhoidal cream 104
hemorrhoidal relief 104
hemorrhoidal(pe-min oil-petro) 104
heparin (porcine) 52
heparin, porcine (pf) 52
HEPLISAV-B (PF) 80
her style 104
HERNEXEOS 34
HIBERIX (PF) 80
high potency multivit (w-iron) 104
high potency multivitamin 104
home lice-bedbug-dust mite spr 104
HUMIRA 80
HUMIRA PEN 80
HUMIRA(CF) 80
HUMIRA(CF) PEN 80
HUMIRA(CF) PEN CROHNS-UC-HS 80
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80
HUMULIN R U-500 (CONC) KWIKPEN 50
hydralazine 55
hydralyte 104
hydrating electrolyte 104
hydration multiplier 104
hydrochlorothiazide 55, 56
hydrocodone-acetaminophen 16
hydrocodone-ibuprofen 16
hydrocortisone 62, 83, 104, 105
hydrocortisone acetate 105
hydrocortisone butyrate 62
hydrocortisone plus 105
hydrocortisone-acetic acid 90
hydrocortisone-aloe vera 105
hydrocream 105
hydrolatum 105
hydromorphone 16
hydroxychloroquine 41
hydroxyurea 34
hydroxyzine hcl 49
hydroxyzine pamoate 91
HYRNUO 35

I

ibandronate 84
IBRANCE 35
IBTROZI 35
ibu 16
ibuprofen 16, 105
icatibant 80
iclevia 73
ICLUSIG 35
icy hot max (lido hcl-menthol) 105
IDHIFA 35
IDVYNSO 46
IHEALTH COVID-19 AG HOME TEST 105
ILEVRO 88
imatinib 35
IMBRUVICA 35
IMFINZI 35
imipenem-cilastatin 22
imipramine hcl 28
imiquimod 62
IMJUDO 35
IMKELDI 35
IMOVAX RABIES VACCINE (PF) 81
IMPAVIDO 41
incassia 73
INCONTROL ALCOHOL PADS 86
INCRELEX 70
indapamide 56
INDICAID COVID-19 AG HOME TEST 105
indomethacin 16
INFANRIX (DTAP) (PF) 81
infant pain reliever 105
infant's acetaminophen 105
infant-toddler multivit 105
infant-toddler multivit-iron 105

infant-toddler multivitamin 105
infants' pain and fever 105
INLEXZO 35
INLURIYO 35
INLYTA 35
INQOVI 35
INREBIC 35
INSULIN ASPART U-100 50
INSULIN LISPRO 50
INSULIN SYRINGE MICROFINE 86
INSULIN SYRINGE-NEEDLE U-100 86
INSULIN U-500 SYRINGE-NEEDLE 86
INTELENCE 46
INTELISWAB COVID-19 HOME TEST 105
INTRALIPID 64
introvale 73
INVEGA HAFYERA 43
INVEGA SUSTENNA 43
INVEGA TRINZA 43
inzo antifungal 105
IONOSOL-MB IN D5W 64
IPOL 81
ipratropium bromide 91
ipratropium-albuterol 91
irbesartan 56
irbesartan-hydrochlorothiazide 56
iron 105
iron (ferrous sulfate) 105
ISENTRESS 46
ISENTRESS HD 46
isibloom 73
ISOLYTE S PH 7.4 64
ISOLYTE-P IN 5 % DEXTROSE 64
ISOLYTE-S 64
isoniazid 32
isosorbide dinitrate 56
isosorbide mononitrate 56
isosorbide-hydralazine 56
isotretinoin 62
itch relief (clotrimazole) 105
itch relief (hc) 105
itch relief (hc) with aloe 105
ITOVEBI 35
itraconazole 30
IV PREP WIPES 87
ivabradine 56
ivermectin 41
IWILFIN 35
IXIARO (PF) 81

J

jaimiess 73
JAKAFI 35
JAKAFI XR 35
jantoven 52
JANUMET 50
JANUMET XR 50
JANUVIA 50
JARDIANCE 50
jasmiel (28) 73
JAYPIRCA 35
JEMPERLI 35
jencycla 73
JENTADUETO 50
JENTADUETO XR 50
JIDEYTRO 35
jock itch (clotrimazole) 105
jock itch (terbinafine) 105
juleber 73
JULUCA 46
junel 1.5/30 (21) 73
junel 1/20 (21) 73
junel fe 1.5/30 (28) 73
junel fe 1/20 (28) 73
junel fe 24 73
JYLAMVO 81
JYNARQUE 64
JYNNEOS (PF) 81

K

KABIVEN 64
KALETRA 46

kalliga 73
KANJINTI 35
kariva (28) 73
kelnor 1/35 (28) 73
kelnor 1/50 (28) 73
KERENDIA 56
KESIMPTA PEN 60
ketoconazole 30
ketorolac 17, 89
keyfolic 105
KEYTRUDA 35
KEYTRUDA QLEX 35
KIMONO LUBRICATED CONDOMS 105
KIMONO MICROTHIN AQUA LUBE CON 105
KIMONO MICROTHIN CONDOMS 105
KIMONO MICROTHIN LARGE CONDOMS 105
KIMONO TEXTURED CONDOMS 105
KIMONO THIN LUBRICATED CONDOMS 105
kinderlyte 105
KINRIX (PF) 81
kionex 64
KISQALI 35, 36
klayesta 30
klor-con 10 64
klor-con 8 64
klor-con m10 64
KLOR-CON M15 64
klor-con m20 64
KLOXXADO 18
KOMZIFTI 36
konsyl (sugar) 105
KOSELUGO 36
KRAZATI 36
kurvelo (28) 73

L

l norgest/e.estradiol-e.estrad 73
labetalol 56
lacosamide 25
lactated ringers 64
lactulose 67
lamivudine 47
lamivudine-zidovudine 47
lamotrigine 25
LAMPIT 41
lanashield 105
lanreotide 78
lansoprazole 67
LANTUS SOLOSTAR U-100 INSULIN 50
LANTUS U-100 INSULIN 50
lapatinib 36
larin 1.5/30 (21) 73
larin 1/20 (21) 73
larin 24 fe 73
larin fe 1.5/30 (28) 73
larin fe 1/20 (28) 74
latanoprost 89
laxative (bisacodyl) 106
laxative (sennosides) 106
LAZCLUZE 36
leena 28 74
leflunomide 81
lenalidomide 36
LENVIMA 36
lessina 74
letrozole 36
leucovorin calcium 36
LEUKERAN 36
leuprolide 78
leuprolide acetate (3 month) 78
levalbuterol tartrate 91
levetiracetam 25
levetiracetam in nacl (iso-os) 25
LEVO-T 77
levobunolol 89
levocarnitine 64
levocarnitine (with sugar) 65
levocetirizine 91
levofloxacin 22
levofloxacin in d5w 22
levoleucovorin calcium 36

levonest (28) 74
levonorg-eth estrad triphasic 74
levonorgestrel 106
levonorgestrel-ethinyl estrad 74
levora-28 74
levothyroxine 77
LEVOXYL 77
LIBERVANT 25
LIBTAYO 36
lice bedding spray 106
lice killing 106
lice killing (permethrin) 106
lice pyrinyl shampoo 106
lice treatment 106
lice treatment (permethrin) 106
lice-bedbug-mite bedding 106
lidocaine 18, 106
lidocaine hcl 18, 106
lidocaine-epinephrine 18
lidocaine-prilocaine 18
lidosync (lidocaine-menthol) 106
LIFYORLI 36
linagliptin-metformin 50
linezolid 22
linezolid in dextrose 5% 22
linezolid-0.9% sodium chloride 22
LINZESS 67
liomny 77
liothyronine 77
liquid antacid 106
lisinopril 56
lisinopril-hydrochlorothiazide 56
lithium carbonate 49
lithium citrate 49
little animals-iron 106
LIVTENCITY 47
lo-zumandimine (28) 74
LOCOID LIPOCREAM 62
LOESTRIN 1.5/30 (21) 74
LOESTRIN 1/20 (21) 74
LOESTRIN FE 1.5/30 (28-DAY) 74
LOESTRIN FE 1/20 (28-DAY) 74
lojaimiess 74
LOKELMA 65
lomustine 36
LONSURF 36
loperamide 67, 106
lopinavir-ritonavir 47
LOQTORZI 36
loratadine 106
lorazepam 49
lorazepam intensol 49
LORBRENA 36
loryna (28) 74
losartan 56
losartan-hydrochlorothiazide 56
LOTEMAX SM 89
loteprednol etabonate 89
lotrimin af 106
lotrimin af powder 106
lovastatin 56
low-ogestrel (28) 74
loxapine succinate 43
lubiprostone 68
lubricant (p-glycol-glycerin) 106
lubricant eye 106
lubricant eye (cmc-glycer)(pf) 106
lubricant eye (cmc-glycerin) 106
lubricant eye (pg-peg 400) 106
lubricant eye (pg-peg 400)(pf) 106
lubricant eye (propyl glycol) 106
lubricant eye drops 106
lubricants 106
lubricating jelly (chlorhexid) 106
lubricating plus 106
lubrifresh pm 106
LUCIRA CHECK-IT COVID HOME TST 106
luizza 74
LUMAKRAS 36
LUMIGAN 89

LUPRON DEPOT 78
LUPRON DEPOT (3 MONTH) 78
lurasidone 43
lurbipr 17
lutera (28) 74
LUTRATE DEPOT (3 MONTH) 78
LYBALVI 43
lyleq 74
lyllana 74
LYNPARZA 36
LYSODREN 37
LYTGOBI 37
lyza 74

M

m-dryl 106
M-M-R II (PF) 81
m-natal plus 65
m-pap 107
maalox maximum strength 107
macitentan 91
mag-al plus 107
mag-al plus extra strength 107
magnesium hydroxide 107
magnesium oxide 107
magnesium sulfate 65
magnesium sulfate in d5w 65
magnesium sulfate in water 65
malathion 62
maraviroc 47
MARGENZA 37
marlissa (28) 74
MARPLAN 28
MATULANE 37
meclizine 29, 107
medroxyprogesterone 74
mefloquine 41
mega multiple/chelated mineral 107
mega multivitamin for men 107
megestrol 74
MEKINIST 37
MEKTOVI 37
meleya 74
meloxicam 17
memantine 27
men 50 plus advanced one daily 107
men 50 plus multivitamin 107
men under 50 multivitamin 107
men's 50 plus daily formula 107
men's 50 plus multivitamin 107
men's daily formula 107
men's daily gummies 107
men's daily multivitamin 107
men's multivitamin gummies 107
men's one daily 107
men's pack 107
MENEST 74
MENQUADFI (PF) 81
MENVEO A-C-Y-W-135-DIP (PF) 81
mercaptopurine 37
meropenem 22
meropenem-0.9% sodium chloride 22
mesalamine 83
mesna 37
metamucil (with sugar) 107
metformin 50
methadone 17
methadone intensol 17
methazolamide 89
methenamine hippurate 22
methimazole 78
methocarbamol 92
methotrexate sodium 81
methotrexate sodium (pf) 81
methsuximide 25
methyldopa 56
methylphenidate hcl 60
methylprednisolone 70
methylprednisolone acetate 70
methylprednisolone sodium succ 70
metoclopramide hcl 29

metolazone 56
metoprolol succinate 56
metoprolol ta-hydrochlorothiaz 56
metoprolol tartrate 56
metronidazole 22
metronidazole in nacl (iso-os) 22
metyrosine 56
micafungin 30
MICAFUNGIN IN 0.9 % SODIUM CHL 30
miconazole nitrate 107
miconazole-3 ..... 30, 107
miconazole-7 107
miconazorb af 107
micotrin ac 107
micotrin ap 107
micro-guard 107
microgestin 1.5/30 (21) 74
microgestin 1/20 (21) 74
microgestin fe 1.5/30 (28) 75
microgestin fe 1/20 (28) 75
midodrine 56
MIEBO (PF) 89
mifepristone 87
migraine formula 108
migraine relief 108
mili 75
milk of magnesia 108
milk of magnesia concentrated 108
mimvey 75
mini multivitamins-iron 108
minocycline 22
minoxidil 56
mintox maximum strength 108
mintox plus 108
mirafast 108
MIRENA 87
mirtazapine 28
misoprostol 68
mitomycin 37
modafinil 93
MODEYSO 37
moexipril 56
moisturizing cream 108
moisturizing lubricant 108
molindone 43, 44
mometasone 62, 91
mondoxyne nl 22
monistat 3 108
monistat care (hydrocortisone) 108
mono-linyah 75
montelukast 91
morphine 17
morphine concentrate 17
motion sickness 108
motion sickness (meclizine) 108
motion sickness relief 108
motion sickness relief(mecliz) 108
motion-time 108
MOUNJARO 50
MOVANTIK 68
moxifloxacin 22, 89
moxifloxacin-sod.chloride(iso) 22
MRESVIA (PF) 81
MULTAQ 56
multi antibiotic plus 108
multi complete with iron 108
multi for her 50 plus 108
multi-day with iron 108
multi-vit with fluoride-iron 108
multi-vitamin with fluoride 108
multi-vite 108
multihealth fiber 108
multihealth fiber (sugar) 108
multiple vitamin-minerals 108
multiple vitamins 108
multivit with min-folic acid 108
multivit,calc,min-fa-k1-lycop 108
multivit-min-ferrous gluconate 108
multivitamin 108
multivitamin men's 50 plus 108

multivitamin with iron 108
multivitamin with minerals 109
multivitamin women 50 plus 109
mupirocin 62
murine ear wax removal system 109
MVASI 37
my choice 109
my way 109
mycophenolate mofetil 81
mycophenolate mofetil (hcl) 81
mycophenolate sodium 81
mycozyl ac 109
mycozyl ap 109
mylanta maximum strength 109
myo-tone 109
MYRBETRIQ 69

N

nabumetone 17
nadolol 56
nafcillin 22
nafcillin in dextrose iso-osm 22
naloxone 18, 109
naltrexone 18
NANO 2ND GEN PEN NEEDLE 87
NANO PEN NEEDLE 87
naproxen 17
naproxen sodium 17, 109
naratriptan 31
NARCAN 109
nasal antiseptic swabs 109
nasal decongestant (pseudoeph) 109
nasal moisturizing 109
nasal spray (sodium chloride) 109
NATACYN 89
NATAZIA 75
nateglinide 50
natural daily fiber 109
natural fiber laxative (sugar) 109
natural tears (pf) 109
nausea relief 109
NAYZILAM 25
nebivolol 56, 57
necon 0.5/35 (28) 75
nefazodone 28
neo-vital rx 65
neomycin 22
neomycin-bacitracin-poly-hc 89
neomycin-bacitracin-polymyxin 89
neomycin-polymyxin b-dexameth 89
neomycin-polymyxin-gramicidin 89
neomycin-polymyxin-hc 89, 90
NEONATAL COMPLETE 65
NEONATAL PLUS VITAMIN 65
NEONATAL-DHA 65
neosporin (neo-bac-polym) 109
neosporin plus burn relief 109
nephro vitamins 109
NEPHRO-VITE 109
NEPHRONEX 109
NERLYNX 37
nevirapine 47
new day 109
NEXLETOL 57
NEXLIZET 57
NEXPLANON 75
niacin 57
niacor 57
nicotinamide (with chromium) 109
nicotine 109
nicotine (polacrilex) 109
NICOTROL NS 18
nifedipine 57
nikki (28) 75
nilotinib d-tartrate 37
nilotinib hcl 37
nilutamide 37
nimodipine 57
NINLARO 37
nintedanib 91
nitazoxanide 41

nitisinone 68
nitrofurantoin macrocrystal 22
nitrofurantoin monohyd/m-cryst 22
nitroglycerin 57, 87
NIVESTYM 52
nizatidine 68
noble formula hc 109
NORA-BE 75
norelgestromin-ethin.estradiol 75
noreth-ethinyl estradiol-iron 75
norethindrone (contraceptive) 75
norethindrone ac-eth estradiol 75
norethindrone acetate 75
norethindrone-e.estradiol-iron 75
norgestimate-ethinyl estradiol 75
NORMOSOL-M IN 5 % DEXTROSE 65
NORMOSOL-R 65
NORMOSOL-R IN 5 % DEXTROSE 65
NORMOSOL-R PH 7.4 65
nortrel 0.5/35 (28) 75
nortrel 1/35 (21) 75
nortrel 1/35 (28) 75
nortrel 7/7/7 (28) 75
nortriptyline 28
NORVIR 47
NOVOLIN 70-30 FLEXPEN U-100 50
NOVOLIN 70/30 U-100 INSULIN 50
NOVOLIN N FLEXPEN 50
NOVOLIN N NPH U-100 INSULIN 50
NOVOLIN R FLEXPEN 50
NOVOLIN R REGULAR U100 INSULIN 50
NOVOLOG FLEXPEN U-100 INSULIN 51
NOVOLOG MIX 70-30 U-100 INSULN 51
NOVOLOG MIX 70-30FLEXPEN U-100 51
NOVOLOG PENFILL U-100 INSULIN 51
NOVOLOG U-100 INSULIN ASPART 51
NOVOPEN ECHO 87
np thyroid 77
NUBEQA 37
NUCALA 91
NUEDEXTA 60
numbcream 109
NUPLAZID 44
nusyllium 109
nutralyn 109
NUTRILIPID 65
NUTRISOURCE FIBER 110
nyamyc 30
nylia 1/35 (28) 75
nylia 7/7/7 (28) 75
nystatin 30
nystatin-triamcinolone 31
nystop 31

0

ocella 75
octreotide acetate 78
octreotide,microspheres 78
ODEFSEY 47
ODOMZO 37
ofloxacin 22, 89, 90
OGSIVEO 37
OHC COVID-19 ANTIGEN HOME TEST 110
OJEMDA 37
OJJAARA 37
olanzapine 44
olmesartan 57
olmesartan-amlodipin-hcthiazid 57
olmesartan-hydrochlorothiazide 57
omega-3 acid ethyl esters 57
omeprazole 68
OMLYCLO 81
omnicap 110
OMNIPOD 5 (LIBRE 2/3 PLUS) 87
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 87
OMNIPOD 5 G6-G7 PODS (GEN 5) 87
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 87
OMNIPOD CLASSIC PODS (GEN 3) 87
OMNIPOD DASH INTRO KIT (GEN 4) 87
OMNIPOD DASH PODS (GEN 4) 87
OMNIPOD GO PODS 87

OMNIPOD GO PODS 10 UNITS/DAY 87
OMNIPOD GO PODS 15 UNITS/DAY 87
OMNIPOD GO PODS 20 UNITS/DAY 87
OMNIPOD GO PODS 25 UNITS/DAY 87
OMNIPOD GO PODS 30 UNITS/DAY 87
OMNIPOD GO PODS 40 UNITS/DAY 87
OMNITROPE 70
ON-GO COVID-19 AG AT HOME TEST 110
oncovite 110
ondansetron 29
ondansetron hcl 29
ondansetron hcl (pf) 29
one daily 110
one daily energy 110
one daily essential 110
one daily for men 110
one daily for women 110
one daily healthy weight 110
one daily maximum 110
one daily men's 50 plus w-d3 110
one daily men's health 110
one daily multivit-iron(folic) 110
one daily multivitamin 110
one daily multivitamin women 110
one daily plus iron 110
one daily women 50 plus 110
one daily women 50 plus(vit k) 110
one daily women's 110
one daily womens 50 plus 110
one natal rx 65
ONE STEP PREGNANCY TEST 110
one-a-day cholesterol plus 110
one-a-day essential 110
one-a-day maximum formula 110
one-a-day men vitacraves 110
one-a-day men's pro edge 110
one-a-day teen advantage 110
one-a-day women vitacraves 110
one-a-day women's 50 plus 110
onelax fiber (with sucrose) 110
onevite daily multivitamin 110
ONUREG 37
OPDIVO 37
OPDIVO QVANTIG 37
OPDUALAG 37
OPILL 110
OPIPZA 44
option-2 111
OPVEE 18
ORACIT 111
oralyte 111
ORGOVYX 37
orquidea 75
ORSERDU 38
oseltamivir 47
OTULFI 81
overnight lubricating eye 111
oxacillin 22
oxacillin in dextrose(iso-osm) 22
oxcarbazepine 25
oxybutynin chloride 69
oxycodone 17
oxycodone-acetaminophen 17
oyster shell + d3 111
oyster shell calcium 111
oyster shell calcium 500 111
oyster shell calcium-vit d3 111
oystercal-d 111
OZEMPIC 51

P

PACERONE 57
pain relief (acetaminophen) 111
pain relief es (acetaminophen) 111
pain reliever (acetaminophen) 111
pain reliever es(acetaminophn) 111
pain reliever plus 111
paliperidone 44
PANRETIN 38
pantoprazole 68
pantoprazole in 0.9% sod chlor 68

paricalcitol 84
paroxetine hcl 28
PAXLOVID 47
pazopanib 38
pedia iron 111
pedia tri-vite 111
PEDIA-LAX 111
pedia-lax stool softener 111
PEDIARIX (PF) 81
pediatric electrolyte 111
pediatric enema 111
pediatric freezer pops 111
pediatric tri-vite 111
PEDVAX HIB (PF) 81
peg 3350-electrolytes 68
peg-electrolyte soln 68
PEGASYS 81
PEMAZYRE 38
PEN NEEDLE, DIABETIC 87
PENBRAYA (PF) 81
penicillamine 65
penicillin g pot in dextrose 22
penicillin g potassium 22, 23
penicillin g sodium 23
penicillin v potassium 23
PENMENVY MEN A-B-C-W-Y (PF) 81
PENTACEL (PF) 81
pentamidine 41
pentoxifylline 57
perampanel 25
PERIKABIVEN 65
perindopril erbumine 57
periogard 60
PERJETA 38
permethrin 62
perphenazine 44
personal lubricating jelly 111
petrolatum 111
phenelzine 28
phenobarbital 25
phenytoin 25
phenytoin sodium 25
phenytoin sodium extended 25
philith 75
phospha 250 neutral 111
phospho-trin 250 neutral 111
phospho-trin k500 111
phosphorous 111
phosphorous supplement 111
phytonadione (vitamin k1) 111
PIFELTRO 47
pilocarpine hcl 60, 89
PILOT COVID-19 AT-HOME TEST 111
pimecrolimus 62
pimozide 44
pimtrea (28) 75
pinaway 111
pink bismuth 111
pinworm treatment 111
pioglitazone 51
pioglitazone-metformin 51
piperacillin-tazobactam 23
PIQRAY 38
pirfenidone 91, 92
piroxicam 17
PIXEL COVID19 HOME COLLECT KIT 111
PLASMA-LYTE 148 PH 7.4 65
PLASMA-LYTE A 65
PLENAMINE 65
podofilox 62
polocaine 18
polocaine-mpf 18
poly bacitracin (zinc) 112
poly-vita drops 112
polycin 89
polyethylene glycol 3350 112
polymyxin b sulf-trimethoprim 89
polymyxin b sulfate 23
polyvinyl alcohol 112
pomalidomide 38

portia 28 75
posaconazole 31
pot,sodium citrate-citric acid 112
potassium acetate 65
potassium chlorid-d5-0.45%nacl 65
potassium chloride 65
potassium chloride in 0.9%nacl 65
potassium chloride in 5 % dex 66
potassium chloride in lr-d5 66
potassium chloride in water 66
potassium chloride-0.45 % nacl 66
potassium chloride-d5-0.2%nacl 66
potassium chloride-d5-0.9%nacl 66
potassium citrate 66
potassium citrate-citric acid 112
potassium, sodium phosphates 112
POTELIGEO 38
povidone-iodine 112
pr natal 400 66
pr natal 400 ec 66
pr natal 430 66
pr natal 430 ec 66
pramipexole 42
prasugrel hcl 52
pravastatin 57
praziquantel 41
prazosin 57
prednisolone 70
prednisolone acetate 89
prednisolone sodium phosphate 70, 89
prednisone 70
prednisone intensol 70
pregabalin 60
PREGNANCY TEST 112
PREMARIN 75
PREMASOL 10 % 66
PRENATA 66
PRENATABS FA 66
prenatal plus (calcium carb) 66
prenatal plus vitamin-mineral 66
PRENATE ELITE 66
preparation h hydrocortisone 112
prevalite 57
PREVYMIS 47
PREZCOBIX 47
PREZCOBIX PED 47
PREZISTA 47
PRIFTIN 32
primaquine 41
primidone 25
PRIMSOL 23
PRIORIX (PF) 81
PRO COMFORT ALCOHOL PADS 87
PRO-COMFORT ALCOHOL PADS 87
probenecid 31
probenecid-colchicine 31
prochlorperazine 29
prochlorperazine edisylate 29
prochlorperazine maleate 29
procto-med hc 62
proctosol hc 62
proctozone-hc 62
profend 112
profola 112
progesterone 75
progesterone micronized 75
PROGRAF 81
PROLIA 84
PROMACTA 52, 53
promethazine 29
promethazine-codeine 112
propafenone 57
propranolol 57
propylthiouracil 78
PROQUAD (PF) 82
PROSOL 20 % 66
protective ointment 112
protriptyline 28
pseudoephedrine hcl 112
psyllium husk 112

psyllium husk (with sugar) 112
PULMOZYME 92
pure and gentle (saline) 112
PURE COMFORT ALCOHOL PADS 87
purevit dualfe plus 112
purevita folic acid 112
PURIXAN 38
pvp prep 112
pyrazinamide 32
pyridostigmine bromide 32
pyridoxine (vitamin b6) 112
pyrimethamine 41

Q

q-sorb co q-10 112
QINLOCK 38
QUADRACEL (PF) 82
quetiapine 44
QUICKVUE AT-HOME COVID-19 TEST 112
quinapril 57
quinapril-hydrochlorothiazide 57
quinidine sulfate 58
quinine sulfate 41
quintabs 112
quintabs-m iron free 112
QULIPTA 31
qunol mega coq10 112

R

RABAVERT (PF) 82
rabeprazole 68
RALDESY 28
raloxifene 76
ramelteon 93
ramipril 58
ranolazine 58
RAPID SARS-COV-2 AG HOME TEST 112
rasagiline 42
RASONQUE 38
ready-to-use enema 112
readyprep pvp 112
reclipsen (28) 76
RECOMBIVAX HB (PF) 82
rectalief 112
reese's pinworm medicine 112
reguloid (aspartame) 113
reguloid (psyllium husk) 113
reguloid (psyllium husk-sucro) 113
RELENZA DISKHALER 47
remedy antifungal 113
remedy phytoplex antifungal 113
rena-vite 113
rena-vite rx 113
renal vitamin 113
renal-vite 113
reno caps 113
repaglinide 51
REPATHA PUSHTRONEX 58
REPATHA SURECLICK 58
REPATHA SYRINGE 58
restore plus (cmcellulose) 113
restore pm 113
RETACRIT 53
retaine cmc 113
retaine pm 113
RETEVMO 38
RETROVIR 47
REVCOVI 68
REVUFORJ 38
REXTOVY 18
REXULTI 44
REYATAZ 47
REZDIFFRA 87
REZLIDHIA 38
RHOPRESSA 89
RIABNI 38
ribavirin 47
rid lice killing 113
rifabutin 32
rifampin 32
rifapentine 32
rilpivirine hcl 47

riluzole 60
rimantadine 47
ringer's 66
ringworm 113
RINVOQ 82
RINVOQ LQ 82
riociguat 92
risedronate 84
RISPERDAL CONSTA 44
risperidone 44
risperidone microspheres 44
ritonavir 48
rivaroxaban 53
rivastigmine 27
rivastigmine tartrate 27
rizatriptan 31
ROCKLATAN 89
roflumilast 92
ROMVIMZA 38
ropinirole 42
ropivacaine (pf) 18
rosuvastatin 58
ROTARIX 82
ROTATEQ VACCINE 82
roweepra 26
ROZLYTREK 38
RUBRACA 38
rufinamide 26
RUKOBIA 48
RUXIENCE 38
RYBELSUS 51
RYBREVANT 38
RYBREVANT FASPRO 38
RYDAPT 38

S

SACCHARIN 113
sacubitril-valsartan 58
sajazir 82
saline mist 113
saline nasal 113
saline nasal mist 113
saline nose 113
SANDOSTATIN LAR DEPOT 78
SANTYL 62
sapropterin 68
SARCLISA 38
SARCLISA ESCENA 38
scalp relief (hydrocortisone) 113
scalpicin anti-itch 113
SCEMBLIX 38
scopolamine base 29
scrub care povidone iodine 113
se-natal 19 chewable 66
se-tan plus 113
SECUADO 45
secura antifungal extra thick 113
secura protective 113
selegiline hcl 42
selenium sulfide 62
SELZENTRY 48
senexon-s 113
senior tabs 113
senna 113
senna lax 113
senna laxative 113
senna leaf extract 113
senna plus 113, 114
senna-s 114
senna-time s 114
sennosides 114
sennosides-docusate sodium 114
SENOKOT 114
SENOKOT EXTRA STRENGTH 114
SENOKOT KIDS 114
SENOKOT-S 114
sentia 114
sentry 114
sentry senior 114
sertraline 28
setlakin 76

sharobel 76
SHINGRIX (PF) 82
SIGNIFOR 78
sildenafil 118
sildenafil (pulm.hypertension) 92
silodosin 69
silver sulfadiazine 62
SIMBRINZA 89
simliya (28) 76
simpesse 76
simvastatin 58
sirolimus 82
SIRTURO 32
sitagliptin phos-metformin 51
sitagliptin phosphate 51
skin protectant a and d 114
skin protectant a-d (pet, lan) 114
SKYRIZI 82
slow release iron 114
smart q10 114
SMOFLIPID 66
smooth antacid 114
smooth texture fiber 114
sodium bicarbonate 66, 114
SODIUM BICARBONATE (BULK) 114
sodium chloride 66, 87, 114
sodium chloride 0.45 % 66
sodium chloride 0.9 % 66
sodium chloride 3 % hypertonic 66
sodium chloride 5 % hypertonic 66
sodium citrate-citric acid 114
sodium oxybate 93
sodium phenylbutyrate 69
sodium phosphate 66
sodium polystyrene sulfonate 66
sodium,potassium,mag sulfates 68
solifenacin 69
SOLIQUA 100/33 51
solivite 114
SOLTAMOX 38
SOLU-MEDROL 70
SOLU-MEDROL (PF) 70
soluvita a,c,d with fluoride 114
SOMAVERT 78
sorafenib 39
SORBITOL 114
sorbitol-mannitol 87
sotalol 58
sotalol af 58
spectravite adult 114
spectravite adult 50 plus 114
spectravite advanced formula 114
spectravite men 50 plus 114
spectravite men's 114
spectravite women 114
spectravite women 50 plus 114
SPEEDYSWAB COVID-19 HOME TEST 114
SPIRIVA RESPIMAT 92
SPIRIVA WITH HANDIHALER 92
spironolacton-hydrochlorothiaz 58
spironolactone 58
sprintec (28) 76
SPRITAM 26
SPS (WITH SORBITOL) 66
sronyx 76
SSD 62
STELARA 82
stimulant laxative plus 114
STIOLTO RESPIMAT 92
STIVARGA 39
stomach relief 114, 115
stool softener 115
stool softener (docusate cal) 115
stool softener-laxative 115
stool softener-stimulant laxat 115
stop lice 115
STRENSIQ 69
streptomycin 23
STRESS B WITH ZINC 115
STRIBILD 48

STRIVERDI RESPIMAT 92
studio 35 moisturizing skin 115
SUBVENITE 26
subvenite starter (blue) kit 26
subvenite starter (green) kit 26
subvenite starter (orange) kit 26
sucralfate 68
sudogest 115
SUFLAVE 68
sulfacetamide sodium 23, 89
sulfacetamide sodium (acne) 23
sulfacetamide-prednisolone 89
sulfadiazine 23
sulfamethoxazole-trimethoprim 23
sulfasalazine 84
sulindac 17
sumatriptan 31
sumatriptan succinate 31, 32
sunitinib malate 39
SUNLENCA 48
suphedrin 115
support 115
SURE COMFORT ALCOHOL PREP PADS 87
SURE-PREP ALCOHOL PREP PADS 87
SUTAB 68
swim ear 115
swimmer's instant ear dry 115
syeda 76
SYMBICORT 92
SYMPAZAN 26
SYMTUZA 48
SYNJARDY 51
SYNJARDY XR 51
SYNTHROID 77

T

tab-a-vite 115
TABLOID 39
TABRECTA 39
tacrolimus 62, 82
tadalafil 69
tadalafil (pulm. hypertension) 92
TAFINLAR 39
TAGRISSO 39
TALICIA 68
TALZENNA 39
tamoxifen 39
tamsulosin 69
tarina 24 fe 76
tarina fe 1-20 eq (28) 76
tarina fe 1/20 (28) 76
tasimelteon 93
tazarotene 62
TAZVERIK 39
TDVAX 82
TECENTRIQ 39
TECENTRIQ HYBREZA 39
TEFLARO 23
telmisartan 58
telmisartan-amlodipine 58
telmisartan-hydrochlorothiazid 58
temazepam 93
TENIVAC (PF) 82
tenofovir disoproxil fumarate 48
TEPMETKO 39
teravax 115
terazosin 58
terbinafine hcl 31, 115
terconazole 31
teriflunomide 60
testosterone 76
testosterone cypionate 76
testosterone enanthate 76
tetrabenazine 60
TEVIMBRA 39
THALOMID 39
theophylline 92
thera 115
thera antifungal 115
thera-tabs 115
thera-vite max-m 115

theralogix companion 115
therapeutic-m 115
theratears 115
theratrum complete 50 plus-lyc 115
thiamine hcl (vitamin b1) 115
thioridazine 45
thiothixene 45
tiadylt er 58
tiagabine 26
TIBSOVO 39
ticagrelor 53
TICOVAC 82
tigecycline 23
tilia fe 76
timolol 89
timolol maleate 58, 89
timolol maleate (pf) 90
tinidazole 23
tioconazole 115
tioconazole-1 115
TIVICAY 48
TIVICAY PD 48
tizanidine 45
tm-daily vite 115
tobramycin 90
tobramycin in 0.225 % nacl 23
tobramycin sulfate 23
tobramycin-dexamethasone 90
tolterodine 69
topiramate 26
toremifene 39
torpenz 39
torsemide 58
TOUJEO MAX U-300 SOLOSTAR 51
TOUJEO SOLOSTAR U-300 INSULIN 51
TPN ELECTROLYTES 66
TRADJENTA 51
tramadol 17
trandolapril 58
trandolapril-verapamil 58
tranexamic acid 53
tranylcypromine 28
TRAVASOL 10 % 67
travoprost 90
TRAZIMERA 39
trazodone 28, 29
TRECATOR 32
TRELEGY ELLIPTA 92
TRELSTAR 78
TREMFYA 82
TREMFYA ONE-PRESS 82
TREMFYA PEN 82
TREMFYA PEN INDUCTION PK(2PEN) 82
TRESIBA FLEXTOUCH U-100 51
TRESIBA FLEXTOUCH U-200 51
TRESIBA U-100 INSULIN 51
tretinoin 62
tretinoin (antineoplastic) 39
tri-buffered aspirin 115
tri-estarylla 76
tri-legest fe 76
tri-linyah 76
tri-lo-estarylla 76
tri-lo-marzia 76
tri-lo-mili 76
tri-lo-sprintec 76
tri-mili 76
tri-sprintec (28) 76
tri-vitamin with fluoride 115
tri-vite with fluoride 115
tri-vylibra 76
tri-vylibra lo 76
triamcinolone acetonide 60, 70
triamterene 58
triamterene-hydrochlorothiazid 58
tricitrates 115
triderm 70
trientine 67
trifluoperazine 45
trifluridine 90

trihexyphenidyl 42
TRIJARDY XR 51, 52
TRIKAFTA 92
trimazole 115
trimethoprim 23
trimipramine 29
trinatal rx 1 67
TRINTELLIX 29
triple antibiotic 116
triple antibiotic plus 116
triple antibiotic-pain relief 116
triple paste af 116
TRIUMEQ 48
TRIUMEQ PD 48
trivora (28) 76
TROGARZO 48
TROJAN BARESKIN 116
TROJAN EXTENDED PLEASURE 116
TROJAN MAGNUM CONDOMS 116
TROJAN PLEASURE PACK 116
TROJAN ULTRA RIBBED CONDOM 116
TROJAN ULTRA THIN 116
TROJAN ULTRA THIN SPERMICIDAL 116
TROJAN VERY THIN LUB CONDOMS 116
TROJAN-ENZ (NON-LUB) CONDOMS 116
TROJAN-ENZ LUBRICATED CONDOMS 116
TROJAN-ENZ/SPERMICIDAL CONDOMS 116
TROPHAMINE 10 % 67
trospium 69
TRUE COMFORT ALCOHOL PADS 87
TRUE COMFORT PRO ALCOHOL PADS 87
TRUE COVER CONDOM 116
true multivitamin 116
truelyte advanced hydration 116
trueplus glucose 116
TRULICITY 52
TRUMENBA 83
TRUQAP 39
TRUSTEX LATEX CONDOM 116
TRUSTEX LUBRICATED CONDOMS 116
TRUSTEX NON-LUB CONDOMS 116
TRUSTEX-RIA LUB/SPERMICIDE 116
TRUSTEX-RIA LUBRICATED CONDOMS 116
TRUSTEX-RIA NON-LUB CONDOMS 116
TRYPTYR 90
TUKYSA 39
tulana 76
TURALIO 39
turqoz (28) 76
tusnel diabetic 116
tusnel-ex 116
tussin dm 116
tussin dm cough and chest 116
tussin mucus-chest congestion 116
TWINRIX (PF) 83
TWIRLA 76
TYBOST 48
TYENNE 83
TYENNE AUTOINJECTOR 83
TYMLOS 84
TYPHIM VI 83
tyr cooler 116

U

UBRELVY 32
UDENYCA 53
UDENYCA AUTOINJECTOR 53
UDENYCA ONBODY 53
ULTILET ALCOHOL SWAB 87
ultra fresh 116
ultra lubricant eye 116
ultra tuss safe 116
ULTRA-FINE INS SYR (HALF UNIT) 87
ULTRA-FINE INSULIN SYRINGE 88
ULTRA-FINE PEN NEEDLE 88
ULTRA-FINE SAFETY INSULIN SYRN 88
UNITHROID 77
UNITUXIN 39
UNLOXCYT 39
UPTRAVI 92
ursodiol 68

USTEKINUMAB 83

V

v-c forte 116
valacyclovir 48
VALCHLOR 39
valganciclovir 48
valproate sodium 26
valproic acid 26
valproic acid (as sodium salt) 26
valrubicin 39
valsartan 58
valsartan-hydrochlorothiazide 58
VALTOCO 26
valtya 76
vancomycin 23
vancomycin in 0.9 % sodium chl 23
vancomycin in dextrose 5 % 23
vancomycin-diluent combo no.1 23
VANFLYTA 39
vanicream hc 117
VAQTA (PF) 83
varenicline tartrate 18
VARIVAX (PF) 83
VASCEPA 59
VAXCHORA VACCINE 83
VECTIBIX 39
velivet triphasic regimen (28) 76
VEMLIDY 48
VENCLEXTA 39, 40
VENCLEXTA STARTING PACK 40
venlafaxine 29
ventiva tears 117
VENTOLIN HFA 92
VEPPANU 40
verapamil 59
VERQUVO 59
VERSACLOZ 45
VERZENIO 40
vestura (28) 76
vic-forte 117
vienva 77
vigabatrin 26
vigadrone 26
VIGAFYDE 26
vigpoder 26
vilazodone 29
VIMKUNYA (PF) 83
viorele (28) 77
VIRACEPT 48
VIREAD 48
vis guard (petrolatum-min oil) 117
vis guard (polyvinyl alcohol) 117
vista meibo tears 117
vista tears 117
vit a palmitate-vit c-vit d3 117
vitacore 117
vitafusion women's multi 117
vitajoy adult multi 117
vitalee 117
vitamin a and d 117
vitamin b complex 117
vitamin b complex-folic acid 117
vitamin d2 ..... 117, 118
vitamin k1 117
vitamins a,c,d and fluoride 117
vitamins b complex 117
vitatrum complete 117
viteyes areds 2 plus multivit 117
VITRAKVI 40
vitrum 50 plus 117
vits a and d-white pet-lanolin 117
VIVITROL 18
VIVOTIF 83
VIZIMPRO 40
VOCABRIA 48
volnea (28) 77
VONJO 40
VORANIGO 40
voriconazole 31
voriconazole-hpbcd 31

VOSEVI 48
VOWST 68
VRAYLAR 45
vyfemla (28) 77
vylibra 77
VYLOY 40
VYVGART 32
VYVGART HYTRULO 32
VYZULTA 90

W

wal-mucil fiber (aspartame) 117
wal-mucil fiber (sugar) 117
wal-mucil natural fiber lax 117
wal-mucil with calcium 117
wal-sporin 117
wal-tussin dm 117
wal-tussin dm clear 117
warfarin 53
WEBCOL 88
WELIREG 69
well lyte advanced hydration 117
wellfola 117
WELLLIFE COVID-19 AG HOME TEST 117
WELTRUZA 45
wera (28) 77
wes-phos 250 neutral 117
wesnatal dha complete 67
wesnate dha 67
westab plus 67
white petrolatum 117
WINREVAIR 92
wixela inhub 92
women's 50 plus daily formula 118
women's daily formula 118
women's daily multivitamin 118
women's gentle laxative(bisac) 118
women's multivitamin gummies 118
women's one daily 118
womens daily gummies 118
wymzya fe 77

X

XALKORI 40
xarah fe 77
XARELTO 53
XARELTO DVT-PE TREAT 30D START 53
XATMEP 83
XCOPRI 26
XCOPRI MAINTENANCE PACK 26
XCOPRI TITRATION PACK 27
XDEMVY 88
xelria fe 77
XERAC AC 118
XERMELO 68
XGEVA 84
XIFAXAN 68
XIGDUO XR 52
XOLAIR 83
XOSPATA 40
XPOVIO 40
XTANDI 40
xulane 77
xyzbac 118

Y

yelets 118
YERVOY 40
YESINTEK 83
YF-VAX (PF) 83
YONDELIS 40
yulithira 40

Z

zafemy 77
zafirlukast 92
zaleplon 93
zarah 77
ZARXIO 53
zeasorb af 118
ZEGALOGUE AUTOINJECTOR 52
ZEGALOGUE SYRINGE 52
ZEJULA 40
ZELBORAF 40

ZEMAIRA 69
zenatane 62
ZENBEXUS 40
ZENPEP 69
zidovudine 48
zinc oxide 118
ziprasidone hcl 45
ziprasidone mesylate 45
ZIRABEV 40
ZIRGAN 48
zoledronic ac-mannitol-0.9nacl 84
zoledronic acid 84
zoledronic acid-mannitol-water 84
ZOLINZA 40
zolpidem 93
ZONISADE 27
zonisamide 27
ZORYVE 62
zovia 1-35 (28) 77
ZTALMY 27
ZUBSOLV 18
zumandimine (28) 77
ZURNAI 18
ZURZUVAE 29
ZYDELIG 41
ZYKADIA 41
zylotrol (lidocaine hcl) 118
ZYNYZ 41
ZYPITAMAG 59
ZYPREXA 45
ZYPREXA RELPREVV 45
zyvit 118

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন 877-320-1235 (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 **877-320-1235 (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 **877-320-1235 (聽障專線：711)**。

Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòma sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French] : Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિઃશુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. 877-320-1235 (TTY: 711) પર કૉલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**

हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। 877-320-1235 (TTY: 711) पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

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。**877-320-1235 (TTY: 711)** までお電話ください。

This notice is available at **https://www.humana.com/legal/multi-language-support**.

GHHNOA2025HUM_0425

ភាសាខ្មែរ [Khmer]៖ សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជាទម្រង់ផ្សេងជំនួសអាចរកបាន។ ទូរសព្ទទៅលេខ 877-320-1235 (TTY: 711)។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao] ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ຟຣີ. ໂທ 877-320-1235 (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 **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫ਼ਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। 877-320-1235 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. 877-320-1235 (TTY: 711) ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. 877-320-1235 (TTY: 711) కి కాల్ చేయండి.

اردو [Urdu]: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ کال 877-320-1235 (TTY: 711)۔

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]፦ ቋንቋ፣ አጋዥ ማዳመጫ እና አማራጭ ቅርፀት ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bǎsɔ́ [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, Hwòdǒ-fɔńɔ-ńnyɔ,́ kè nyɔ-bɔǔn-po-kà bě bé nyuɛɛ se wídí péè-péè dò kɔ̀ **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ èdè, àti ọ̀nà kíkà míràn wà lárọwọ́tó. Pe **877-320-1235 (TTY: 711).**

नेपाली [Nepali]: भाषासम्बन्धी नि:शुल्क, सहायक साधन र वैकल्पिक फार्मेट (ढाँचा/व्यवस्था) सेवाहरू उपलब्ध छन् । 877-320-1235 (TTY: 711) मा कल गर्नुहोस् ।

Notes

This *Drug List* was updated on 11/02/2026. For more recent information or other questions, contact us at 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M. local time seven days a week or visit **Humana.com/medicaredruglist**.

H4329-001

Humana®

If you have questions, please call Humana Dual Fully Integrated (HMO D-SNP) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit **Humana.com/medicaredruglist**. This formulary was updated on 11/02/2026.