2026

Prescription Drug Guide

Humana PathWays Dual Care Formulary

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

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

Humana PathWays Dual Care (HMO-POS D-SNP)

Formulary 26411 Version 18

This *Drug List* was updated on 11/02/2026. For more recent information or other questions, contact us at 1-866-274-5888 (TTY: 711), 8 A.M. to 8 P.M. local time seven days a week or visit **Humana.com/medicaid/indiana/dsnp/pharmacy**.

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

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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS D-SNP) member and can't find my drug on the *Drug List* or have a problem getting my drug? 9

B10. Can I ask for an exception to cover my drug? 11

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? 12

B13. What are generic drugs? 12

B14. What are original biological products and how are they related to biosimilars? 13

B15. What are OTC drugs? 13

B16. Does Humana PathWays Dual Care (HMO-POS D-SNP) cover non-drug OTC products? 13

B17. Does Humana PathWays Dual Care (HMO-POS D-SNP) cover long-term supplies of prescriptions? 13

B18. What is my copay? 14

C. Overview of the *List of Covered Drugs* 15

C1. List of Drugs by Drug Type 15

D. Index of Covered Drugs 129

A. Disclaimers

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

- You can always check Humana PathWays Dual Care (HMO-POS D-SNP)'s up-to-date *List of Covered Drugs* online at **Humana.com/medicaid/indiana/dsnp/pharmacy** 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 1-866-274-5888 (TTY: 711). This is a free service.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by Humana PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS D-SNP) agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a Humana PathWays Dual Care (HMO-POS 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/medicaid/indiana/dsnp/pharmacy** or call us at the number in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and Humana PathWays Dual Care (HMO-POS D-SNP) must follow Medicare and PathWays 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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS D-SNP)'s up–to-date *Drug List* online at **Humana.com/medicaid/indiana/dsnp/pharmacy**. 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 PathWays Dual Care (HMO-POS D-SNP) before you fill your prescription. Prior authorization is different from a referral. Humana PathWays Dual Care (HMO-POS D-SNP) may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Humana PathWays Dual Care (HMO-POS D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Humana PathWays Dual Care (HMO-POS 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/medicaid/indiana/dsnp/pharmacy**. 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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS D-SNP), ***or***
- you are taking a drug that is part of a step therapy restriction.

If you're taking a drug that Humana PathWays Dual Care doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour emergency supply of the drug.

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 PathWays Dual Care (HMO-POS D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Humana PathWays Dual Care (HMO-POS 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/medicaid/indiana/dsnp/pharmacy**.

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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can I ask for an exception?

To ask for an exception, call us. A representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9 Section 7** of the *Evidence of Coverage* to learn more about exceptions.

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

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

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

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

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

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

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

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

Just call us at the number listed in the footer of this document, or go to our website, **Humana.com/medicaid/indiana/dsnp/pharmacy**.

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 PathWays Dual Care (HMO-POS D-SNP) covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

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

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

B16. Does Humana PathWays Dual Care (HMO-POS D-SNP) cover non-drug OTC products?

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

Humana PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS 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 25% cost share.

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

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Humana PathWays Dual Care (HMO-POS 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 PathWays Dual Care (HMO-POS 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 PathWays.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call the number listed in the footer of this document.
- You can also read **Chapter 9** of the *Evidence of Coverage*.

C1. List of Drugs by Drug Type

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

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

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

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

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

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

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

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

MO = Drug is typically available through mail-order.

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

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

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

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

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

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics, brand name drugs are capitalized and OTC drugs and non-drug products are listed in lower case. The information in the "Necessary actions, restrictions, or limits on use" column, as superscripts next to a drug name, and as a category header tell you if Humana PathWays Dual Care (HMO-POS 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 TABLET[DL]	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 PACKET[MO]	4	QL(360 per 30 days)
ODEFSEY 200-25-25 MG TABLET[DL]	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 PACK[MO]	3	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK[MO]	3	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK[MO]	3	QL(60 per 10 days)
PIFELTRO 100 MG TABLET[DL]	5	QL(60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET[DL]	5	PA,QL(120 per 30 days)
PREVYMIS 240 MG TABLET[DL]	5	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET[DL]	5	PA
PREZCOBIX 675-150 MG, 800-150 MG-MG TABLET[DL]	5	QL(30 per 30 days)
PREZCOBIX PED 600-90 MG TABLET FOR SUSPENSION[DL]	5	QL(30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION[DL]	5	QL(360 per 30 days)
PREZISTA 150 MG TABLET[DL]	5	QL(240 per 30 days)
PREZISTA 75 MG TABLET[MO]	4	QL(480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE[MO]	4	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION[MO]	4	
REYATAZ 50 MG POWDER IN PACKET[MO]	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]	1	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	3	
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]	1	
glimepiride 2 mg, 4 mg TABLET[MO]	1	
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.[MO]	1	
glipizide 10 mg, 5 mg TABLET[MO]	1	
glipizide 15 mg, 2.5 mg TABLET[MO]	1	

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]	1	
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]	1	
metformin 500 mg TABLET, ER 24 HR.[MO]	1	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR.[MO]	1	QL(60 per 30 days)
metformin 850 mg TABLET[MO]	1	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR[MO]	3	PA,QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET[MO]	1	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN[CI,MO]	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**	1	QL(30 per 30 days)
*pioglitazone 30 mg TABLET***MO**	1	QL(30 per 30 days)
*pioglitazone-metformin 15-500 mg, 15-850 mg TABLET***MO**	1	QL(90 per 30 days)
*repaglinide 0.5 mg, 1 mg, 2 mg TABLET***MO**	1	
RYBELSUS 14 MG, 3 MG, 7 MG TABLET**MO**	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]	3	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE[MO]	3	
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]	1	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]	1	
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]	1	
amlodipine-atorvastatin 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg TABLET[MO]	4	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE[MO]	1	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE[MO]	1	QL(30 per 30 days)

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	1	QL(30 per 30 days)
*amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET*MO	1	QL(30 per 30 days)
*atenolol 100 mg TABLET*MO	1	
*atenolol 25 mg, 50 mg TABLET*MO	1	
*atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET*MO	1	
*atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET*MO	1	
*benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET*MO	1	
*benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET*MO	1	
*bisoprolol fumarate 10 mg, 2.5 mg, 5 mg TABLET*MO	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	1	QL(60 per 30 days)
*candesartan 32 mg TABLET*MO	1	QL(30 per 30 days)
*candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET*MO	1	QL(30 per 30 days)
*captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET*MO	1	
*captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET*MO	1	
*cartia xt 120 mg, 180 mg, 240 mg, 300 mg CAPSULE, ER 24 HR.*MO	2	
*carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET*MO	1	
*chlorthalidone 25 mg TABLET*MO	1	
*chlorthalidone 50 mg TABLET*MO	1	
*cholestyramine (with sugar) 4 gram POWDER*MO	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	1	
*enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET*MO	1	
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	1	QL(30 per 30 days)
*felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.*MO	1	
*fenofibrate 160 mg TABLET*MO	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	1	
*fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET*MO	1	
*furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION*MO	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]	1	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET[MO]	1	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET[MO]	1	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET[MO]	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]	1	
lisinopril 30 mg TABLET[MO]	1	
lisinopril-hydrochlorothiazide 10-12.5 mg TABLET[MO]	1	
lisinopril-hydrochlorothiazide 20-12.5 mg, 20-25 mg TABLET[MO]	1	
losartan 100 mg, 25 mg, 50 mg TABLET[MO]	1	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET[MO]	1	QL(60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET[MO]	1	
methyldopa 250 mg, 500 mg TABLET[MO]	1	
metolazone 10 mg, 2.5 mg, 5 mg TABLET[MO]	3	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR.[MO]	1	
metoprolol succinate 200 mg TABLET, ER 24 HR.[MO]	1	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET[MO]	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]	1	
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]	1	QL(30 per 30 days)
olmesartan 5 mg TABLET[MO]	1	QL(60 per 30 days)
olmesartan-amlodipin-hcthiazid 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg TABLET[MO]	1	QL(30 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET[MO]	1	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE[MO]	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]	1	
pravastatin 10 mg, 80 mg TABLET[MO]	1	
pravastatin 20 mg, 40 mg TABLET[MO]	1	
prazosin 1 mg, 2 mg, 5 mg CAPSULE[MO]	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]	1	
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]	1	
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]	1	
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]	1	
simvastatin 5 mg, 80 mg TABLET[MO]	1	
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]	1	QL(30 per 30 days)
telmisartan 80 mg TABLET[MO]	1	QL(60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET[MO]	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 40-12.5 mg, 80-25 mg TABLET[MO]	1	QL(30 per 30 days)
telmisartan-hydrochlorothiazid 80-12.5 mg TABLET[MO]	1	QL(60 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE[MO]	1	
tiadylt er 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR.[MO]	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]	1	
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]	1	QL(60 per 30 days)
valsartan 40 mg, 80 mg TABLET[MO]	1	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET[MO]	1	QL(30 per 30 days)

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, DISINTEGRATINGMO	4	
*gallifrey 5 mg TABLET*MO	3	
GWYN LO 220-20 MCG/24 HR PATCH, WEEKLYMO	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 TABLETMO	4	
*necon 0.5/35 (28) 0.5-35 mg-mcg TABLET*MO	2	
NEXPLANON 68 MG IMPLANTMO	3	
*nikki (28) 3-0.02 mg TABLET*MO	2	
NORA-BE 0.35 MG TABLETMO	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 TABLETMO	4	
PREMARIN 0.625 MG/GRAM CREAMMO	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]	2	
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		
1-day 6.5 % OINTMENT	*	
12-hour cough relief 30 mg/5 ml SUSPENSION, ER 12 HR.	*	
2-in-1 laxative 8.6-50 mg TABLET	*	
24hour allergy 10 mg TABLET	*	
3-day vaginal 2 % CREAM	*	
4-n-1 no rinse wash 1 % CREAM	*	
8 hour pain reliever 650 mg TABLET ER	*	
8hr muscle aches-pain 650 mg TABLET ER	*	
a and d (lanolin-petrolatum) OINTMENT	*	
A AND D DIAPER RASH CREAM 1-10 % CREAM	*	
abreva 10 % CREAM	*	
acerola c 500 mg CHEWABLE TABLET	*	
acetaminophen 120 mg, 650 mg SUPPOSITORY	*	
acetaminophen 160 mg/5 ml (5 ml), 650 mg/20.3 ml SOLUTION	*	
acetaminophen 160 mg/5 ml LIQUID	*	
acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml), 650 mg/20.3 ml SUSPENSION	*	
acetaminophen 325 mg, 500 mg TABLET	*	
acetaminophen 650 mg TABLET ER	*	
acid controller 10 mg, 20 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, 20 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acid-pep 20 mg TABLET	*	
acidophilus CHEWABLE TABLET	*	
acidophilus-pectin, citrus 25 million cell -100 mg TABLET	*	
acne control(benzoyl peroxide) 10 % CLEANSER	*	
acne foaming wash 10 % CLEANSER	*	
ACNE MEDICATION 10 %, 5 % GEL	*	
acne treatment (benzoyl perox) 10 % GEL	*	
acne-clear 10 % GEL	*	
ACTICAL CAPSULE	*	
adapalene 0.1 % GEL	*	QL(45 per 30 days)
addaprin 200 mg TABLET	*	
adult aspirin regimen 81 mg TABLET, DR/EC	*	
adult low dose aspirin 81 mg TABLET, DR/EC	*	
adult tussin chest congestion 100 mg/5 ml LIQUID	*	
adult wal-tussin 100 mg/5 ml LIQUID	*	
advanced antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
advanced exfoliating cleanser 5 % CLEANSER	*	
after pill 1.5 mg TABLET	*	
AFTERA 1.5 MG TABLET	*	
AIMSCO LATEX CONDOM DEVICE	*	
alavert 10 mg TABLET, DISINTEGRATING	*	
alavert d-12 allergy-sinus 5-120 mg TABLET, ER 12 HR.	*	
ALAWAY 0.025 % (0.035 %) DROPS	*	
aler-cap 25 mg CAPSULE	*	
aleve arthritis (diclofenac) 1 % GEL	*	QL(1000 per 30 days)
ALIVE B-COMPLEX 120 MCG-45 MG- 75 MG CHEWABLE TABLET	*	
alka-seltzer heartburn chew 300 mg (750 mg) CHEWABLE TABLET	*	
alka-seltzer plus allergy 25 mg TABLET	*	
alkums 300 mg (750 mg) CHEWABLE TABLET	*	
all day allergy (cetirizine) 10 mg TABLET	*	
all day allergy-d 5-120 mg TABLET, ER 12 HR.	*	
all day pain relief 220 mg TABLET	*	
all day relief 220 mg TABLET	*	
ALLEGRA ALLERGY 180 MG, 60 MG TABLET	*	
ALLEGRA HIVES 180 MG TABLET	*	
ALLER-CHLOR 4 MG TABLET	*	
aller-ease 180 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aller-fex 180 mg TABLET	*	
aller-g-time 25 mg TABLET	*	
aller-tec 10 mg TABLET	*	
aller-tec d 5-120 mg TABLET, ER 12 HR.	*	
allerclear 10 mg TABLET	*	
allerclear d-12hr 5-120 mg TABLET, ER 12 HR.	*	
allerclear d-24hr 10-240 mg TABLET, ER 24 HR.	*	
allergy 12.5 mg/5 ml LIQUID	*	
allergy (chlorpheniramine) 4 mg TABLET	*	
allergy (diphenhydramine) 12.5 mg/5 ml LIQUID	*	
allergy (diphenhydramine) 25 mg CAPSULE	*	
allergy (diphenhydramine) 25 mg TABLET	*	
allergy and congestion relief 10-240 mg TABLET, ER 24 HR.	*	
allergy and congestion relief 5-120 mg TABLET, ER 12 HR.	*	
allergy d-12 5-120 mg TABLET, ER 12 HR.	*	
allergy eye (ketotifen) 0.025 % (0.035 %) DROPS	*	
allergy medication 25 mg CAPSULE	*	
allergy medicine 25 mg TABLET	*	
allergy relief (cetirizine) 10 mg, 5 mg TABLET	*	
allergy relief (fexofenadine) 180 mg, 60 mg TABLET	*	
allergy relief (loratadine) 10 mg TABLET	*	
allergy relief (loratadine) 10 mg TABLET, DISINTEGRATING	*	
allergy relief d-24hr 10-240 mg TABLET, ER 24 HR.	*	
allergy relief d12 5-120 mg TABLET, ER 12 HR.	*	
allergy relief(chlorpheniramn) 4 mg TABLET	*	
allergy relief(diphenhydramin) 12.5 mg/5 ml LIQUID	*	
allergy relief(diphenhydramin) 25 mg CAPSULE	*	
allergy relief(diphenhydramin) 25 mg TABLET	*	
allergy relief,nasal decongest 10-240 mg TABLET, ER 24 HR.	*	
allergy relief-d (cetirizine) 5-120 mg TABLET, ER 12 HR.	*	
allergy relief-d (loratadine) 5-120 mg TABLET, ER 12 HR.	*	
allergy-congestion relief-d 10-240 mg TABLET, ER 24 HR.	*	
allergy-time 4 mg TABLET	*	
almacone-2 400-400-40 mg/5 ml SUSPENSION	*	
alophen (bisacodyl) 5 mg TABLET, DR/EC	*	
altamist 0.65 % AEROSOL SPRAY	*	
alum-mag hydroxide-simeth 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
aluminum hydroxide gel 320 mg/5 ml SUSPENSION	*	
aminofen 325 mg TABLET	*	
antacid 200-200-20 mg/5 ml SUSPENSION	*	
antacid (calcium carbonate) 200 mg calcium (500 mg), 215 mg calcium (500 mg) CHEWABLE TABLET	*	
antacid anti-gas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
antacid calcium 215 mg calcium (500 mg) CHEWABLE TABLET	*	
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 ultra strength 400 mg calcium (1,000 mg), 430 mg calcium (1,000 mg) CHEWABLE TABLET	*	
antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
anti-dandruff 1 % SHAMPOO	*	
anti-dandruff with menthol 1 % SHAMPOO	*	
anti-diarrheal (loperamide) 1 mg/7.5 ml LIQUID	*	
ANTI-DIARRHEAL (LOPERAMIDE) 2 MG CAPSULE	*	
anti-diarrheal (loperamide) 2 mg TABLET	*	
anti-gas ultra strength 180 mg CAPSULE	*	
anti-itch (hc) 1 % CREAM	*	QL(240 per 30 days)
anti-itch (hc) 1 % OINTMENT	*	QL(240 per 30 days)
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	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
antifungal (miconazole) 2 % POWDER	*	
antifungal (terbinafine) 1 % CREAM	*	
antifungal (tolnaftate) 1 % CREAM	*	
antifungal extra thick 2 % CREAM	*	
antifungal ringworm 1 % CREAM	*	
antifungal spray 1 % AEROSOL POWDER	*	
antiseptic 10 % SOLUTION	*	
antiseptic skin clnsr(chlorhe) 4 % LIQUID	*	
antitussive dm 10-100 mg/5 ml SYRUP	*	
aphen 325 mg TABLET	*	
aquaphor itch relief 1 % OINTMENT	*	QL(240 per 30 days)
arginine (l-arginine) POWDER	*	
arginine (l-arginine) 500 mg CAPSULE	*	
arginine (l-arginine) 500 mg POWDER IN PACKET	*	
arginine (l-arginine) 500 mg TABLET	*	
arginine hcl (l-arginine) 1,000 mg TABLET	*	
arginine hcl (l-arginine) 500 mg CAPSULE	*	
arthritis pain (diclofenac) 1 % GEL	*	QL(1000 per 30 days)
arthritis pain relief (acetam) 650 mg TABLET ER	*	
arthritis pain relief(capsaic) 0.075 %, 0.1 % CREAM	*	
arthritis pain reliever 650 mg TABLET ER	*	
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(dext70-hypro) 0.1-0.3 % DROPS	*	
artificial tears(pg-hypm-glyc) 1-0.2-0.2 % DROPS	*	
artificial tears(pvalch-povid) 0.5-0.6 % DROPS	*	
ascorbic acid (vitamin c) 250 mg, 500 mg CHEWABLE TABLET	*	
ascorbic acid (vitamin c) 250 mg, 500 mg TABLET	*	
ascorbic acid (vitamin c) 500 mg TABLET, DR/EC	*	
ascorbic acid (vitamin c) 500 mg/ml SOLUTION	*	
ascorbic acid-ascorbate sodium 500 mg CHEWABLE TABLET	*	
aspercreme arthritis pain 1 % GEL	*	QL(1000 per 30 days)
aspirin 325 mg, 81 mg TABLET	*	
aspirin 325 mg, 81 mg TABLET, DR/EC	*	
aspirin 81 mg CHEWABLE TABLET	*	
aspirin childrens 81 mg CHEWABLE TABLET	*	
aspirin,buffd-calcium carb-mag 325 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
athenol 325 mg TABLET	*	
athlete's foot 2 % POWDER	*	
athlete's foot (clotrimazole) 1 % CREAM	*	
athlete's foot (terbinafine) 1 % CREAM	*	
athlete's foot (tolnaftate) 1 % AEROSOL POWDER	*	
athlete's foot (tolnaftate) 1 % CREAM	*	
athletic foot cream 1 % CREAM	*	
AVEENO ANTI-ITCH (HYDROCORTSN) 1 % CREAM	*	
AYR SALINE 0.65 % AEROSOL SPRAY	*	
AYR SALINE 0.65 % DROPS	*	
AZO URINARY PAIN RELIEF 95 MG TABLET	*	
b complex 1 (with folic acid) 0.4 mg TABLET	*	
b complex 100 100-2-100-2-2 mg/ml SOLUTION	*	
b-50 complex (with herbs) 400 mcg-0.05 mg -50 mcg TABLET	*	
b-complex TABLET	*	
b-sure 50 % PADS, MEDICATED	*	
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	*	
BACTOSHIELD CHG 4 % LIQUID	*	
balance b-50 (with folic acid) 0.4 mg TABLET	*	
balanced b-100 0.4 mg TABLET	*	
balanced b-100 400 mcg TABLET ER	*	
balanced b-50 TABLET	*	
ban-acid 300 mg (750 mg) CHEWABLE TABLET	*	
BAND-AID PLUS ANTIBIOTIC 500-10,000 UNIT/GRAM BANDAGE	*	
banophen 25 mg TABLET	*	
banophen 25 mg, 50 mg CAPSULE	*	
bayer aspirin 325 mg TABLET, DR/EC	*	
bayer low dose aspirin 81 mg TABLET, DR/EC	*	
baza antifungal 2 % CREAM	*	
beauty 360 daily moisturizing 1.2 % LOTION	*	
BENADRYL 25 MG CAPSULE	*	
benadryl allergy 25 mg TABLET	*	
BENEFIBER HEALTHY SHAPE 5 GRAM/7.4 GRAM POWDER	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BENEFIBER SUGAR FREE (DEXTRIN) 3 GRAM/3.8 GRAM, 3 GRAM/4 GRAM POWDER	*	
BENEFIBER SUGAR FREE (DEXTRIN) 3 GRAM/4 GRAM POWDER IN PACKET	*	
benzonatate 100 mg, 150 mg, 200 mg CAPSULE	*	
benzoyl peroxide 10 %, 5 % CLEANSER	*	
benzoyl peroxide 10 %, 5 % GEL	*	
best fiber 3 gram/3.5 gram POWDER	*	
BETADINE 10 % SOLUTION	*	
BETASEPT SURGICAL SCRUB 4 % LIQUID	*	
BIOCAL 500 MG-100 UNIT -45 MG-800 MCG CAPSULE	*	
biocotron 10-100 mg/5 ml LIQUID	*	
BION TEARS (PF) 0.1-0.3 % DROPPERETTE	*	
biotene dry mouth oral rinse MOUTHWASH	*	
bisacodyl 10 mg SUPPOSITORY	*	
bisacodyl 5 mg TABLET, DR/EC	*	
black-draught lax-senna 8.6 mg TABLET	*	
BLOOD SUGAR MANAGER 300 MCG DFE- 20 MG TABLET	*	
bonine 25 mg CHEWABLE TABLET	*	
bp wash 10 %, 5 % CLEANSER	*	
bromfed dm 2-30-10 mg/5 ml SYRUP	*	
bufferin 325 mg TABLET	*	
c-1000 1,000 mg TABLET	*	
c-1000 1,000 mg TABLET ER	*	
c-500 500 mg CHEWABLE TABLET	*	
c-500 500 mg TABLET	*	
c-500 500 mg TABLET ER	*	
c-lax laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
CADEAU DHA 29 MG IRON- 1 MG-150 MG CAPSULE	*	
cal-citrate 250 mg-2.5 mcg (100 unit) TABLET	*	
cal-gest antacid 200 mg calcium (500 mg) CHEWABLE TABLET	*	
CAL-QUICK 500 MG-10 MCG (400 UNIT)/5 ML LIQUID	*	
calcium 500 + d 500 mg-10 mcg (400 unit) CHEWABLE TABLET	*	
calcium 500 + d 500 mg-10 mcg (400 unit), 500 mg-5 mcg (200 unit) TABLET	*	
calcium 500 with d 500 mg-10 mcg (400 unit) TABLET	*	
calcium 600 + d(3) 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit) TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium 600 + d(3) 600 mg-5 mcg (200 unit) CAPSULE	*	
calcium 600 with vitamin d3 600 mg-10 mcg (400 unit) CHEWABLE TABLET	*	
calcium 600 with vitamin d3 600 mg-12.5 mcg (500 unit) CAPSULE	*	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg) CHEWABLE TABLET	*	
calcium carbonate 200 mg calcium (500 mg), 400 mg calcium (1,000 mg), 500 mg calcium (1,250 mg) CHEWABLE TABLET	*	
calcium carbonate 500 mg calcium (1,250 mg) TABLET	*	
calcium carbonate 500 mg/5 ml (1,250 mg/5 ml) SUSPENSION	*	
calcium carbonate-vit d3-min 600 mg-10 mcg (400 unit) TABLET	*	
calcium carbonate-vitamin d3 1,000 mg-20 mcg (800 unit), 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit) TABLET	*	
calcium carbonate-vitamin d3 500 mg-10 mcg (400 unit), 500 mg-2.5 mcg (100 unit) CHEWABLE TABLET	*	
calcium carbonate-vitamin d3 600 mg-10 mcg (400 unit), 600 mg-12.5 mcg (500 unit), 600 mg-25 mcg (1,000 unit), 600 mg-5 mcg (200 unit), 600 mg-62.5 mcg (2,500 unit) CAPSULE	*	
calcium citrate + d 315 mg-5 mcg (200 unit) TABLET	*	
calcium citrate-vitamin d3 1,000 mg-10 mcg /30 ml LIQUID	*	
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 with vitamin d 600 mg-10 mcg (400 unit) TABLET	*	
CALTRATE 600 PLUS D 600 MG-20 MCG (800 UNIT) CHEWABLE TABLET	*	
CALTRATE WITH VITAMIN D3 600 MG-20 MCG (800 UNIT) TABLET	*	
capsaicin 0.075 %, 0.1 % CREAM	*	
capsaicin hp 0.1 % CREAM	*	
capsaid es 0.1 % CREAM	*	
CAPZASIN-HP 0.1 % CREAM	*	
capzix 0.1 % CREAM	*	
carboxymethylcellulose sodium 0.5 % DROPPERETTE	*	
carboxymethylcellulose sodium 0.5 % DROPS	*	
carboxymethylcellulose sodium 1 % DROPPERETTE, GEL	*	
carboxymethylcellulose sodium 1 % DROPS, LIQUID GEL	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cetiri-d 5-120 mg TABLET, ER 12 HR.	*	
cetirizine 10 mg, 5 mg TABLET	*	
cetirizine-pseudoephedrine 5-120 mg TABLET, ER 12 HR.	*	
CHEST CONGESTION RELIEF 100 MG/5 ML LIQUID	*	
chest congestion relief dm 10-100 mg/5 ml SYRUP	*	
chest congestion relief dm 20-400 mg TABLET	*	
chest congestion-cough relief 20-400 mg TABLET	*	
child chest congestion-cough 5-100 mg/5 ml LIQUID	*	
child cough-chest congest dm 5-100 mg/5 ml LIQUID	*	
child delsym cough-chest dm 5-100 mg/5 ml LIQUID	*	
child mucus relief cough 5-100 mg/5 ml LIQUID	*	
child mucus relief expectorant 100 mg/5 ml LIQUID	*	
child pain rel-fever reducer 120 mg SUPPOSITORY	*	
child probiotic digest-immune 5 billion cell CHEWABLE TABLET	*	
children's acetaminophen 160 mg/5 ml LIQUID	*	
children's acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml) SUSPENSION	*	
CHILDREN'S ALAWAY 0.025 % (0.035 %) DROPS	*	
children's allergy (diphenhyd) 12.5 mg/5 ml LIQUID	*	
children's aspirin 81 mg CHEWABLE TABLET	*	
children's chest congestion 100 mg/5 ml LIQUID	*	
children's cough 5-100 mg/5 ml LIQUID	*	
children's cough dm er 30 mg/5 ml SUSPENSION, ER 12 HR.	*	
CHILDREN'S DELSYM COUGH 30 MG/5 ML SUSPENSION, ER 12 HR.	*	
children's fever reducing 120 mg SUPPOSITORY	*	
children's giltuss cough-chest 10-100 mg/5 ml LIQUID	*	
children's mucinex cough 5-100 mg/5 ml LIQUID	*	
children's non-aspirin 160 mg/5 ml SUSPENSION	*	
children's pain relief 160 mg/5 ml ELIXIR	*	
children's pain relief 160 mg/5 ml SUSPENSION	*	
children's pain reliever 160 mg/5 ml SUSPENSION	*	
children's pain-fever relief 160 mg/5 ml LIQUID	*	
children's pain-fever relief 160 mg/5 ml SUSPENSION	*	
children's probiotic 5 billion cell CHEWABLE TABLET	*	
children's saline nasal spray 0.65 % AEROSOL SPRAY	*	
CHILDREN'S SLEEP (MELATONIN) 1 MG CHEWABLE TABLET	*	
children's sleep (melatonin) 1 mg/ml LIQUID	*	
children's wal-dryl allergy 12.5 mg/5 ml LIQUID	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's wal-dryl allergy 12.5 mg/5 ml PREFILLED SPOON	*	
childrens chewable probiotic 1.5 billion cell CHEWABLE TABLET	*	
chld robitussin cough-chest dm 5-100 mg/5 ml LIQUID	*	
CHLORAPREP CLEAR 2-70 % SOLUTION	*	
CHLORAPREP ONE STEP 2-70 % SWAB	*	
CHLORHEXIDINE (BULK) LIQUID	*	
chlorhexidine gluconate 2 % TOWELETTE	*	
chlorhexidine gluconate 2 %, 4 % LIQUID	*	
chlorpheniramine maleate 4 mg TABLET	*	
chlortabs 4 mg TABLET	*	
cholecalciferol (vitamin d3) 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit) CAPSULE	*	
cholecalciferol (vitamin d3) 10 mcg (400 unit) CHEWABLE TABLET	*	
cholecalciferol (vitamin d3) 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit) TABLET	*	
citracal + d maximum 315 mg-6.25 mcg (250 unit) TABLET	*	
citracal regular 250 mg-5 mcg (200 unit) TABLET	*	
CITRACAL-D3 PETITES 200 MG-6.25 MCG (250 UNIT) TABLET	*	
citrate of magnesia SOLUTION	*	
CITROMA SOLUTION	*	
CITRUCEL (SUCROSE) POWDER	*	
CITRUCEL SUGAR FREE POWDER	*	
CLARITIN 10 MG TABLET	*	
CLARITIN REDITABS 10 MG TABLET, DISINTEGRATING	*	
CLARITIN-D 12 HOUR 5-120 MG TABLET, ER 12 HR.	*	
CLARITIN-D 24 HOUR 10-240 MG TABLET, ER 24 HR.	*	
CLASSIC PRENATAL 28 MG IRON- 800 MCG TABLET	*	
clear eyes natural tears 0.5-0.6 % DROPS	*	
clearlax 17 gram POWDER IN PACKET	*	
clearlax 17 gram/dose POWDER	*	
clearshield sodium chlor flush SYRINGE	*	
CLINICLEAN 4 % LIQUID	*	
clotrimazole 1 % CREAM	*	
clotrimazole 3 day 2 % CREAM	*	
clotrimazole af 1 % CREAM	*	
clotrimazole-3 2 % CREAM	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clotrimazole-7 1 % CREAM	*	
codeine-guaifenesin 10-100 mg/5 ml LIQUID	*	
col-rite 100 mg CAPSULE	*	
COLACE 100 MG CAPSULE	*	
COLACE 2-IN-1 8.6-50 MG TABLET	*	
comfort gel 200-200-20 mg/5 ml SUSPENSION	*	
comfort gel extra strength 400-400-40 mg/5 ml SUSPENSION	*	
complete allergy 25 mg TABLET	*	
complete allergy medicine 25 mg CAPSULE	*	
complete allergy medicine 25 mg TABLET	*	
complex b-100 400 mcg TABLET ER	*	
CONCEPTIONXR REPRODUCTIVE 250-200-500-10 MG-UNIT-MCG-MG TABLET	*	
cool bottoms 1 % CREAM	*	
corn starch POWDER	*	
CORRECTOL 5 MG TABLET	*	
cortisone (hydrocortisone) 1 % CREAM	*	QL(240 per 30 days)
cortisone with aloe 1 % CREAM	*	
cortizone-10 1 % CREAM	*	QL(240 per 30 days)
cortizone-10 1 % OINTMENT	*	QL(240 per 30 days)
cortizone-10 feminine itch 1 % CREAM	*	
cortizone-10 with aloe 1 % CREAM	*	
cough dm er 30 mg/5 ml SUSPENSION, ER 12 HR.	*	
cough syrup 100 mg/5 ml LIQUID	*	
cough syrup dm 5-50 mg/5 ml SYRUP	*	
cough-chest congestion dm 5-100 mg/5 ml LIQUID	*	
cranberry-probiotc(blend)-vitc 150 mm cell- 250 mg-30 mg TABLET	*	
curae 1.5 mg TABLET	*	
cyanocobalamin (vitamin b-12) 1,000 mcg CAPSULE	*	
cyanocobalamin (vitamin b-12) 1,000 mcg SUBLINGUAL TABLET	*	
cyanocobalamin (vitamin b-12) 1,000 mcg TABLET	*	
cyanocobalamin (vitamin b-12) 1,000 mcg TABLET ER	*	
cyanocobalamin (vitamin b-12) 1,000 mcg/15 ml LIQUID	*	
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL	*	
d3-2000 50 mcg (2,000 unit) CAPSULE	*	
d3-5000 125 mcg (5,000 unit) CAPSULE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
daily fiber (psyllium-sucrose) 3 gram/7 gram, 3.4 gram/12 gram, 3.4 gram/7 gram POWDER	*	
dandruff shampoo (selen-aloe) 1 % SHAMPOO	*	
dandruff shampoo (selenium) 1 % SHAMPOO	*	
daylogic acne foaming wash 10 % CLEANSER	*	
daylogic acne treatment 10 % GEL	*	
decara 1,250 mcg (50,000 unit) CAPSULE	*	
deep sea nasal 0.65 % AEROSOL SPRAY	*	
DELSYM 12 HOUR 30 MG/5 ML SUSPENSION, ER 12 HR.	*	
delsym cough-chest congest dm 5-100 mg/5 ml LIQUID	*	
delta d3 10 mcg (400 unit) TABLET	*	
dermacinrx dimopair 5 % CREAM	*	
dermacinrx skin repair complex 5 % CREAM	*	
dermafungal 2 % CREAM	*	
desenex 2 % CREAM	*	
desenex 2 % POWDER	*	
dextromethorphan polistirex 30 mg/5 ml SUSPENSION, ER 12 HR.	*	
dextromethorphan-guaifenesin 10-100 mg/5 ml SYRUP	*	
dextromethorphan-guaifenesin 10-100 mg/5 ml, 5-100 mg/5 ml LIQUID	*	
dextromethorphan-guaifenesin 20-400 mg TABLET	*	
diabetic tussin dm 10-100 mg/5 ml LIQUID	*	
dialyvite 800 0.8 mg TABLET	*	
DIALYVITE 800 800 MCG CHEWABLE TABLET	*	
DIALYVITE CHEWABLE PROBIOTIC 10 BILLION CELL CHEWABLE TABLET	*	
dialyvite vitamin d 125 mcg (5,000 unit) CAPSULE	*	
diamode 2 mg TABLET	*	
dibucaine 1 % OINTMENT	*	
diclofenac sodium 1 % GEL	*	QL(1000 per 30 days)
DIFFERIN 0.1 % GEL	*	QL(45 per 30 days)
dimenhydrinate 50 mg TABLET	*	
dimethicone 2 % CREAM	*	
diphen 25 mg TABLET	*	
diphenhydramine hcl 12.5 mg/5 ml ELIXIR	*	
diphenhydramine hcl 25 mg TABLET	*	
diphenhydramine hcl 25 mg, 50 mg CAPSULE	*	
dm max 5-100 mg/5 ml LIQUID	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
docosanol 10 % CREAM	*	
docuprene 100 mg TABLET	*	
docusate calcium 240 mg CAPSULE	*	
docusate sodium 100 mg CAPSULE	*	
docusate sodium 100 mg TABLET	*	
docusate sodium 50 mg/5 ml LIQUID	*	
docuzen 8.6-50 mg TABLET	*	
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	*	
DRAMAMINE 50 MG TABLET	*	
dramamine (meclizine) 25 mg CHEWABLE TABLET	*	
dramamine (meclizine) 25 mg TABLET	*	
dramamine less drowsy 25 mg TABLET	*	
driminate 50 mg TABLET	*	
dry eye relief 1-0.2-0.2 % DROPS	*	
dry mouth MOUTHWASH	*	
DULCOLAX (BISACODYL) 10 MG SUPPOSITORY	*	
DULCOLAX (BISACODYL) 5 MG TABLET, DR/EC	*	
dulcolax (magnesium hydroxide) 400 mg/5 ml SUSPENSION	*	
dulcolax stool softener (dss) 100 mg CAPSULE	*	
DUREX AIR CONDOM DEVICE	*	
DUREX AVANTI BARE REAL FEEL MISCELLANEOUS	*	
DUREX EXTRA SENSITIVE CONDOM DEVICE	*	
DUREX TROPICAL CONDOM DEVICE	*	
DYNA-HEX 2 %, 4 % LIQUID	*	
EC MATRIXX 100-100 MG TABLET	*	
econtra ez 1.5 mg TABLET	*	
econtra one-step 1.5 mg TABLET	*	
ecotrin low strength 81 mg TABLET, DR/EC	*	
ed chlorped jr 2 mg/5 ml SYRUP	*	
effaclar adapalene 0.1 % GEL	*	QL(45 per 30 days)
efferves pain relief antacid 325 mg TABLET, EFFERVESCENT	*	
EMERGEN-C 500 MG CHEWABLE TABLET	*	
EMERGEN-C IMMUNE PLUS 250 MG CHEWABLE TABLET	*	
endit (zinc oxide) 20 % OINTMENT	*	
endur-b complex 400 mcg TABLET ER	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enema 19-7 gram/118 ml ENEMA	*	
enema disposable 19-7 gram/118 ml ENEMA	*	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
ergocalciferol (vitamin d2) 50 mcg (2,000 unit) CAPSULE	*	
ergocalciferol (vitamin d2) 50 mcg (2,000 unit) TABLET	*	
estronatural 15-0.2 unit-mg TABLET	*	
evac-u-gen (sennosides) 8.6 mg TABLET	*	
EX-LAX MAXIMUM STRENGTH 25 MG TABLET	*	
expectorant 100 mg/5 ml LIQUID	*	
expectorant cough syrup 100 mg/5 ml LIQUID	*	
expectorant dm 10-100 mg/5 ml SYRUP	*	
extra pain relief 250-250-65 mg TABLET	*	
extraprin 250-250-65 mg TABLET	*	
eye allergy itch relief 0.2 % DROPS	*	
eye allergy itch-redness rlf 0.1 % DROPS	*	
EYE ITCH RELIEF 0.025 % (0.035 %) DROPS	*	
eyes alive 0.5 % DROPPERETTE	*	
famotidine 10 mg, 20 mg TABLET	*	
FANTASY CONDOM DEVICE	*	
FC2 FEMALE CONDOM MISCELLANEOUS	*	
fem moist andlub(glycerin-hec) GEL	*	
fenesin dm ir 20-400 mg TABLET	*	
feosol 325 mg (65 mg iron) TABLET	*	
ferate 240 mg (27 mg iron) TABLET	*	
ferosul 325 mg (65 mg iron) TABLET	*	
ferrex 150 150 mg iron CAPSULE	*	
ferric x-150 150 mg iron CAPSULE	*	
ferro-time 325 mg (65 mg iron) TABLET	*	
ferrous gluconate 240 mg (27 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron) TABLET	*	
ferrous sulfate 220 mg (44 mg iron)/5 ml ELIXIR	*	
ferrous sulfate 220 mg (44 mg iron)/5 ml SOLUTION	*	
ferrous sulfate 325 mg (65 mg iron) TABLET	*	
ferrous sulfate 325 mg (65 mg iron) TABLET, DR/EC	*	
fever reducer 120 mg SUPPOSITORY	*	
FEVERALL 325 MG, 80 MG SUPPOSITORY	*	
fexofenadine 180 mg, 60 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	*	
fiber supplement(wheatdextrin) 3 gram/3.8 gram POWDER	*	
FIBER THERAPY (M-CELL/SUGAR) 2 GRAM/19 GRAM POWDER	*	
fiber therapy (psyllium-sucro) 3 gram/12 gram, 3 gram/7 gram POWDER	*	
fiber therapy(psyl seed-sugar) POWDER	*	
first aid antibiotic 3.5-500-10,000 mg-unit-unit, 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	*	
flanax (naproxen) 220 mg TABLET	*	
flavor chews antacid 300 mg (750 mg) CHEWABLE TABLET	*	
fleet bisacodyl 5 mg TABLET, DR/EC	*	
fleet docusate 100 mg CAPSULE	*	
FLEET ENEMA 19-7 GRAM/118 ML ENEMA	*	
FLEET ENEMA EXTRA 19-7 GRAM/197 ML ENEMA	*	
fleet glycerin (adult) SUPPOSITORY	*	
FLEET PEDIATRIC 9.5-3.5 GRAM/59 ML ENEMA	*	
floramax 1 million cell TABLET	*	
FLORANEX 1 MILLION CELL TABLET	*	
foaming acne face wash 10 % CLEANSER	*	
foaming antacid 95-358 mg/15 ml SUSPENSION	*	
folic acid 1 mg TABLET	1	
folic acid 400 mcg, 800 mcg TABLET	*	
folic acid 5 mg/ml SOLUTION	1	
FOLIKA-BC 1 MG-60 MG- 300 MCG TABLET	*	
foot and sneaker 1 % AEROSOL POWDER	*	
for sty relief OINTMENT	*	
freshkote 2.7-2 % DROPS	*	
fruit c-500 500 mg CHEWABLE TABLET	*	
g tussin ac 10-100 mg/5 ml LIQUID	*	
g-fenesin dm 20-400 mg TABLET	*	
gas relief (simethicone) 180 mg CAPSULE	*	
gas relief ultra strength 180 mg CAPSULE	*	
gas-x ultra-strength 180 mg CAPSULE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gavilax 17 gram/dose POWDER	*	
GAVISCON EXTRA STRENGTH 160-105 MG CHEWABLE TABLET	*	
GAVISCON EXTRA STRENGTH 254-237.5 MG/5 ML SUSPENSION	*	
GELUSIL ANTACID AND ANTI-GAS 200-200-25 MG CHEWABLE TABLET	*	
genteal tears mild 0.1-0.3 % DROPS	*	
GENTEAL TEARS MODERATE 0.1-0.3-0.2 % DROPS	*	
GENTEAL TEARS MODERATE (PF) 0.1-0.3 % DROPPERETTE	*	
GENTEAL TEARS SEVERE GEL 0.3 % GEL	*	
GENTEAL TEARS SEVERE GEL DROPS 0.4-0.3 % DROPS, GEL	*	
GENTEAL TEARS SEVERE(PETROLAT) 94-3 % OINTMENT	*	
gentle laxative (bisacodyl) 10 mg SUPPOSITORY	*	
gentle laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
gentle laxative (mag hydrox) 400 mg/5 ml SUSPENSION	*	
gentlelax 17 gram/dose POWDER	*	
geri-dryl 12.5 mg/5 ml LIQUID	*	
geri-dryl 25 mg TABLET	*	
geri-kot 8.6 mg TABLET	*	
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	*	
geri-tussin 100 mg/5 ml LIQUID	*	
geri-tussin dm 10-100 mg/5 ml LIQUID	*	
giltuss cough-congestion 10-100 mg/5 ml LIQUID	*	
giltuss diabetic 10-100 mg/5 ml LIQUID	*	
giltuss hbp 10-100 mg/5 ml LIQUID	*	
glucose 3.75 gram, 4 gram CHEWABLE TABLET	*	
glucose gel 40 % GEL	*	
glutose-15 40 % GEL	*	
glutose-45 40 % GEL	*	
glutose-5 40 % GEL	*	
glycerin (adult) SUPPOSITORY	*	
glycerin (child) SUPPOSITORY	*	
guaiasorb dm 10-100 mg/5 ml LIQUID	*	
guaifenesin 1,200 mg, 600 mg TABLET, ER 12 HR.	*	
guaifenesin 100 mg/5 ml LIQUID	*	
guaifenesin ac 10-100 mg/5 ml LIQUID	*	
guaifenesin-dm 10-100 mg/5 ml LIQUID	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GYNE-LOTRIMIN 2 % CREAM	*	
gyne-lotrimin 7 1 % CREAM	*	
hand wash 2 % LIQUID	*	
headache relief (asa-acet-caf) 250-250-65 mg TABLET	*	
healthylax 17 gram POWDER IN PACKET	*	
heartburn antacid 160-105 mg CHEWABLE TABLET	*	
heartburn prevention 10 mg, 20 mg TABLET	*	
heartburn relief 160-105 mg CHEWABLE TABLET	*	
heartburn relief 254-237.5 mg/5 ml SUSPENSION	*	
heartburn relief (famotidine) 10 mg, 20 mg TABLET	*	
hemorrhoid OINTMENT	*	
hemorrhoidal OINTMENT	*	
hemorrhoidal 0.25-3 % SUPPOSITORY	*	
hemorrhoidal (phenyleph-cocoa) 0.25-88.44 % SUPPOSITORY	*	
HEMORRHOIDAL (PHENYLEPH-FAT) 0.25-88.7 % SUPPOSITORY	*	
hemorrhoidal (witch hazel) 50 % PADS, MEDICATED	*	
hemorrhoidal hygiene 50 % PADS, MEDICATED	*	
hemorrhoidal-analgesic 1 % OINTMENT	*	
heparin lock flush (porcine) 10 unit/ml SOLUTION	*	
heparin lockflush(porcine)(pf) 10 unit/ml, 100 unit/ml SYRINGE	*	
her style 1.5 mg TABLET	*	
hi-cal plus vit d 500 mg-5 mcg (200 unit) TABLET	*	
HIBICLENS 4 % LIQUID	*	
HYCODAN (WITH HOMATROPINE) 5-1.5 MG TABLET	*	
HYDROCIL POWDER	*	
hydrocodone-chlorpheniramine 10-8 mg/5 ml SUSPENSION, ER 12 HR.	*	
hydrocortisone 0.5 % CREAM	*	
hydrocortisone 1 % CREAM	*	QL(240 per 30 days)
hydrocortisone 1 % CREAM IN PACKET	*	
hydrocortisone 1 % OINTMENT	*	QL(240 per 30 days)
hydrocortisone acetate 0.5 %, 1 % CREAM	*	
hydrocortisone acetate 1 % CREAM IN PACKET	*	
hydrocortisone acetate 1 % OINTMENT	*	
hydrocortisone plus 1 % CREAM	*	
hydrocortisone-aloe vera 0.5 %, 1 % CREAM	*	
hydrocream 1 % CREAM	*	QL(240 per 30 days)
hydromet 5-1.5 mg/5 ml SOLUTION	*	
hydroxocobalamin 1,000 mcg/ml SOLUTION	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hyper-sal 7 % SOLUTION FOR NEBULIZATION	*	
i-prin 200 mg TABLET	*	
ibuprofen 200 mg TABLET	*	
iferex 150 150 mg iron CAPSULE	*	
IMODIUM A-D 1 MG/7.5 ML LIQUID	*	
IMODIUM A-D 2 MG CAPSULE	*	
IMODIUM A-D 2 MG TABLET	*	
infant fever reducer-pain relf 160 mg/5 ml SUSPENSION	*	
infant pain reliever 160 mg/5 ml SUSPENSION	*	
infant's acetaminophen 160 mg/5 ml SUSPENSION	*	
infants' pain and fever 160 mg/5 ml SUSPENSION	*	
infants' pain relief 160 mg/5 ml SUSPENSION	*	
INFUVITE ADULT 3,300 UNIT- 150 MCG/10 ML SOLUTION	*	
INFUVITE PEDIATRIC 80 MG-400 UNIT- 200 MCG/5 ML SOLUTION	*	
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	*	
JARRO-DOPHILUS DIGEST SURE 5 BILLION CELL- 188 MG TABLET	*	
JARRO-DOPHILUS KIDS 500 MILLION CELL-50 MG CHEWABLE TABLET	*	
jock itch 1 % AEROSOL POWDER	*	
jock itch (clotrimazole) 1 % CREAM	*	
jock itch (terbinafine) 1 % CREAM	*	
JOINT HEALTH-BONE STRENGTH 600 MG-25 MCG- 50 MG TABLET	*	
julie 1.5 mg TABLET	*	
k-y lubricating GEL	*	
KALA 30-20 MG TABLET	*	
ketotifen fumarate 0.025 % (0.035 %) DROPS	*	
kids melatonin 1 mg CHEWABLE TABLET	*	
kids vitamin d3 10 mcg (400 unit) CHEWABLE 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	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
kindermed infants pain-fever 160 mg/5 ml SUSPENSION	*	
kindermed kids cough-congest 5-100 mg/5 ml LIQUID	*	
kindermed kids pain-fever 160 mg/5 ml SUSPENSION	*	
kobee 0.4 mg TABLET	*	
konsyl (sugar) 3 gram/12 gram POWDER	*	
KPN 9 MG IRON- 267 MCG TABLET	*	
l-arginine(alpha-ketoglutarat) 350 mg TABLET ER	*	
lactobac acidoph-fructooligos 500 million cell-50 mg TABLET	*	
lactobacillus acidoph-l.bulgar 1 million cell TABLET	*	
lactobacillus acidophilus 0.5 mg (100 million cell), 1 billion cell TABLET	*	
LAMISIL AT 1 % CREAM	*	
lax stool softener with senna 8.6-50 mg TABLET	*	
laxa basic 100 mg CAPSULE	*	
laxacin 8.6-50 mg TABLET	*	
laxaclear 17 gram/dose POWDER	*	
laxative (bisacodyl) 10 mg SUPPOSITORY	*	
laxative (bisacodyl) 5 mg TABLET	*	
laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
laxative (sennosides) 15 mg, 25 mg, 8.6 mg TABLET	*	
laxative peg 3350 17 gram/dose POWDER	*	
laxative pills 25 mg TABLET	*	
laxative pills regular 15 mg TABLET	*	
levomefolate calcium 15 mg, 7.5 mg TABLET	*	
levonorgestrel 1.5 mg TABLET	*	
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	*	
lidocaine 4 % ADHESIVE PATCH, MEDICATED	*	
lintera 10 % CLEANSER	*	
liquid antacid 400-400-40 mg/5 ml SUSPENSION	*	
liquid b-12 1,000 mcg/15 ml LIQUID	*	
liquid calcium with vitamin d 600 mg-5 mcg (200 unit) CAPSULE	*	
little remedies 0.65 % AEROSOL SPRAY	*	
little remedies fever and pain 160 mg/5 ml LIQUID	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
little remedies saline 0.65 % AEROSOL SPRAY	*	
loperamide 1 mg/7.5 ml LIQUID	*	
loperamide 2 mg TABLET	*	
loradamed 10 mg TABLET	*	
lorata-d 10-240 mg TABLET, ER 24 HR.	*	
lorata-dine d 10-240 mg TABLET, ER 24 HR.	*	
loratadine 10 mg TABLET	*	
loratadine 10 mg TABLET, DISINTEGRATING	*	
loratadine-d 10-240 mg TABLET, ER 24 HR.	*	
loratadine-d 5-120 mg TABLET, ER 12 HR.	*	
LORID 1 MG-200 MG- 300 MCG TABLET	*	
lotrimin af 2 % POWDER	*	
LOTRIMIN AF (CLOTRIMAZOLE) 1 % CREAM	*	
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 % DROPS	*	
lubricant eye drops 0.5 % DROPPERETTE	*	
lubricant eye drops 0.5 % DROPS	*	
lubricants GEL	*	
lubricating jelly (chlorhexid) GEL	*	
lubricating plus 0.5 % DROPPERETTE	*	
lubrifresh pm 83-15 % OINTMENT	*	
m-dryl 12.5 mg/5 ml LIQUID	*	
m-pap 160 mg/5 ml LIQUID	*	
MAALOX ADVANCED 200-200-20 MG/5 ML SUSPENSION	*	
maalox maximum strength 400-400-40 mg/5 ml SUSPENSION	*	
MAD NASAL ATOMIZER-1 ML SYRING COMBO PACK	*	
MAG-AL PLUS 200-200-20 MG/5 ML SUSPENSION	*	
mag-al plus extra strength 400-400-40 mg/5 ml SUSPENSION	*	
MAGNEBIND 300 250-300 MG TABLET	*	
magnesium citrate SOLUTION	*	
magnesium hydroxide 400 mg/5 ml SUSPENSION	*	
magnesium oxide 400 mg (241.3 mg magnesium), 400 mg magnesium TABLET	*	
mapap (acetaminophen) 500 mg CAPSULE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
max sleep junior 1 mg/ml LIQUID	*	
maxallergy kids 12.5 mg/5 ml LIQUID	*	
maxi-tuss ac 10-100 mg/5 ml LIQUID	*	
maxi-tuss g 10-100 mg/5 ml LIQUID	*	
maxrelief junior 160 mg/5 ml LIQUID	*	
maxrelief junior 160 mg/5 ml SUSPENSION	*	
maxtussin 100 mg/5 ml LIQUID	*	
maxtussin dm 10-100 mg/5 ml LIQUID	*	
meclizine 25 mg CHEWABLE TABLET	*	
meclizine 25 mg TABLET	*	
medi-meclizine 25 mg TABLET	*	
MEDI-PADS 50 % PADS, MEDICATED	*	
medicated pads 50 % PADS, MEDICATED	*	
medicated wipes 50 % PADS, MEDICATED	*	
mediproxen 220 mg TABLET	*	
melatonin 1 mg, 10 mg, 12 mg, 3 mg, 300 mcg, 5 mg TABLET	*	
melatonin 1 mg, 2.5 mg, 5 mg CHEWABLE TABLET	*	
melatonin 1 mg/4 ml, 10 mg/ml, 3 mg/4 ml DROPS	*	
melatonin 1 mg/ml, 2.5 mg/10 ml, 5 mg/15 ml LIQUID	*	
melatonin 10 mg, 3 mg, 5 mg CAPSULE	*	
melatonin-lemon balm leaf extr 10-1 mg TABLET	*	
melatonin-pyridoxine hcl (b6) 3-10 mg TABLET	*	
menopause support 30-400-80 unit-mcg-mg TABLET	*	
META APPETITE CTRL (ASPARTAME) 3 GRAM/5.8 GRAM POWDER	*	
METAMUCIL 3.4 GRAM/5.4 GRAM POWDER	*	
metamucil (sugar) POWDER	*	
METAMUCIL (WITH SUGAR) 3 GRAM/7 GRAM, 3.4 gram/12 gram, 3.4 GRAM/7 GRAM POWDER	*	
METAMUCIL FREE (WITH SUGAR) 3 GRAM/7 GRAM POWDER	*	
METAMUCIL MULTIHEALTH FIBER 3.4 GRAM/5.8 GRAM POWDER	*	
METAMUCIL SUGAR-FREE (ASPART) 3.4 GRAM/5.8 GRAM POWDER	*	
metamucil sunrise POWDER	*	
mgo 400 mg (241.3 mg magnesium) TABLET	*	
miconazole nitrate 2 % CREAM	*	
miconazole nitrate 2 % POWDER	*	
miconazole-3 200 mg- 2 % (9 gram) KIT	*	
miconazole-3 4 % (200 mg)- 2 % (9 gram) COMBO PACK, PREFILL, CREAM	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
miconazole-3 prefil,cream,wipe 4 % (200 mg)- 2 % (9 gram) KIT	*	
miconazole-7 2 % CREAM	*	
miconazorb af 2 % POWDER	*	
micotrin ac 1 % CREAM	*	
micotrin ap 2 % POWDER	*	
micro-guard 2 % POWDER	*	
microdot glucose gel 40 % GEL	*	
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 PRENATAL 6.75 MG IRON- 200 MCG TABLET	*	
mintox maximum strength 400-400-40 mg/5 ml SUSPENSION	*	
mintox plus 200-200-25 mg CHEWABLE TABLET	*	
MIRALAX 17 GRAM POWDER IN PACKET	*	
MIRALAX 17 GRAM/DOSE POWDER	*	
mix-in laxative 17 gram POWDER IN PACKET	*	
monistat 1 (tioconazole) 6.5 % OINTMENT	*	
MONISTAT 1 COMBO PACK 1,200-2 MG-% KIT	*	
monistat 3 200 mg- 2 % (9 gram) KIT	*	
MONISTAT 3 4 % (200 MG)- 2 % (9 GRAM) COMBO PACK, PREFILL, CREAM	*	
MONISTAT 7 2 % CREAM	*	
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 CHEWABLE TABLET	*	
motion sickness relief(mecliz) 25 mg TABLET	*	
motion-time 25 mg CHEWABLE TABLET	*	
motrin arthritis pain 1 % GEL	*	QL(1000 per 30 days)
MOTRIN IB 200 MG TABLET	*	
move it along 100 mg TABLET	*	
MUCINEX 1,200 MG, 600 MG TABLET, ER 12 HR.	*	
mucinex fast-max dm max 5-100 mg/5 ml LIQUID	*	
mucinex fast-max kick cong-cgh 5-100 mg/5 ml LIQUID	*	
mucosa dm 20-400 mg TABLET	*	
mucus relief dm 20-400 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mucus relief dm cough 20-400 mg TABLET	*	
mucus relief dm max 5-100 mg/5 ml LIQUID	*	
mucus relief er 1,200 mg, 600 mg TABLET, ER 12 HR.	*	
MUCUS-CHEST CONGESTION 100 MG/5 ML LIQUID	*	
mucus-er max 1,200 mg TABLET, ER 12 HR.	*	
multi antibiotic plus 3.5-10,000-10 mg-unit-mg/gram CREAM	*	
multihealth fiber 3.4 gram/5.8 gram POWDER	*	
multihealth fiber (sugar) 3.4 gram/7 gram POWDER	*	
MULTIVITAMIN-ZINC-STRESS 500 MG-400 MCG- 23.9 MG-3 MG TABLET	*	
mvi, adult no.4 with vit k 3,300 unit- 150 mcg/10 ml SOLUTION	*	
mvi, pedi no.1 with vit k 80 mg-400 unit- 200 mcg/5 ml SOLUTION	*	
my choice 1.5 mg TABLET	*	
my way 1.5 mg TABLET	*	
mycozyl ac 1 % CREAM	*	
mycozyl ap 2 % POWDER	*	
myferon 150 150 mg iron CAPSULE	*	
mylanta maximum strength 400-400-40 mg/5 ml SUSPENSION	*	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL	*	
naproxen sodium 220 mg TABLET	*	
naramin 12.5 mg/5 ml LIQUID IN PACKET	*	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL	*	
nasal moisturizing 0.65 % AEROSOL SPRAY	*	
nasal spray (sodium chloride) 0.65 % AEROSOL SPRAY	*	
natura-lax 17 gram/dose POWDER	*	
natural daily fiber 3.4 gram/5.8 gram POWDER	*	
natural fiber laxative (sugar) POWDER	*	
natural fiber laxative(aspart) POWDER	*	
natural senna laxative 8.6 mg TABLET	*	
natural tears (pf) 0.1-0.3 % DROPPERETTE	*	
natural veg laxative(sennosid) 8.6 mg TABLET	*	
nebusal 3 % SOLUTION FOR NEBULIZATION	*	
neosporin (neo-bac-polym) 3.5-400-5,000 mg-unit-unit OINTMENT IN PACKET	*	
NEOSPORIN (NEO-BAC-POLYM) 3.5MG-400 UNIT- 5,000 UNIT/GRAM OINTMENT	*	
neosporin plus burn relief 3.5-500-10,000 mg-unit-unit/g OINTMENT	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEOSPORIN PLUS PAIN RELIEF 3.5-10,000-10 MG-UNIT-MG/GRAM CREAM	*	
NEOSPORIN PLUS PAINRELIEF(BAC) 3.5-500-10,000 MG-UNIT-UNIT/G OINTMENT	*	
NEOSPORIN-PAIN ITCH SCAR 3.5-500-10,000 MG-UNIT-UNIT/G OINTMENT	*	
neutraphor 1 % CREAM	*	
new day 1.5 mg TABLET	*	
niacin 100 mg, 250 mg, 50 mg, 500 mg TABLET	*	
niacin (inositol niacinate) 500 mg TABLET	*	
niacinamide 250 mg, 50 mg, 500 mg TABLET	*	
NICODERM CQ 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR PATCH, 24 HR.	*	
NICORETTE 2 MG, 4 MG GUM	*	
nicorette 2 mg, 4 mg LOZENGE	*	
NICORETTE 2 MG, 4 MG MINI LOZENGE	*	
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	*	
nighttime allergy relief 25 mg TABLET	*	
nighttime dry-eye relief 57.3-42.5 % OINTMENT	*	
nighttime sleep aid (diphen) 25 mg TABLET	*	
NIX CREME RINSE 1 % LIQUID	*	
noble formula hc 1 % CREAM	*	QL(240 per 30 days)
non-aspirin 160 mg/5 ml SUSPENSION	*	
non-aspirin 325 mg TABLET	*	
normal saline flush SYRINGE	*	
nortemp 160 mg/5 ml SUSPENSION	*	
NU-IRON 150 MG IRON CAPSULE	*	
NUPERCAINAL 1 % OINTMENT	*	
nusyllium 3.4 gram/12 gram POWDER	*	
nytol 25 mg TABLET	*	
odor control foot-sneaker 1 % AEROSOL POWDER	*	
olopatadine 0.1 %, 0.2 % DROPS	*	
ONE A DAY WOMEN'S PRENATAL DHA 28 MG IRON- 800 MCG COMBO PACK	*	
one daily prenatal 28-800-440 mg-mcg-mg COMBO PACK	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ONE-A-DAY PRENATAL-1 27 MG IRON- 800 MCG-235 MG CAPSULE	*	
onelax bisacodyl 10 mg SUPPOSITORY	*	
onelax docusate sodium 50 mg/5 ml LIQUID	*	
onelax fiber (with sucrose) 3.4 gram/12 gram POWDER	*	
onelax magnesium citrate SOLUTION	*	
onelax senna 8.8 mg/5 ml SYRUP	*	
onevite calcium-d3 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit) TABLET	*	
opcicon one-step 1.5 mg TABLET	*	
OPILL 0.075 MG TABLET	*	
optimal d3 1,250 mcg (50,000 unit) CAPSULE	*	
option-2 1.5 mg TABLET	*	
oral relief dry mouth SPRAY WITH PUMP	*	
ORAZINC 50 MG ZINC (220 MG) CAPSULE	*	
ORTHO-TABS 500 MG-400 UNIT -15 MCG-200 MCG TABLET	*	
overnight lubricating eye 94-3 % OINTMENT	*	
oysco 500/d 500 mg-5 mcg (200 unit) TABLET	*	
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	*	
p-col rite 8.6-50 mg TABLET	*	
pain relief (acetaminophen) 160 mg/5 ml LIQUID	*	
pain relief (acetaminophen) 325 mg TABLET	*	
pain relief (acetaminophen) 650 mg TABLET ER	*	
pain relief (ibuprofen) 200 mg TABLET	*	
pain reliever (acetam-aspirin) 250-250-65 mg TABLET	*	
pain reliever (acetaminophen) 325 mg TABLET	*	
pain reliever (acetaminophen) 650 mg SUPPOSITORY	*	
pain reliever plus 250-250-65 mg TABLET	*	
pain-off 250-250-65 mg TABLET	*	
panoxyl 10 % CLEANSER	*	
PATADAY ONCE DAILY RELIEF 0.2 % DROPS	*	
PATADAY TWICE DAILY RELIEF 0.1 % DROPS	*	
pediatric enema 9.5-3.5 gram/59 ml ENEMA	*	
PEPCID AC 10 MG TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
perdiem overnight relief 15 mg TABLET	*	
PERSA-GEL 10 % GEL	*	
personal lubricating jelly GEL	*	
pharbechlor 4 mg TABLET	*	
pharbedryl 25 mg, 50 mg CAPSULE	*	
pharbetol 325 mg TABLET	*	
pharbinex-dm 20-400 mg TABLET	*	
PHAZYME 180 MG CAPSULE	*	
phenazopyridine 95 mg TABLET	*	
PHILLIPS MILK OF MAGNESIA 400 MG/5 ML SUSPENSION	*	
phillips' liqui-gels 100 mg CAPSULE	*	
phytonadione (vitamin k1) 1 mg/0.5 ml SYRINGE	*	
phytonadione (vitamin k1) 1 mg/0.5 ml, 10 mg/ml SOLUTION	*	
phytonadione (vitamin k1) 5 mg TABLET	*	
PLAN B ONE-STEP 1.5 MG TABLET	*	
pnv no.95-ferrous fumarate-fa 28 mg iron- 800 mcg TABLET	*	
poly bacitracin (zinc) 500-10,000 unit/gram OINTMENT	*	
poly-iron 150 mg iron CAPSULE	*	
polyethylene glycol 3350 17 gram POWDER IN PACKET	*	
polyethylene glycol 3350 17 gram/dose POWDER	*	
polysaccharide iron complex 150 mg iron CAPSULE	*	
POLYSPORIN 500-10,000 UNIT/GRAM OINTMENT	*	
POLYSPORIN 500-10,000 UNIT/GRAM OINTMENT IN PACKET	*	
polyvinyl alcohol 1.4 % DROPS	*	
povidone-iodine 10 % LIQUID IN PACKET	*	
povidone-iodine 10 % SOLUTION	*	
povidone-iodine 10 % SPRAY, NON-AEROSOL	*	
powderlax 17 gram POWDER IN PACKET	*	
powderlax 17 gram/dose POWDER	*	
pre-moistened medicated wipes PADS	*	
prenatal 28 mg iron- 800 mcg, 28-800 mg-mcg TABLET	*	
prenatal + dha 28 mg iron- 975 mcg-200 mg, 28 mg iron-800 mcg-200 mg COMBO PACK	*	
prenatal complete 14 mg iron- 400 mcg TABLET	*	
prenatal formula 28 mg iron- 800 mcg, 9 mg iron- 267 mcg TABLET	*	
PRENATAL FORMULA-DHA 28 MG-800 MCG- 200 MG CAPSULE	*	
prenatal multi 27-800 mg-mcg TABLET	*	
prenatal multi-dha (algal oil) 27mg iron- 800 mcg-250 mg CAPSULE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prenatal multi-dha(with vit k) 27 mg iron-800 mcg-260 mg CAPSULE	*	
prenatal multivitamins 28 mg iron- 800 mcg TABLET	*	
prenatal one daily 27 mg iron- 800 mcg TABLET	*	
prenatal tablet 28 mg iron- 800 mcg TABLET	*	
prenatal vit no.179-iron-folic 28 mg iron- 800 mcg TABLET	*	
prenatal vit-iron fum-folic ac 28 mg iron- 800 mcg TABLET	*	
prenatal vitamin 27 mg iron- 0.8 mg, 27 mg iron- 800 mcg TABLET	*	
prenatal vitamin plus low iron 27 mg iron- 1 mg TABLET	*	
prenatal vitamin with minerals 28 mg iron- 800 mcg TABLET	*	
PREPARATION H 0.25-14-74.9 % OINTMENT	*	
preparation h (pe) 0.25 % SUPPOSITORY	*	
preparation h (witch hazel) 20 %, 50 % PADS, MEDICATED	*	
preparation h hydrocortisone 1 % CREAM	*	QL(240 per 30 days)
probiotic acidophilus (4 strn) 1 billion cell- 250 mg TABLET	*	
probiotic colon support 70 mg (5 billion cell) TABLET, DR/EC	*	
promethazine-codeine 6.25-10 mg/5 ml SYRUP	*	
promethazine-dm 6.25-15 mg/5 ml SOLUTION	*	
promolaxin 100 mg TABLET	*	
psyllium husk (with sugar) 3 gram/7 gram POWDER	*	
pulmosal 7 % SOLUTION FOR NEBULIZATION	*	
pure and gentle (saline) 19-7 gram/118 ml ENEMA	*	
pure l-citrulline 600 mg CAPSULE	*	
purelax 17 gram POWDER IN PACKET	*	
purelax 17 gram/dose POWDER	*	
purevita folic acid 400 mcg TABLET	*	
purevita vitamin d3 25 mcg (1,000 unit) TABLET	*	
pvp prep 10 % SOLUTION	*	
pyridoxine (vitamin b6) 100 mg/ml SOLUTION	*	
pyridoxine (vitamin b6) 25 mg TABLET	*	
quit 2 2 mg GUM	*	
quit 2 2 mg LOZENGE	*	
quit 4 4 mg GUM	*	
quit 4 4 mg LOZENGE	*	
READY-TO-USE ENEMA 19-7 GRAM/118 ML ENEMA	*	
READYPREP CHG 2 % TOWELETTE	*	
readyprep pvp 10 % SOLUTION	*	
refenesen dm 20-400 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REFRESH CELLUVISC 1 % DROPPERETTE, GEL	*	
REFRESH CLASSIC (PF) 1.4-0.6 % DROPPERETTE	*	
REFRESH DIGITAL 0.5-1-0.5 % DROPS	*	
REFRESH DIGITAL PF 0.5-1-0.5 % DROPPERETTE	*	
REFRESH LACRI-LUBE 56.8-42.5 % OINTMENT	*	
REFRESH LIQUIGEL 1 % DROPS, LIQUID GEL	*	
REFRESH OPTIVE 0.5-0.9 % DROPS	*	
REFRESH OPTIVE 1-0.9 % DROPS, GEL	*	
REFRESH OPTIVE ADVANCED 0.5-1-0.5 % DROPS	*	
REFRESH OPTIVE ADVANCED (PF) 0.5-1-0.5 % DROPPERETTE	*	
REFRESH OPTIVE MEGA-3 (PF) 0.5-1-0.5 % DROPPERETTE	*	
REFRESH OPTIVE SENSITIVE (PF) 0.5-0.9 % DROPPERETTE	*	
REFRESH P.M. 57.3-42.5 % OINTMENT	*	
REFRESH PLUS 0.5 % DROPPERETTE	*	
REFRESH RELIEVA 0.5-0.9 % DROPS	*	
REFRESH RELIEVA PF 0.5-0.9 % DROPS	*	
REFRESH TEARS 0.5 % DROPS	*	
REFRESH TEARS PF 0.5-0.9 % DROPS	*	
reguloid (aspartame) 3 gram/5.8 gram POWDER	*	
REGULOID (PSYLLIUM HUSK-SUCRO) 3 GRAM/12 GRAM, 3 gram/7 gram POWDER	*	
REMEDY ANTIFUNGAL 2 % CREAM	*	
remedy antifungal 2 % POWDER	*	
remedy phytoplex antifungal 2 % POWDER	*	
RENAL MULTIVITAMIN 800 MCG-60 MG- 25 MCG-8MG IRON TABLET	*	
RESPA-AR 8-90-0.24 MG TABLET, ER 12 HR.	*	
rest simply nighttime sleep 25 mg TABLET	*	
restore plus (cmcellulose) 0.5 % DROPPERETTE	*	
restore pm 57.3-42.5 % OINTMENT	*	
retaine allergy 0.2 % DROPS	*	
retaine cmc 0.5 % DROPPERETTE	*	
retaine pm 80-20 % OINTMENT	*	
rid lice killing 0.33-4 % SHAMPOO	*	
ringworm 1 % CREAM	*	
RISA-BID 1 BILLION CELL- 250 MG TABLET	*	
robafen dm 5-50 mg/5 ml LIQUID	*	
ROBITUSSIN COUGH-CHEST CONG DM 5-100 mg/5 ml, 5-50 MG/5 ML LIQUID	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
robitussin er 30 mg/5 ml SUSPENSION, ER 12 HR.	*	
robitussin honey max dm 5-100 mg/5 ml LIQUID	*	
safe tussin dm 10-100 mg/5 ml LIQUID	*	
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	*	
SCOT-TUSSIN EXPECTORANT 100 MG/5 ML LIQUID	*	
SCRUB CARE EXIDINE 4 % LIQUID	*	
scrub care povidone iodine 10 % SOLUTION	*	
SCRUB CHLORHEXIDINE GLUCONATE 4 % LIQUID	*	
secura antifungal extra thick 2 % CREAM	*	
secura dimethicone 5 % CREAM	*	
selsun blue 1 % SHAMPOO	*	
selsun blue 2-in-1 1 % SHAMPOO	*	
selsun blue moisturizing 1 % SHAMPOO	*	
senexon-s 8.6-50 mg TABLET	*	
senna 8.6 mg TABLET	*	
senna 8.8 mg/5 ml SYRUP	*	
senna lax 8.6 mg TABLET	*	
senna laxative 8.6 mg TABLET	*	
senna plus 8.6-50 mg TABLET	*	
senna-s 8.6-50 mg TABLET	*	
senna-time s 8.6-50 mg TABLET	*	
sennosides 8.6 mg TABLET	*	
sennosides 8.8 mg/5 ml SYRUP	*	
sennosides-docusate sodium 8.6-50 mg TABLET	*	
SENOKOT 8.6 MG TABLET	*	
SENOKOT-S 8.6-50 MG TABLET	*	
sentia 0.6 % DROPS	*	
simethicone 180 mg CAPSULE	*	
SIMILAC PRENATAL 27 MG IRON-800 MCG-200 MG COMBO PACK	*	
simply sleep 25 mg TABLET	*	
skin protectant a and d OINTMENT	*	
skin protectant a-d (pet, lan) OINTMENT	*	
sleep aid (diphenhydramine) 25 mg TABLET	*	
sleep ii 25 mg TABLET	*	
sleep tablet (diphenhydramine) 25 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SLEEP-TABS 25 MG TABLET	*	
smooth antacid 300 mg (750 mg) CHEWABLE TABLET	*	
smooth texture fiber 3 gram/5.8 gram POWDER	*	
smoothlax 17 gram POWDER IN PACKET	*	
smoothlax 17 gram/dose POWDER	*	
sodium bicarbonate 325 mg, 650 mg TABLET	*	
sodium chlor 0.9% bacteriostat 0.9 % SOLUTION	*	
sodium chloride 0.9 % SOLUTION FOR NEBULIZATION	*	
sodium chloride 0.9 % SYRINGE	*	
sodium chloride 1,000 mg TABLET, SOLUBLE	*	
sodium chloride 0.9 % (flush) SYRINGE	*	
sominex 25 mg TABLET	*	
SOOTHE AND COOL INZO BARRIER 5 % CREAM	*	
SOOTHE HYDRATION 1.25 % DROPS	*	
SOOTHE NIGHT TIME LUBRICANT 80-20 % OINTMENT	*	
soothe xp 1-4.5 % DROPS	*	
SOOTHE XP (PF) 1-4.5 % DROPPERETTE	*	
soothing pureway-c 500 mg TABLET	*	
SORBITOL 70 % SOLUTION	*	
sorbugen nr 10-100 mg/5 ml LIQUID	*	
SORBUTUSS 10-100-85 MG/5 ML LIQUID	*	
st joseph aspirin 81 mg CHEWABLE TABLET	*	
st. joseph aspirin 81 mg TABLET, DR/EC	*	
sterile saline 0.9 % SOLUTION	*	
stimulant laxative plus 8.6-50 mg TABLET	*	
stool softener 100 mg CAPSULE	*	
stool softener 100 mg TABLET	*	
stool softener 50 mg/5 ml LIQUID	*	
stool softener (docusate cal) 240 mg CAPSULE	*	
stool softener-laxative 8.6-50 mg TABLET	*	
stool softener-stimulant laxat 8.6-50 mg TABLET	*	
stop smoking aid 2 mg, 4 mg LOZENGE	*	
strawberry c 500 mg CHEWABLE TABLET	*	
STRESS FORMULA WITH IRON 500 MG-400 MCG- 18 MG IRON TABLET	*	
STRESS FORMULA WITH IRON(SULF) 500 MG-400 MCG- 27 MG IRON TABLET	*	
STUART ONE 27 MG IRON- 800 MCG-200 MG CAPSULE	*	
stye (pva-povidone) 0.5-0.6 % DROPS	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STYE LUBRICANT 57.7-31.9 % OINTMENT	*	
super quints 0.4 mg TABLET	*	
super quints b-50 TABLET	*	
SURFAK 240 MG CAPSULE	*	
swabflush SYRINGE W/SWAB CAP	*	
SWEEN CREAM	*	
SWEEN CREAM CREAM	*	
SYSTANE (PROPYLENE GLYCOL) 0.4-0.3 % DROPS	*	
SYSTANE BALANCE 0.6 % DROPS	*	
SYSTANE COMPLETE 0.6 % DROPS	*	
SYSTANE GEL 0.3 % GEL	*	
SYSTANE GEL 0.4-0.3 % DROPS, GEL	*	
SYSTANE HYDRATION (PF) 0.4-0.3 % DROPPERETTE	*	
SYSTANE HYDRATION (PF) 0.4-0.3 % DROPS	*	
SYSTANE ULTRA 0.4-0.3 % DROPS	*	
SYSTANE ULTRA (PF) 0.4-0.3 % DROPPERETTE	*	
SYSTANE ULTRA (PF) 0.4-0.3 % DROPS	*	
TAKE ACTION 1.5 MG TABLET	*	
TAME THE FLAME 195 MG CALCIUM (500 MG) CHEWABLE TABLET	*	
terbinafine hcl 1 % CREAM	*	
the magic bullet 10 mg SUPPOSITORY	*	
thera antifungal 2 % CREAM	*	
thera antifungal 2 % POWDER	*	
thera moisturizing 1.5 % CREAM	*	
thera-d 50 mcg (2,000 unit) TABLET	*	
THERANATAL 27 MG IRON- 1 MG TABLET	*	
THERANATAL COMPLETE 27 MG IRON- 1 MG-150 MG COMBO PACK	*	
THERANATAL ONE 27 MG IRON-1000 MCG-300 MG CAPSULE	*	
THERANATAL OVAVITE 18-1-125 MG-MG-UNIT COMBO PACK	*	
THERANATAL PLUS 27 MG IRON- 1 MG-300 MG COMBO PACK	*	
theratears 1 % DROPPERETTE, GEL	*	
thiamine hcl (vitamin b1) 100 mg/ml SOLUTION	*	
TINACTIN 1 % AEROSOL POWDER	*	
TINACTIN 1 % CREAM	*	
TINACTIN 1 % POWDER	*	
tioconazole 6.5 % OINTMENT	*	
tioconazole-1 6.5 % OINTMENT	*	
tolnaftate 1 % AEROSOL POWDER	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tolnaftate 1 % CREAM	*	
tolnaftate 1 % POWDER	*	
travel sickness 50 mg TABLET	*	
travel-ease (meclizine) 25 mg CHEWABLE TABLET	*	
travel-ease (meclizine) 25 mg TABLET	*	
tri-buffered aspirin 325 mg TABLET	*	
trimazole 1 % CREAM	*	
TRIPLE ANTIBIOTIC 3.5-400-5,000 MG-UNIT-UNIT OINTMENT IN PACKET	*	
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 spray 3.5-400-5,000 mg-unit-unit AEROSOL SPRAY	*	
triple antibiotic-pain relief 3.5-500-10,000 mg-unit-unit/g OINTMENT	*	
TRITOLNACIDE C 1 % CREAM	*	
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	*	
TRONVITE 1 MG-100 MG- 300 MCG TABLET	*	
TRUE COVER CONDOM DEVICE	*	
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	*	
tucks (witch hazel) 50 % PADS, MEDICATED	*	
TUMS 200 MG CALCIUM (500 MG), 300 MG (750 MG) CHEWABLE TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TUMS E-X 300 MG (750 MG) CHEWABLE TABLET	*	
TUMS EXTRA STRENGTH SMOOTHIES 300 MG (750 MG) CHEWABLE TABLET	*	
TUMS FRESHERS 200 MG CALCIUM (500 MG) CHEWABLE TABLET	*	
tusnel diabetic 10-100 mg/5 ml LIQUID	*	
tusnel-ex 100 mg/5 ml LIQUID	*	
tussin 100 mg/5 ml LIQUID	*	
tussin chest congestion 100 mg/5 ml LIQUID	*	
tussin cough-chest congestion 10-100 mg/5 ml LIQUID	*	
tussin dm 10-100 mg/5 ml SYRUP	*	
tussin dm 10-100 mg/5 ml, 5-50 mg/5 ml LIQUID	*	
tussin dm 20-400 mg TABLET	*	
tussin dm clear 10-100 mg/5 ml LIQUID	*	
tussin dm cough and chest 10-100 mg/5 ml SYRUP	*	
tussin dm cough and chest 5-100 mg/5 ml LIQUID	*	
tussin dm max 5-100 mg/5 ml LIQUID	*	
tussin mucus-chest congestion 100 mg/5 ml LIQUID	*	
TUXARIN ER 8-54.3 MG TABLET, ER 12 HR.	*	
TYLENOL 8 HOUR 650 MG TABLET ER	*	
TYLENOL ARTHRITIS PAIN 650 MG TABLET ER	*	
ultra a-d 2 mg TABLET	*	
ULTRA B-100 COMPLEX (FOODBASE) 400 MCG-100MCG- 100 MCG TABLET	*	
ultra fresh 0.5 % DROPS	*	
ultra fresh pm OINTMENT	*	
ultra lubricant eye 0.4-0.3 % DROPS	*	
ultra tuss safe 10-100 mg/5 ml SYRUP	*	
UP4 PROBIOTICS KIDS CUBES 1 BILLION CELL- 20 MCG CHEWABLE TABLET	*	
urinary pain relief 95 mg TABLET	*	
uro-pain 95 mg TABLET	*	
VAGINAL CONTRACEPTIVE FILM 28 % FILM	*	
VANALICE 0.3-3.5 % GEL	*	
vanicream hc 1 % CREAM	*	
vanquish 250-250-65 mg TABLET	*	
VCF CONTRACEPTIVE FILM 28 % FILM	*	
vcf contraceptive gel 4 % GEL	*	
vegetable lax-stool softener 8.6-50 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vegetable laxative 8.6 mg TABLET	*	
VEGETARIAN BONEUP 166.6 MG-4.15 MCG-83.3 MG TABLET	*	
ventiva tears 0.5 % DROPS	*	
verticalm 25 mg TABLET	*	
vis guard (petrolatum-min oil) 83-15 % OINTMENT	*	
vis guard (polyvinyl alcohol) 1.4 % DROPS	*	
vista gel 0.3 % GEL	*	
vista meibo tears 0.6 % DROPS	*	
vista tears 0.4-0.3 % DROPS	*	
vit b comp-folic-choline-inosi 400 mcg-10 mg- 10 mg TABLET ER	*	
vitajoy melatonin 2.5 mg CHEWABLE TABLET	*	
vitamin a and d OINTMENT	*	
vitamin b complex TABLET	*	
VITAMIN B COMPLEX TABLET, DISINTEGRATING	*	
VITAMIN B COMPLEX-ELECTROLYTES 0.4 MG TABLET	*	
vitamin b complex-folic acid 0.4 mg TABLET	*	
vitamin b complex-folic acid 400 mcg TABLET ER	*	
vitamin b-12 1,000 mcg TABLET	*	
vitamin b-12 1,000 mcg TABLET ER	*	
vitamin b-6 25 mg TABLET	*	
vitamin c 250 mg, 500 mg CHEWABLE TABLET	*	
vitamin c 250 mg, 500 mg TABLET	*	
vitamin c 500 mg TABLET ER	*	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	
vitamin d3 10 mcg (400 unit) CHEWABLE TABLET	*	
vitamin d3 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit) TABLET	*	
vitamin d3 10 mcg (400 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit) CAPSULE	*	
vitamin k 1 mg/0.5 ml SOLUTION	*	
vitamins b complex TABLET	*	
vitasure 1 mg-100 mg- 300 mcg TABLET	*	
vits a and d-white pet-lanolin OINTMENT	*	
VOLTAREN ARTHRITIS PAIN 1 % GEL	*	QL(1000 per 30 days)
wal-dram 50 mg TABLET	*	
wal-dram 2 25 mg TABLET	*	
wal-dryl allergy 12.5 mg/5 ml LIQUID	*	
wal-dryl allergy 25 mg CAPSULE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
wal-dryl allergy 25 mg TABLET	*	
wal-fex allergy 180 mg, 60 mg TABLET	*	
wal-finate 4 mg TABLET	*	
wal-itin 10 mg TABLET	*	
wal-itin d 10-240 mg TABLET, ER 24 HR.	*	
wal-itin d 12 hour 5-120 mg TABLET, ER 12 HR.	*	
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-profen 200 mg TABLET	*	
wal-proxen 220 mg TABLET	*	
wal-sporin 500-10,000 unit/gram OINTMENT	*	
wal-tussin 100 mg/5 ml LIQUID	*	
wal-tussin dm 10-100 mg/5 ml SYRUP	*	
wal-tussin dm clear 10-100 mg/5 ml SYRUP	*	
wal-zyr (cetirizine) 10 mg TABLET	*	
wal-zyr (ketotifen) 0.025 % (0.035 %) DROPS	*	
wal-zyr d 5-120 mg TABLET, ER 12 HR.	*	
weekly-d 1,250 mcg (50,000 unit) CAPSULE	*	
woman's laxative (bisacodyl) 5 mg TABLET	*	
women's gentle laxative(bisac) 5 mg TABLET, DR/EC	*	
women's laxative (bisacodyl) 5 mg TABLET	*	
women's prenatal plus dha 28 mg-975 mcg- 200 mg COMBO PACK	*	
xvite 1 mg-100 mg- 300 mcg TABLET	*	
YUM-YUM DOPHILUS 2.5 BILLION CELL-50 MG, 500 MILLION CELL-50 MG CHEWABLE TABLET	*	
zaditor 0.025 % (0.035 %) DROPS	*	
zantac-360 (famotidine) 20 mg TABLET	*	
zeasorb af 2 % POWDER	*	
zinc oxide 20 % OINTMENT	*	
zinc sulfate 50 mg zinc (220 mg) CAPSULE	*	
zinc sulfate 50 mg zinc (220 mg) TABLET	*	
zostrix-hp 0.1 % CREAM	*	
zyncof 20-400 mg TABLET	*	
ZYRTEC 10 MG TABLET	*	
ZYRTEC-D 5-120 MG TABLET, ER 12 HR.	*	

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.

#

1-day 94
12-hour cough relief 94
2-in-1 laxative 94
24hour allergy 94
3-day vaginal 94
4-n-1 no rinse wash 94
8 hour pain reliever 94
8hr muscle aches-pain 94

A

a and d (lanolin-petrolatum) 94
A AND D DIAPER RASH CREAM 94
abacavir 46
abacavir-lamivudine 46
ABELCET 30
abigale 72
abigale lo 72
ABILIFY ASIMTUFII 43
ABILIFY MAINTENA 43
abiraterone 33
abirtega 33
abreva 94
ABRYSVO (PF) 79
acamprosate 19
acarbose 50
accutane 61
acebutolol 54
acerola c 94
acetaminophen 94
acetaminophen-codeine 17
acetazolamide 54
acetic acid 19
acetylcysteine 91
acid controller 94
acid gone antacid 94
acid gone antacid e.strength 94
acid reducer (famotidine) 94
acid-pep 95
acidophilus 95
acidophilus-pectin, citrus 95
acitretin 61
acne control(benzoyl peroxide) 95
acne foaming wash 95
ACNE MEDICATION 95
acne treatment (benzoyl perox) 95
acne-clear 95
ACTHIB (PF) 79
ACTICAL 95
ACTIMMUNE 79
acyclovir 46
acyclovir sodium 46
ADACEL(TDAP ADOLESN/ADULT)(PF) 79, 80
ADALIMUMAB-ADAZ 80
ADALIMUMAB-ADBM 80
ADALIMUMAB-ADBM(CF) PEN CROHNS 80
ADALIMUMAB-ADBM(CF) PEN PS-UV 80
adapalene 61, 95
addaprin 95
adefovir 46
ADEMPAS 91
ADSTILADRIN 85
adult aspirin regimen 95
adult low dose aspirin 95
adult tussin chest congestion 95
adult wal-tussin 95
ADVAIR HFA 91
advanced antacid-antigas 95
advanced exfoliating cleanser 95
afatinib 33
afirmelle 72
after pill 95
AFTERA 95

AIMSCO LATEX CONDOM 95
AIRSUPRA 91
AKEEGA 33
alavert 95
alavert d-12 allergy-sinus 95
ALAWAY 95
albendazole 42
albuterol sulfate 91
ALCOHOL PADS 85
ALCOHOL PREP PADS 85
ALCOHOL SWABS 85
ALCOHOL WIPES 85
ALECENSA 33
alendronate 85
aler-cap 95
aleve arthritis (diclofenac) 95
alfuzosin 70
aliskiren 54
ALIVE B-COMPLEX 95
alka-seltzer heartburn chew 95
alka-seltzer plus allergy 95
alkums 95
all day allergy (cetirizine) 95
all day allergy-d 95
all day pain relief 95
all day relief 95
ALLEGRA ALLERGY 95
ALLEGRA HIVES 95
ALLER-CHLOR 95
aller-ease 95
aller-fex 96
aller-g-time 96
aller-tec 96
aller-tec d 96
allerclear 96
allerclear d-12hr 96
allerclear d-24hr 96
allergy 96
allergy (chlorpheniramine) 96
allergy (diphenhydramine) 96
allergy and congestion relief 96
allergy d-12 96
allergy eye (ketotifen) 96
allergy medication 96
allergy medicine 96
allergy relief (cetirizine) 96
allergy relief (fexofenadine) 96
allergy relief (loratadine) 96
allergy relief d-24hr 96
allergy relief d12 96
allergy relief(chlorpheniramn) 96
allergy relief(diphenhydramin) 96
allergy relief,nasal decongest 96
allergy relief-d (cetirizine) 96
allergy relief-d (loratadine) 96
allergy-congestion relief-d 96
allergy-time 96
allopurinol 32
almacone-2 96
alophen (bisacodyl) 96
alosetron 68
alprazolam 49
altamist 96
altavera (28) 72
alum-mag hydroxide-simeth 96
aluminum hydroxide gel 97
ALUNBRIG 33
alyacen 1/35 (28) 72
alyacen 7/7/7 (28) 72
alyq 91
amantadine hcl 42
ambrisentan 91
amethia 72
amethyst (28) 72
amikacin 19
amiloride 54
amiloride-hydrochlorothiazide 54
aminofen 97
aminophylline 91
AMINOSYN II 10 % 63

AMINOSYN II 15 % 63
AMINOSYN-PF 10 % 64
AMINOSYN-PF 7 % (SULFITE-FREE) 64
amiodarone 54
amitriptyline 28
amlodipine 54
amlodipine-atorvastatin 54
amlodipine-benazepril 54
amlodipine-olmesartan 55
amlodipine-valsartan 55
ammonium lactate 61
amnesteem 61
amoxapine 28
amoxicillin 20
amoxicillin-pot clavulanate 20
amphotericin b 30
amphotericin b liposome 30
ampicillin 20
ampicillin sodium 20
ampicillin-sulbactam 20
anagrelide 53
anastrozole 33
ANKTIVA 33
antacid 97
antacid (calcium carbonate) 97
antacid anti-gas 97
antacid calcium 97
antacid exst (mag carb-al hyd) 97
antacid ext str (calcium carb) 97
antacid liquid 97
antacid m 97
antacid maximum strength 97
antacid plus anti-gas 97
antacid regular strength 97
antacid ultra strength 97
antacid-antigas 97
anti-dandruff 97
anti-dandruff with menthol 97
anti-diarrheal (loperamide) 97
anti-gas ultra strength 97
anti-itch (hc) 97
antibiotic (bacitracin zinc) 97
antibiotic (neomy-bacit-polym) 97
antibiotic plus (pramoxine) 97
antibiotic plus pain rel(pram) 97
antibiotic-pain relief (bacit) 97
antifungal (clotrimazole) 97
antifungal (miconazole) 97, 98
antifungal (terbinafine) 98
antifungal (tolnaftate) 98
antifungal extra thick 98
antifungal ringworm 98
antifungal spray 98
antiseptic 98
antiseptic skin clnsr(chlorhe) 98
antitussive dm 98
aphen 98
apomorphine 42
aprepitant 30
apri 72
APTIVUS 46
aquaphor itch relief 98
aranelle (28) 72
ARCALYST 80
AREXVY (PF) 80
arformoterol 91
arginine (l-arginine) 98
arginine hcl (l-arginine) 98
ARIKAYCE 20
aripiprazole 43
ARISTADA 43
ARISTADA INITIO 43
ARMOUR THYROID 78
ARNUITY ELLIPTA 91
arthritis pain (diclofenac) 98
arthritis pain relief (acetam) 98
arthritis pain relief(capsaic) 98
arthritis pain reliever 98
artificial eye lubricant 98
artificial tear(dxtrn-hpm-gly) 98

artificial tears (pf) 98
artificial tears(dext70-hypro) 98
artificial tears(pg-hypm-glyc) 98
artificial tears(pvalch-povid) 98
ascorbic acid (vitamin c) 98
ascorbic acid-ascorbate sodium 98
asenapine maleate 43
ashlyna 72
aspercreme arthritis pain 98
aspirin 98
aspirin childrens 98
aspirin,buffd-calcium carb-mag 98
atazanavir 46
atenolol 55
atenolol-chlorthalidone 55
athenol 99
athlete's foot 99
athlete's foot (clotrimazole) 99
athlete's foot (terbinafine) 99
athlete's foot (tolnaftate) 99
athletic foot cream 99
atomoxetine 60
atorvastatin 55
atovaquone 42
atovaquone-proguanil 42
atropine 89
ATROPINE SULFATE (PF) 89
ATROVENT HFA 91
aubra 72
aubra eq 72
AUGTYRO 33
aurovela 1.5/30 (21) 72
aurovela 1/20 (21) 72
aurovela 24 fe 72
aurovela fe 1-20 (28) 72
aurovela fe 1.5/30 (28) 72
AUSTEDO 60
AUSTEDO XR 60
AUSTEDO XR TITRATION KT(WK1-4) 60
AUTOJECT 2 INJECTION DEVICE 86
AUTOPEN 1 TO 21 UNITS 86
AUTOPEN 2 TO 42 UNITS 86
AUTOSHIELD DUO PEN NEEDLE 86
AUVELITY 28
AUVI-Q 91
AVEENO ANTI-ITCH (HYDROCORTSN) 99
aviane 72
AVMAPKI-FAKZYNJA 33
AYR SALINE 99
ayuna 72
AYVAKIT 33
azacitidine 33
azathioprine 80
azelaic acid 61
azelastine 89, 91
azithromycin 20
AZO URINARY PAIN RELIEF 99
aztreonam 20
azurette (28) 72

B

b complex 1 (with folic acid) 99
b complex 100 99
b-50 complex (with herbs) 99
b-complex 99
b-sure 99
BABY AYR SALINE 99
bacitracin 20, 89, 99
bacitracin zinc 99
bacitracin-polymyxin b 89
bacitraycin plus 99
baclofen 46
BACTOSHIELD CHG 99
bal-care dha 64
balance b-50 (with folic acid) 99
balanced b-100 99
balanced b-50 99
balsalazide 84
BALVERSA 34
balziva (28) 72
ban-acid 99

BAND-AID GAUZE PADS 86
BAND-AID PLUS ANTIBIOTIC 99
banophen 99
BAQSIMI 50
BARACLUDE 46
BAVENCIO 34
bayer aspirin 99
bayer low dose aspirin 99
baza antifungal 99
BCG VACCINE, LIVE (PF) 80
BD ALCOHOL SWABS 86
BD AUTOSHIELD DUO PEN NEEDLE 86
BD ECLIPSE LUER-LOK 86
BD INSULIN SYRINGE 86
BD INSULIN SYRINGE (HALF UNIT) 86
BD INSULIN SYRINGE MICRO-FINE 86
BD INSULIN SYRINGE U-500 86
BD INSULIN SYRINGE ULTRA-FINE 86
BD LO-DOSE MICRO-FINE IV 86
BD NANO 2ND GEN PEN NEEDLE 86
BD SAFETYGLIDE INSULIN SYRINGE 86
BD SAFETYGLIDE SYRINGE 86
BD ULTRA-FINE MICRO PEN NEEDLE 86
BD ULTRA-FINE MINI PEN NEEDLE 86
BD ULTRA-FINE NANO PEN NEEDLE 86
BD ULTRA-FINE ORIG PEN NEEDLE 86
BD ULTRA-FINE SHORT PEN NEEDLE 86
BD VEO INSULIN SYR (HALF UNIT) 86
BD VEO INSULIN SYRINGE UF 86
beauty 360 daily moisturizing 99
BELSOMRA 94
BENADRYL 99
benadryl allergy 99
benazepril 55
benazepril-hydrochlorothiazide 55
BENEFIBER HEALTHY SHAPE 99
BENEFIBER SUGAR FREE (DEXTRIN) 100
BENLYSTA 80
benzonatate 100
benzoyl peroxide 100
benztropine 42
BEQALZI 34
BEQALZI STARTER PACK 34
BESREMI 80
BESREMI PEN 80
best fiber 100
BETADINE 100
BETADINE OPHTHALMIC PREP 89
betaine 69
betamethasone acet,sod phos 70
betamethasone dipropionate 61, 62
betamethasone valerate 62
betamethasone, augmented 62
BETASEPT SURGICAL SCRUB 100
betaxolol 89
bethanechol chloride 70
bexarotene 34
BEXSERO 80
bicalutamide 34
BICILLIN C-R 20
BICILLIN L-A 20
BIKTARVY 46
bimatoprost 89
BIOCAL 100
biocotron 100
BION TEARS (PF) 100
biotene dry mouth oral rinse 100
bisacodyl 100
bisoprolol fumarate 55
bisoprolol-hydrochlorothiazide 55
BIXLENVO 46
BIXLENVO-SUNLENCA STARTER PACK 46
black-draught lax-senna 100
blisovi 24 fe 72
blisovi fe 1.5/30 (28) 72
blisovi fe 1/20 (28) 72
BLOOD SUGAR MANAGER 100
bonine 100
BOOSTRIX TDAP 80
BORDERED GAUZE 86

BORTEZOMIB 34
BOSULIF 34
bosutinib 34
bp wash 100
BRAFTOVI 34
BREO ELLIPTA 91
BREZTRI AEROSPHERE 92
briellyn 72
brimonidine 89
brivaracetam 24, 25
BRIVIACT 25
bromfed dm 100
bromocriptine 42
BRUKINSA 34
budesonide 84, 92
bufferin 100
bumetanide 55
bupivacaine (pf) 19
bupivacaine hcl 19
buprenorphine 17
buprenorphine hcl 19
buprenorphine-naloxone 19
bupropion hcl 28
bupropion hcl (smoking deter) 19
buspirone 49
butalbital-acetaminophen-caff 86
BYSANTI 43
BYSANTI TITRATION PACK A 43
BYSANTI TITRATION PACK B 43
BYSANTI TITRATION PACK C 43

C

c-1000 100
c-500 100
c-lax laxative (bisacodyl) 100
c-nate dha 64
CABENUVA 46
cabergoline 78
CABOMETYX 34
CADEAU DHA 100
cal-citrate 100
cal-gest antacid 100
CAL-QUICK 100
calcipotriene 62
calcitonin (salmon) 85
calcitriol 85
calcium 500 + d 100
calcium 500 with d 100
calcium 600 + d(3) 100, 101
calcium 600 with vitamin d3 101
calcium antacid 101
calcium carbonate 101
calcium carbonate-vit d3-min 101
calcium carbonate-vitamin d3 101
calcium chloride 64
calcium citrate + d 101
calcium citrate-vitamin d3 101
calcium gluconate 64
calcium with vitamin d 101
CALQUENCE (ACALABRUTINIB MAL) 34
CALTRATE 600 PLUS D 101
CALTRATE WITH VITAMIN D3 101
camila 72
camrese 72
camrese lo 72
candesartan 55
candesartan-hydrochlorothiazid 55
CAPLYTA 43
CAPRELSA 34
capsaicin 101
capsaicin hp 101
capsaid es 101
captopril 55
captopril-hydrochlorothiazide 55
CAPZASIN-HP 101
capzix 101
carbamazepine 25
carbidopa 42
carbidopa-levodopa 42
carbidopa-levodopa-entacapone 42
carboxymethylcellulose sodium 101

CARETOUCH ALCOHOL PREP PAD 86
carglumic acid 64
carteolol 89
cartia xt 55
carvedilol 55
caspofungin 31
CAVHANZA 34
CAYSTON 92
cefaclor 20
cefadroxil 20
cefazolin 20
cefazolin in dextrose (iso-os) 20
cefdinir 21
cefepime 21
cefepime in dextrose 5 % 21
cefepime in dextrose,iso-osm 21
cefixime 21
cefotetan 21
cefoxitin 21
cefoxitin in dextrose, iso-osm 21
cefpodoxime 21
cefprozil 21
ceftaroline fosamil 21
ceftazidime 21
ceftriaxone 21
ceftriaxone in dextrose,iso-os 21
cefuroxime axetil 21
cefuroxime sodium 21
celecoxib 17
cephalexin 21
CEQUR SIMPLICITY 86
CEQUR SIMPLICITY INSERTER 86
cetiri-d 102
cetirizine 92, 102
cetirizine-pseudoephedrine 102
chateal eq (28) 72
CHEMET 64
CHEST CONGESTION RELIEF 102
chest congestion relief dm 102
chest congestion-cough relief 102
child chest congestion-cough 102
child cough-chest congest dm 102
child delsym cough-chest dm 102
child mucus relief cough 102
child mucus relief expectorant 102
child pain rel-fever reducer 102
child probiotic digest-immune 102
children's acetaminophen 102
CHILDREN'S ALAWAY 102
children's allergy (diphenhyd) 102
children's aspirin 102
children's chest congestion 102
children's cough 102
children's cough dm er 102
CHILDREN'S DELSYM COUGH 102
children's fever reducing 102
children's giltuss cough-chest 102
children's mucinex cough 102
children's non-aspirin 102
children's pain relief 102
children's pain reliever 102
children's pain-fever relief 102
children's probiotic 102
children's saline nasal spray 102
CHILDREN'S SLEEP (MELATONIN) 102
children's wal-dryl allergy 102, 103
childrens chewable probiotic 103
chld robitussin cough-chest dm 103
CHLORAPREP CLEAR 103
CHLORAPREP ONE STEP 103
CHLORHEXIDINE (BULK) 103
chlorhexidine gluconate 61, 103
chloroquine phosphate 42
chlorpheniramine maleate 103
chlorpromazine 43
chlortabs 103
chlorthalidone 55
chlorzoxazone 93
cholecalciferol (vitamin d3) 103
cholestyramine (with sugar) 55

cholestyramine light 55
CHORIONIC GONADOTROPIN, HUMAN 71
ciclodan 31
ciclopirox 31
cidofovir 47
cilostazol 53
CIMDUO 47
cimetidine 68
cimetidine hcl 68
cinacalcet 85
ciprofloxacin hcl 21, 89
ciprofloxacin in 5 % dextrose 21
citalopram 28
citracal + d maximum 103
citracal regular 103
CITRACAL-D3 PETITES 103
citrate of magnesia 103
CITROMA 103
CITRUCEL (SUCROSE) 103
CITRUCEL SUGAR FREE 103
claravis 62
clarithromycin 21
CLARITIN 103
CLARITIN REDITABS 103
CLARITIN-D 12 HOUR 103
CLARITIN-D 24 HOUR 103
CLASSIC PRENATAL 103
clear eyes natural tears 103
clearlax 103
clearshield sodium chlor flush 103
clindamycin hcl 21
clindamycin in 0.9 % sod chlor 22
clindamycin in 5 % dextrose 22
clindamycin palmitate hcl 22
clindamycin pediatric 22
clindamycin phosphate 22, 62
clindamycin-benzoyl peroxide 62
CLINICLEAN 103
CLINIMIX 4.25%/D10W SULF FREE 64
CLINIMIX 4.25%/D5W SULFIT FREE 64
CLINIMIX 5%-D20W(SULFITE-FREE) 64
CLINIMIX 5%/D15W SULFITE FREE 64
CLINIMIX 6%-D5W (SULFITE-FREE) 64
CLINIMIX 8%-D10W(SULFITE-FREE) 64
CLINIMIX 8%-D14W(SULFITE-FREE) 64
CLINIMIX E 2.75%/D5W SULF FREE 64
CLINIMIX E 4.25%/D10W SUL FREE 64
CLINIMIX E 4.25%/D5W SULF FREE 64
CLINIMIX E 5%/D15W SULFIT FREE 64
CLINIMIX E 5%/D20W SULFIT FREE 64
CLINIMIX E 8%-D10W SULFITEFREE 64
CLINIMIX E 8%-D14W SULFITEFREE 64
CLINISOL SF 15 % 64
CLINOLIPID 64
clobazam 25
clobetasol 62
clobetasol-emollient 62
clomipramine 28
clonazepam 49
clonidine 55
clonidine hcl 55
clopidogrel 53
clorazepate dipotassium 49
clotrimazole 31, 103
clotrimazole 3 day 103
clotrimazole af 103
clotrimazole-3 103
clotrimazole-7 104
clotrimazole-betamethasone 31
clozapine 43, 44
COARTEM 42
COBENFY 87
COBENFY STARTER PACK 87
codeine-guaifenesin 104
col-rite 104
COLACE 104
COLACE 2-IN-1 104
colchicine 32
colestipol 55
colistin (colistimethate na) 22

COMBIGAN 89
COMBIPATCH 72
COMBIVENT RESPIMAT 92
COMETRIQ 34
comfort gel 104
comfort gel extra strength 104
complete allergy 104
complete allergy medicine 104
complete natal dha 64
complex b-100 104
compro 30
CONCEPTIONXR REPRODUCTIVE 104
conjugated estrogens 72
constulose 68
cool bottoms 104
COPIKTRA 34
corn starch 104
CORRECTOL 104
cortisone (hydrocortisone) 104
cortisone with aloe 104
cortizone-10 104
cortizone-10 feminine itch 104
cortizone-10 with aloe 104
COSENTYX 80
COSENTYX (2 SYRINGES) 80
COSENTYX PEN 80
COSENTYX PEN (2 PENS) 80
COSENTYX UNOREADY PEN 80
COTELLIC 34
cough dm er 104
cough syrup 104
cough syrup dm 104
cough-chest congestion dm 104
cranberry-probiotc(blend)-vitc 104
CREON 69
CRESEMBA 31
cromolyn 89, 92
cryselle (28) 73
curae 104
CURITY ALCOHOL SWABS 87
CURITY GAUZE 87
cyanocobalamin (vitamin b-12) 104
cyclobenzaprine 93
cyclophosphamide 34
cyclosporine 80, 89
cyclosporine modified 80
CYRAMZA 34
cyred 73
cyred eq 73
CYSTAGON 69
CYSTARAN 89

D

d10 %-0.45 % sodium chloride 64
d2.5 %-0.45 % sodium chloride 64
d3-2000 104
d3-5000 104
d5 % and 0.9 % sodium chloride 64
d5 %-0.45 % sodium chloride 64
dabigatran etexilate 53
daily fiber (psyllium-sucrose) 105
danazol 73
dandruff shampoo (selen-aloe) 105
dandruff shampoo (selenium) 105
DANYELZA 34
DANZITEN 34
dapagliflozin 50
dapagliflozin-metformin 50
dapsone 33
DAPTACEL (DTAP PEDIATRIC) (PF) 81
daptomycin 22
daptomycin in 0.9 % sod chlor 22
darunavir 47
DARZALEX 34
DARZALEX FASPRO 34
dasatinib 35
dasetta 1/35 (28) 73
dasetta 7/7/7 (28) 73
DAURISMO 35
daylogic acne foaming wash 105
daylogic acne treatment 105

daysee 73
deblitane 73
decara 105
decitabine 35
deep sea nasal 105
deferasirox 64, 65
DELSTRIGO 47
DELSYM 12 HOUR 105
delsym cough-chest congest dm 105
delta d3 105
DENGVAXIA (PF) 81
DEPO-ESTRADIOL 73
DEPO-SUBQ PROVERA 104 73
DERMACEA 87
dermacinrx dimopair 105
dermacinrx skin repair complex 105
dermafungal 105
DESCOVY 47
desenex 105
desipramine 29
desloratadine 92
desmopressin 71
desog-e.estradiol/e.estradiol 73
desogestrel-ethinyl estradiol 73
desonide 62
desvenlafaxine succinate 29
dexamethasone 70, 71
dexamethasone intensol 71
dexamethasone sodium phos (pf) 71
dexamethasone sodium phosphate 71, 89
dexmethylphenidate 60
dextroamphetamine sulfate 60
dextroamphetamine-amphetamine 60
dextromethorphan polistirex 105
dextromethorphan-guaifenesin 105
dextromethorphan-quinidine 60
dextrose 10 % and 0.2 % nacl 65
dextrose 10 % in water (d10w) 65
dextrose 20 % in water (d20w) 65
dextrose 25 % in water (d25w) 65
dextrose 30 % in water (d30w) 65
dextrose 40 % in water (d40w) 65
dextrose 5 % in water (d5w) 65
dextrose 5 %-lactated ringers 65
dextrose 5%-0.2 % sod chloride 65
dextrose 5%-0.3 % sod.chloride 65
dextrose 50 % in water (d50w) 65
dextrose 70 % in water (d70w) 65
diabetic tussin dm 105
DIACOMIT 25
dialyvite 800 105
DIALYVITE CHEWABLE PROBIOTIC 105
dialyvite vitamin d 105
diamode 105
diazepam 25, 50
diazepam intensol 50
diazoxide 50
dibucaine 105
diclofenac potassium 17
diclofenac sodium 17, 62, 89, 105
dicloxacillin 22
dicyclomine 68
DIFFERIN 105
DIFICID 22
digoxin 55
dihydroergotamine 32
DILANTIN 25
dilt-xr 56
diltiazem hcl 56
dimenhydrinate 105
dimethicone 105
dimethyl fumarate 60
diphen 105
diphenhydramine hcl 92, 105
diphenoxylate-atropine 68
disulfiram 19
divalproex 25
dm max 105
docosanol 106
docuprene 106

docusate calcium 106
docusate sodium 106
docuzen 106
dofetilide 56
dok 106
dolishale 73
donepezil 28
dorzolamide 89
dorzolamide-timolol 89
dorzolamide-timolol (pf) 89
dotti 73
double antibiotic (b.tracn zn) 106
double antibiotic-pain relief 106
DOVATO 47
doxazosin 56
doxepin 50
doxercalciferol 85
doxy-100 22
doxycycline hyclate 22
doxycycline monohydrate 22
DRAMAMINE 106
dramamine (meclizine) 106
dramamine less drowsy 106
driminate 106
DRIZALMA SPRINKLE 60
dronabinol 30
DROPLET INSULIN SYR(HALF UNIT) 87
DROPLET INSULIN SYRINGE 87
DROPLET MICRON PEN NEEDLE 87
DROPLET PEN NEEDLE 87
DROPSAFE ALCOHOL PREP PADS 87
DROPSAFE PEN NEEDLE 87
drospirenone-ethinyl estradiol 73
DROXIA 87
dry eye relief 106
dry mouth 106
DUAVEE 73
DULCOLAX (BISACODYL) 106
dulcolax (magnesium hydroxide) 106
dulcolax stool softener (dss) 106
duloxetine 60, 61
DUPIXENT PEN 81
DUPIXENT SYRINGE 81
DUREX AIR CONDOM 106
DUREX AVANTI BARE REAL FEEL 106
DUREX EXTRA SENSITIVE CONDOM 106
DUREX TROPICAL CONDOM 106
dutasteride 70
dutasteride-tamsulosin 70
DYNA-HEX 106

E

EASY COMFORT ALCOHOL PAD 87
EASY TOUCH ALCOHOL PREP PADS 87
EASYLIFE ALCOHOL PADS 87
EC MATRIXX 106
econtra ez 106
econtra one-step 106
ecotrin low strength 106
ed chlorped jr 106
EDURANT 47
EDURANT PED 47
efavirenz 47
efavirenz-emtricitabin-tenofov 47
efavirenz-lamivu-tenofov disop 47
effaclar adapalene 106
efferves pain relief antacid 106
electrolyte-148 65
electrolyte-48 in d5w 65
electrolyte-a 65
ELELYSO 69
eletriptan 32
ELIGARD 78
ELIGARD (3 MONTH) 78
ELIGARD (4 MONTH) 78
ELIGARD (6 MONTH) 79
elinest 73
ELIQUIS 53
ELIQUIS DVT-PE TREAT 30D START 53
ELIQUIS SPRINKLE 53
ELMIRON 70

eluryng 73
EMERGEN-C 106
EMERGEN-C IMMUNE PLUS 106
EMGALITY PEN 32
EMGALITY SYRINGE 32
EMPLICITI 35
EMSAM 29
emtricita-rilpivirine-tenof df 47
emtricitabine 47
emtricitabine-tenofovir (tdf) 47
EMTRIVA 47
emzahh 73
enalapril maleate 56
enalapril-hydrochlorothiazide 56
ENBREL 81
ENBREL MINI 81
ENBREL SURECLICK 81
endit (zinc oxide) 106
ENDOCET 17
ENDOMETRIN 73
endur-b complex 106
enema 107
enema disposable 107
ENGERIX-B (PF) 81
ENGERIX-B PEDIATRIC (PF) 81
enilloring 73
ENOBY 85
enoxaparin 53
enpresse 73
ENSACOVE 35
enskyce 73
entacapone 43
entecavir 47
ENTRESTO SPRINKLE 56
enulose 68
ENVARSUS XR 81
EPCLUSA 47
EPIDIOLEX 25
epinephrine 92
epitol 25
EPRONTIA 25
ERBITUX 35
ergocalciferol (vitamin d2) 107
ergotamine-caffeine 32
ERIVEDGE 35
ERLEADA 35
erlotinib 35
errin 73
ertapenem 22
ERYTHROCIN 22
erythromycin 22, 89
erythromycin lactobionate 22
erythromycin with ethanol 62
escitalopram oxalate 29
eslicarbazepine 25
esomeprazole magnesium 68
estarylla 73
estradiol 73
estradiol valerate 73
estradiol-norethindrone acet 73
ESTRING 73
estronatural 107
eszopiclone 94
ETCAMAH 35
ethambutol 33
ethosuximide 25
ethynodiol diac-eth estradiol 73
etodolac 17
etonogestrel-ethinyl estradiol 74
etravirine 47
EULEXIN 35
evac-u-gen (sennosides) 107
EVDI 35
everolimus (antineoplastic) 35
everolimus (immunosuppressive) 81
EVOTAZ 47
EX-LAX MAXIMUM STRENGTH 107
exemestane 35
expectorant 107
expectorant cough syrup 107

expectorant dm 107
extra pain relief 107
extraprin 107
EXXUA 29
eye allergy itch relief 107
eye allergy itch-redness rlf 107
EYE ITCH RELIEF 107
eyes alive 107
EYSUVIS 89
ezetimibe 56
ezetimibe-simvastatin 56

F

falmina (28) 74
famciclovir 47
famotidine 68, 107
famotidine (pf) 68
FANAPT 44
FANAPT TITRATION PACK A 44
FANAPT TITRATION PACK B 44
FANAPT TITRATION PACK C 44
FANTASY CONDOM 107
FARXIGA 50
FASENRA PEN 92
FC2 FEMALE CONDOM 107
febuxostat 32
feirza 74
felbamate 25
felodipine 56
fem moist andlub(glycerin-hec) 107
FEMLYV 74
fenesin dm ir 107
fenofibrate 56
fenofibrate micronized 56
fenofibrate nanocrystallized 56
fenofibric acid 56
fentanyl 17
feosol 107
ferate 107
ferosul 107
ferrex 150 107
ferric x-150 107
ferro-time 107
ferrous gluconate 107
ferrous sulfate 107
fesoterodine 70
FETZIMA 29
fever reducer 107
FEVERALL 107
fexofenadine 107
FIASP FLEXTOUCH U-100 INSULIN 50
FIASP PENFILL U-100 INSULIN 50
FIASP U-100 INSULIN 50
fiber (psyllium husk-sugar) 108
fiber (with aspartame) 108
fiber supplement(wheatdextrin) 108
FIBER THERAPY (M-CELL/SUGAR) 108
fiber therapy (psyllium-sucro) 108
fiber therapy(psyl seed-sugar) 108
fidaxomicin 22
finasteride 70
fingolimod 61
FINTEPLA 25
FIRMAGON 79
FIRMAGON KIT W DILUENT SYRINGE 79
first aid antibiotic 108
first aid antibiotic-pain rlf 108
first aid antiseptic(povidone) 108
flanax (naproxen) 108
flavor chews antacid 108
flecainide 56
fleet bisacodyl 108
fleet docusate 108
FLEET ENEMA 108
FLEET ENEMA EXTRA 108
fleet glycerin (adult) 108
FLEET PEDIATRIC 108
floramax 108
FLORANEX 108
fluconazole 31
fluconazole in nacl (iso-osm) 31

flucytosine 31
fludrocortisone 71
flunisolide 92
fluocinolone 62
fluocinolone acetonide oil 91
fluocinolone and shower cap 62
fluocinonide 62
fluorometholone 89
fluorouracil 35, 62, 63
fluoxetine 29
fluphenazine decanoate 44
fluphenazine hcl 44
flurbiprofen 17
flurbiprofen sodium 89
fluticasone propion-salmeterol 92
fluticasone propionate 63, 92
fluvastatin 56
fluvoxamine 29
foaming acne face wash 108
foaming antacid 108
folic acid 108
FOLIKA-BC 108
foot and sneaker 108
for sty relief 108
FORTEO 85
fosamprenavir 47
fosfomycin tromethamine 22
fosinopril 56
fosinopril-hydrochlorothiazide 56
fosphenytoin 25
FOTIVDA 35
freshkote 108
fruit c-500 108
FRUZAQLA 35
furosemide 56
FUZEON 47
FYCOMPA 25

G

g tussin ac 108
g-fenesin dm 108
gabapentin 25
galantamine 28
gallifrey 74
GAMUNEX-C 81
GARDASIL 9 (PF) 81
gas relief (simethicone) 108
gas relief ultra strength 108
gas-x ultra-strength 108
gatifloxacin 89
GAUZE BANDAGE 87
GAUZE PAD 87
gavilax 109
gavilyte-c 68
gavilyte-g 68
gavilyte-n 68
GAVISCON EXTRA STRENGTH 109
GAVRETO 35
GAZYVA 35
gefitinib 35
GELUSIL ANTACID AND ANTI-GAS 109
gemfibrozil 56
GEMTESA 70
generlac 68
gentamicin 22, 89
gentamicin in nacl (iso-osm) 22
gentamicin sulfate (ped) (pf) 22
genteal tears mild 109
GENTEAL TEARS MODERATE 109
GENTEAL TEARS MODERATE (PF) 109
GENTEAL TEARS SEVERE GEL 109
GENTEAL TEARS SEVERE GEL DROPS 109
GENTEAL TEARS SEVERE(PETROLAT) 109
gentle laxative (bisacodyl) 109
gentle laxative (mag hydrox) 109
gentlelax 109
GENVOYA 47
geri-dryl 109
geri-kot 109
geri-lanta 109
geri-mox antacid-antigas 109

geri-tussin 109
geri-tussin dm 109
GILOTRIF 35
giltuss cough-congestion 109
giltuss diabetic 109
giltuss hbp 109
glatiramer 61
glatopa 61
GLEOSTINE 35
glimepiride 50
glipizide 50
glipizide-metformin 51
glucose 109
glucose gel 109
glutamine (sickle cell) 68
glutose-15 109
glutose-45 109
glutose-5 109
glycerin (adult) 109
glycerin (child) 109
glycopyrrolate 68
GLYXAMBI 51
GOMEKLI 35
granisetron hcl 30
griseofulvin microsize 31
griseofulvin ultramicrosize 31
guaiasorb dm 109
guaifenesin 109
guaifenesin ac 109
guaifenesin-dm 109
guanfacine 56, 61
GWYN LO 74
GYNE-LOTRIMIN 110
gyne-lotrimin 7 110

H

HAEGARDA 81
hailey 74
hailey 24 fe 74
hailey fe 1.5/30 (28) 74
hailey fe 1/20 (28) 74
haloette 74
haloperidol 44
haloperidol decanoate 44
haloperidol lactate 44
hand wash 110
HAVRIX (PF) 81
headache relief (asa-acet-caf) 110
healthylax 110
heartburn antacid 110
heartburn prevention 110
heartburn relief 110
heartburn relief (famotidine) 110
heather 74
hemorrhoid 110
hemorrhoidal 110
hemorrhoidal (phenyleph-cocoa) 110
HEMORRHOIDAL (PHENYLEPH-FAT) 110
hemorrhoidal (witch hazel) 110
hemorrhoidal hygiene 110
hemorrhoidal-analgesic 110
heparin (porcine) 53
heparin lock flush (porcine) 110
heparin lockflush(porcine)(pf) 110
heparin, porcine (pf) 53
HEPLISAV-B (PF) 81
her style 110
HERNEXEOS 35
hi-cal plus vit d 110
HIBERIX (PF) 81
HIBICLENS 110
HUMIRA 81
HUMIRA PEN 81
HUMIRA(CF) 81
HUMIRA(CF) PEN 81
HUMIRA(CF) PEN CROHNS-UC-HS 81
HUMIRA(CF) PEN PSOR-UV-ADOL HS 81
HUMULIN R U-500 (CONC) KWIKPEN 51
HYCODAN (WITH HOMATROPINE) 110
hydralazine 56
hydrochlorothiazide 56, 57

HYDROCIL 110
hydrocodone-acetaminophen 17
hydrocodone-chlorpheniramine 110
hydrocodone-ibuprofen 17
hydrocortisone 63, 84, 110
hydrocortisone acetate 110
hydrocortisone butyrate 63
hydrocortisone plus 110
hydrocortisone-acetic acid 91
hydrocortisone-aloe vera 110
hydrocream 110
hydromet 110
hydromorphone 17
hydroxocobalamin 110
hydroxychloroquine 42
hydroxyurea 35
hydroxyzine hcl 50
hydroxyzine pamoate 92
hyper-sal 111
HYRNUO 36

I

i-prin 111
ibandronate 85
IBRANCE 36
IBTROZI 36
ibu 17
ibuprofen 17, 111
icatibant 81
iclevia 74
ICLUSIG 36
IDHIFA 36
IDVYNSO 47
iferex 150 111
ILEVRO 89
imatinib 36
IMBRUVICA 36
IMFINZI 36
imipenem-cilastatin 23
imipramine hcl 29
imiquimod 63
IMJUDO 36
IMKELDI 36
IMODIUM A-D 111
IMOVAX RABIES VACCINE (PF) 82
IMPAVIDO 42
incassia 74
INCONTROL ALCOHOL PADS 87
INCRELEX 71
indapamide 57
indomethacin 17
INFANRIX (DTAP) (PF) 82
infant fever reducer-pain relf 111
infant pain reliever 111
infant's acetaminophen 111
infants' pain and fever 111
infants' pain relief 111
INFUVITE ADULT 111
INFUVITE PEDIATRIC 111
INLEXZO 36
INLURIYO 36
INLYTA 36
INQOVI 36
INREBIC 36
INSULIN ASPART U-100 51
INSULIN LISPRO 51
INSULIN SYRINGE MICROFINE 87
INSULIN SYRINGE-NEEDLE U-100 87
INSULIN U-500 SYRINGE-NEEDLE 87
INTELENCE 47
INTRALIPID 65
introvale 74
INVEGA HAFYERA 44
INVEGA SUSTENNA 44
INVEGA TRINZA 44
inzo antifungal 111
IONOSOL-MB IN D5W 65
IPOL 82
ipratropium bromide 92
ipratropium-albuterol 92
irbesartan 57

irbesartan-hydrochlorothiazide 57
iron 111
iron (ferrous sulfate) 111
ISENTRESS 47
ISENTRESS HD 47
isibloom 74
ISOLYTE S PH 7.4 65
ISOLYTE-P IN 5 % DEXTROSE 65
ISOLYTE-S 65
isoniazid 33
isosorbide dinitrate 57
isosorbide mononitrate 57
isosorbide-hydralazine 57
isotretinoin 63
itch relief (clotrimazole) 111
itch relief (hc) 111
itch relief (hc) with aloe 111
ITOVEBI 36
itraconazole 31
IV PREP WIPES 88
ivabradine 57
ivermectin 42
IWILFIN 36
IXIARO (PF) 82

J

jaimiess 74
JAKAFI 36
JAKAFI XR 36
jantoven 53
JANUMET 51
JANUMET XR 51
JANUVIA 51
JARDIANCE 51
JARRO-DOPHILUS DIGEST SURE 111
JARRO-DOPHILUS KIDS 111
jasmiel (28) 74
JAYPIRCA 36
JEMPERLI 36
jencycla 74
JENTADUETO 51
JENTADUETO XR 51
JIDEYTRO 36
jock itch 111
jock itch (clotrimazole) 111
jock itch (terbinafine) 111
JOINT HEALTH-BONE STRENGTH 111
juleber 74
julie 111
JULUCA 47
junel 1.5/30 (21) 74
junel 1/20 (21) 74
junel fe 1.5/30 (28) 74
junel fe 1/20 (28) 74
junel fe 24 74
JYLAMVO 82
JYNARQUE 65
JYNNEOS (PF) 82

K

k-y lubricating 111
KABIVEN 65
KALA 111
KALETRA 47
kalliga 74
KANJINTI 36
kariva (28) 74
kelnor 1/35 (28) 74
kelnor 1/50 (28) 74
KERENDIA 57
KESIMPTA PEN 61
ketoconazole 31
ketorolac 18, 90
ketotifen fumarate 111
KEYTRUDA 36
KEYTRUDA QLEX 36
kids melatonin 111
kids vitamin d3 111
KIMONO LUBRICATED CONDOMS 111
KIMONO MICROTHIN AQUA LUBE CON 111
KIMONO MICROTHIN CONDOMS 111
KIMONO MICROTHIN LARGE CONDOMS 111

KIMONO TEXTURED CONDOMS 111
KIMONO THIN LUBRICATED CONDOMS 111
kindermed infants pain-fever 112
kindermed kids cough-congest 112
kindermed kids pain-fever 112
KINRIX (PF) 82
kionex 65
KISQALI 36, 37
klayesta 31
klor-con 10 65
klor-con 8 65
klor-con m10 65
KLOR-CON M15 65
klor-con m20 65
KLOXXADO 19
kobee 112
KOMZIFTI 37
konsyl (sugar) 112
KOSELUGO 37
KPN 112
KRAZATI 37
kurvelo (28) 74

L

l norgest/e.estradiol-e.estrad 74
l-arginine(alpha-ketoglutarat) 112
labetalol 57
lacosamide 26
lactated ringers 65
lactobac acidoph-fructooligos 112
lactobacillus acidoph-l.bulgar 112
lactobacillus acidophilus 112
lactulose 68
LAMISIL AT 112
lamivudine 48
lamivudine-zidovudine 48
lamotrigine 26
LAMPIT 42
lanreotide 79
lansoprazole 68
LANTUS SOLOSTAR U-100 INSULIN 51
LANTUS U-100 INSULIN 51
lapatinib 37
larin 1.5/30 (21) 74
larin 1/20 (21) 74
larin 24 fe 74
larin fe 1.5/30 (28) 74
larin fe 1/20 (28) 75
latanoprost 90
lax stool softener with senna 112
laxa basic 112
laxacin 112
laxaclear 112
laxative (bisacodyl) 112
laxative (sennosides) 112
laxative peg 3350 112
laxative pills 112
laxative pills regular 112
LAZCLUZE 37
leena 28 75
leflunomide 82
lenalidomide 37
LENVIMA 37
lessina 75
letrozole 37
leucovorin calcium 37
LEUKERAN 37
leuprolide 79
leuprolide acetate (3 month) 79
levalbuterol tartrate 92
levetiracetam 26
levetiracetam in nacl (iso-os) 26
LEVO-T 78
levobunolol 90
levocarnitine 65
levocarnitine (with sugar) 66
levocetirizine 92
levofloxacin 23
levofloxacin in d5w 23
levoleucovorin calcium 37
levomefolate calcium 112

levonest (28) 75
levonorg-eth estrad triphasic 75
levonorgestrel 112
levonorgestrel-ethinyl estrad 75
levora-28 75
levothyroxine 78
LEVOXYL 78
LIBERVANT 26
LIBTAYO 37
lice killing 112
lice killing (permethrin) 112
lice pyrinyl shampoo 112
lice treatment 112
lice treatment (permethrin) 112
lidocaine 19, 112
lidocaine hcl 19
lidocaine-epinephrine 19
lidocaine-prilocaine 19
LIFYORLI 37
linagliptin-metformin 51
linezolid 23
linezolid in dextrose 5% 23
linezolid-0.9% sodium chloride 23
lintera 112
LINZESS 68
liomny 78
liothyronine 78
liquid antacid 112
liquid b-12 112
liquid calcium with vitamin d 112
lisinopril 57
lisinopril-hydrochlorothiazide 57
lithium carbonate 50
lithium citrate 50
little remedies 112
little remedies fever and pain 112
little remedies saline 113
LIVTENCITY 48
lo-zumandimine (28) 75
LOCOID LIPOCREAM 63
LOESTRIN 1.5/30 (21) 75
LOESTRIN 1/20 (21) 75
LOESTRIN FE 1.5/30 (28-DAY) 75
LOESTRIN FE 1/20 (28-DAY) 75
lojaimiess 75
LOKELMA 66
lomustine 37
LONSURF 37
loperamide 68, 113
lopinavir-ritonavir 48
LOQTORZI 37
loradamed 113
lorata-d 113
lorata-dine d 113
loratadine 113
loratadine-d 113
lorazepam 50
lorazepam intensol 50
LORBRENA 37
LORID 113
loryna (28) 75
losartan 57
losartan-hydrochlorothiazide 57
LOTEMAX SM 90
loteprednol etabonate 90
lotrimin af 113
LOTRIMIN AF (CLOTRIMAZOLE) 113
lovastatin 57
low-ogestrel (28) 75
loxapine succinate 44
lubiprostone 69
lubricant eye 113
lubricant eye (cmc-glycer)(pf) 113
lubricant eye (cmc-glycerin) 113
lubricant eye (pg-peg 400) 113
lubricant eye (pg-peg 400)(pf) 113
lubricant eye (propyl glycol) 113
lubricant eye drops 113
lubricants 113
lubricating jelly (chlorhexid) 113

lubricating plus 113
lubrifresh pm 113
luizza 75
LUMAKRAS 37
LUMIGAN 90
LUPRON DEPOT 79
LUPRON DEPOT (3 MONTH) 79
lurasidone 44
lurbipr 18
lutera (28) 75
LUTRATE DEPOT (3 MONTH) 79
LYBALVI 44
lyleq 75
lyllana 75
LYNPARZA 37
LYSODREN 38
LYTGOBI 38
lyza 75

M

m-dryl 113
M-M-R II (PF) 82
m-natal plus 66
m-pap 113
MAALOX ADVANCED 113
maalox maximum strength 113
macitentan 92
MAD NASAL ATOMIZER-1 ML SYRING 113
MAG-AL PLUS 113
mag-al plus extra strength 113
MAGNEBIND 300 113
magnesium citrate 113
magnesium hydroxide 113
magnesium oxide 113
magnesium sulfate 66
magnesium sulfate in d5w 66
magnesium sulfate in water 66
malathion 63
mapap (acetaminophen) 113
maraviroc 48
MARGENZA 38
marlissa (28) 75
MARPLAN 29
MATULANE 38
max sleep junior 114
maxallergy kids 114
maxi-tuss ac 114
maxi-tuss g 114
maxrelief junior 114
maxtussin 114
maxtussin dm 114
meclizine 30, 114
medi-meclizine 114
MEDI-PADS 114
medicated pads 114
medicated wipes 114
mediproxen 114
medroxyprogesterone 75
mefloquine 42
megestrol 75
MEKINIST 38
MEKTOVI 38
melatonin 114
melatonin-lemon balm leaf extr 114
melatonin-pyridoxine hcl (b6) 114
meleya 75
meloxicam 18
memantine 28
MENEST 75
menopause support 114
MENQUADFI (PF) 82
MENVEO A-C-Y-W-135-DIP (PF) 82
mercaptopurine 38
meropenem 23
meropenem-0.9% sodium chloride 23
mesalamine 84
mesna 38
META APPETITE CTRL (ASPARTAME) 114
METAMUCIL 114
metamucil (sugar) 114
METAMUCIL (WITH SUGAR) 114

METAMUCIL FREE (WITH SUGAR) 114
METAMUCIL MULTIHEALTH FIBER 114
METAMUCIL SUGAR-FREE (ASPART) 114
metamucil sunrise 114
metformin 51
methadone 18
methadone intensol 18
methazolamide 90
methenamine hippurate 23
methimazole 79
methocarbamol 93
methotrexate sodium 82
methotrexate sodium (pf) 82
methsuximide 26
methyldopa 57
methylphenidate hcl 61
methylprednisolone 71
methylprednisolone acetate 71
methylprednisolone sodium succ 71
metoclopramide hcl 30
metolazone 57
metoprolol succinate 57
metoprolol ta-hydrochlorothiaz 57
metoprolol tartrate 57
metronidazole 23
metronidazole in nacl (iso-os) 23
metyrosine 57
mgo 114
micafungin 31
MICAFUNGIN IN 0.9 % SODIUM CHL 31
miconazole nitrate 114
miconazole-3 ..... 31, 114
miconazole-3 prefil,cream,wipe 115
miconazole-7 115
miconazorb af 115
micotrin ac 115
micotrin ap 115
micro-guard 115
microdot glucose gel 115
microgestin 1.5/30 (21) 75
microgestin 1/20 (21) 75
microgestin fe 1.5/30 (28) 76
microgestin fe 1/20 (28) 76
midodrine 57
MIEBO (PF) 90
mifepristone 88
migraine formula 115
migraine relief 115
mili 76
milk of magnesia 115
milk of magnesia concentrated 115
mimvey 76
MINI PRENATAL 115
minocycline 23
minoxidil 57
mintox maximum strength 115
mintox plus 115
MIRALAX 115
MIRENA 88
mirtazapine 29
misoprostol 69
mitomycin 38
mix-in laxative 115
modafinil 94
MODEYSO 38
moexipril 57
molindone 44, 45
mometasone 63, 92
mondoxyne nl 23
monistat 1 (tioconazole) 115
MONISTAT 1 COMBO PACK 115
monistat 3 115
MONISTAT 7 115
monistat care (hydrocortisone) 115
mono-linyah 76
montelukast 92
morphine 18
morphine concentrate 18
motion sickness 115
motion sickness (meclizine) 115

motion sickness relief 115
motion sickness relief(mecliz) 115
motion-time 115
motrin arthritis pain 115
MOTRIN IB 115
MOUNJARO 51
MOVANTIK 69
move it along 115
moxifloxacin 23, 90
moxifloxacin-sod.chloride(iso) 23
MRESVIA (PF) 82
MUCINEX 115
mucinex fast-max dm max 115
mucinex fast-max kick cong-cgh 115
mucosa dm 115
mucus relief dm 115
mucus relief dm cough 116
mucus relief dm max 116
mucus relief er 116
MUCUS-CHEST CONGESTION 116
mucus-er max 116
MULTAQ 57
multi antibiotic plus 116
multihealth fiber 116
multihealth fiber (sugar) 116
MULTIVITAMIN-ZINC-STRESS 116
mupirocin 63
MVASI 38
mvi, adult no.4 with vit k 116
mvi, pedi no.1 with vit k 116
my choice 116
my way 116
mycophenolate mofetil 82
mycophenolate mofetil (hcl) 82
mycophenolate sodium 82
mycozyl ac 116
mycozyl ap 116
myferon 150 116
mylanta maximum strength 116
MYRBETRIQ 70

N

nabumetone 18
nadolol 57
nafcillin 23
nafcillin in dextrose iso-osm 23
naloxone 19, 116
naltrexone 19
NANO 2ND GEN PEN NEEDLE 88
NANO PEN NEEDLE 88
naproxen 18
naproxen sodium 18, 116
naramin 116
naratriptan 32
NARCAN 116
nasal moisturizing 116
nasal spray (sodium chloride) 116
NATACYN 90
NATAZIA 76
nateglinide 51
natura-lax 116
natural daily fiber 116
natural fiber laxative (sugar) 116
natural fiber laxative(aspart) 116
natural senna laxative 116
natural tears (pf) 116
natural veg laxative(sennosid) 116
NAYZILAM 26
nebivolol 57, 58
nebusal 116
necon 0.5/35 (28) 76
nefazodone 29
neo-vital rx 66
neomycin 23
neomycin-bacitracin-poly-hc 90
neomycin-bacitracin-polymyxin 90
neomycin-polymyxin b-dexameth 90
neomycin-polymyxin-gramicidin 90
neomycin-polymyxin-hc 90, 91
NEONATAL COMPLETE 66
NEONATAL PLUS VITAMIN 66

NEONATAL-DHA 66
neosporin (neo-bac-polym) 116
neosporin plus burn relief 116
NEOSPORIN PLUS PAIN RELIEF 117
NEOSPORIN PLUS PAINRELIEF(BAC) 117
NEOSPORIN-PAIN ITCH SCAR 117
NERLYNX 38
neutraphor 117
nevirapine 48
new day 117
NEXLETOL 58
NEXLIZET 58
NEXPLANON 76
niacin 58, 117
niacin (inositol niacinate) 117
niacinamide 117
niacor 58
NICODERM CQ 117
NICORETTE 117
nicotine 117
nicotine (polacrilex) 117
NICOTROL NS 19
nifedipine 58
nighttime allergy relief 117
nighttime dry-eye relief 117
nighttime sleep aid (diphen) 117
nikki (28) 76
nilotinib d-tartrate 38
nilotinib hcl 38
nilutamide 38
nimodipine 58
NINLARO 38
nintedanib 92
nitazoxanide 42
nitisinone 69
nitrofurantoin macrocrystal 23
nitrofurantoin monohyd/m-cryst 23
nitroglycerin 58, 88
NIVESTYM 53
NIX CREME RINSE 117
nizatidine 69
noble formula hc 117
non-aspirin 117
NORA-BE 76
norelgestromin-ethin.estradiol 76
noreth-ethinyl estradiol-iron 76
norethindrone (contraceptive) 76
norethindrone ac-eth estradiol 76
norethindrone acetate 76
norethindrone-e.estradiol-iron 76
norgestimate-ethinyl estradiol 76
normal saline flush 117
NORMOSOL-M IN 5 % DEXTROSE 66
NORMOSOL-R 66
NORMOSOL-R IN 5 % DEXTROSE 66
NORMOSOL-R PH 7.4 66
nortemp 117
nortrel 0.5/35 (28) 76
nortrel 1/35 (21) 76
nortrel 1/35 (28) 76
nortrel 7/7/7 (28) 76
nortriptyline 29
NORVIR 48
NOVOLIN 70-30 FLEXPEN U-100 51
NOVOLIN 70/30 U-100 INSULIN 51
NOVOLIN N FLEXPEN 51
NOVOLIN N NPH U-100 INSULIN 51
NOVOLIN R FLEXPEN 51
NOVOLIN R REGULAR U100 INSULIN 51
NOVOLOG FLEXPEN U-100 INSULIN 52
NOVOLOG MIX 70-30 U-100 INSULN 52
NOVOLOG MIX 70-30FLEXPEN U-100 52
NOVOLOG PENFILL U-100 INSULIN 52
NOVOLOG U-100 INSULIN ASPART 52
NOVOPEN ECHO 88
np thyroid 78
NU-IRON 117
NUBEQA 38
NUCALA 92
NUEDEXTA 61

NUPERCAINAL 117
NUPLAZID 45
nusyllium 117
NUTRILIPID 66
nyamyc 31
nylia 1/35 (28) 76
nylia 7/7/7 (28) 76
nystatin 31
nystatin-triamcinolone 32
nystop 32
nytol 117

O

ocella 76
octreotide acetate 79
octreotide,microspheres 79
ODEFSEY 48
ODOMZO 38
odor control foot-sneaker 117
ofloxacin 23, 90, 91
OGSIVEO 38
OJEMDA 38
OJJAARA 38
olanzapine 45
olmesartan 58
olmesartan-amlodipin-hcthiazid 58
olmesartan-hydrochlorothiazide 58
olopatadine 117
omega-3 acid ethyl esters 58
omeprazole 69
OMLYCLO 82
OMNIPOD 5 (LIBRE 2/3 PLUS) 88
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 88
OMNIPOD 5 G6-G7 PODS (GEN 5) 88
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 88
OMNIPOD CLASSIC PODS (GEN 3) 88
OMNIPOD DASH INTRO KIT (GEN 4) 88
OMNIPOD DASH PODS (GEN 4) 88
OMNIPOD GO PODS 88
OMNIPOD GO PODS 10 UNITS/DAY 88
OMNIPOD GO PODS 15 UNITS/DAY 88
OMNIPOD GO PODS 20 UNITS/DAY 88
OMNIPOD GO PODS 25 UNITS/DAY 88
OMNIPOD GO PODS 30 UNITS/DAY 88
OMNIPOD GO PODS 40 UNITS/DAY 88
OMNITROPE 71
ondansetron 30
ondansetron hcl 30
ondansetron hcl (pf) 30
ONE A DAY WOMEN'S PRENATAL DHA 117
one daily prenatal 117
one natal rx 66
ONE-A-DAY PRENATAL-1 118
onelax bisacodyl 118
onelax docusate sodium 118
onelax fiber (with sucrose) 118
onelax magnesium citrate 118
onelax senna 118
onevite calcium-d3 118
ONUREG 38
opcicon one-step 118
OPDIVO 38
OPDIVO QVANTIG 38
OPDUALAG 38
OPILL 118
OPIPZA 45
optimal d3 118
option-2 118
OPVEE 19
oral relief dry mouth 118
ORAZINC 118
ORGOVYX 38
orquidea 76
ORSERDU 39
ORTHO-TABS 118
oseltamivir 48
OTULFI 82
overnight lubricating eye 118
oxacillin 23
oxacillin in dextrose(iso-osm) 23
oxcarbazepine 26

oxybutynin chloride 70
oxycodone 18
oxycodone-acetaminophen 18
oysco 500/d 118
oyster shell + d3 118
oyster shell calcium 118
oyster shell calcium 500 118
oyster shell calcium-vit d3 118
oystercal-d 118
OZEMPIC 52

P

p-col rite 118
PACERONE 58
pain relief (acetaminophen) 118
pain relief (ibuprofen) 118
pain reliever (acetam-aspirin) 118
pain reliever (acetaminophen) 118
pain reliever plus 118
pain-off 118
paliperidone 45
panoxyl 118
PANRETIN 39
pantoprazole 69
pantoprazole in 0.9% sod chlor 69
paricalcitol 85
paroxetine hcl 29
PATADAY ONCE DAILY RELIEF 118
PATADAY TWICE DAILY RELIEF 118
PAXLOVID 48
pazopanib 39
PEDIARIX (PF) 82
pediatric enema 118
PEDVAX HIB (PF) 82
peg 3350-electrolytes 69
peg-electrolyte soln 69
PEGASYS 82
PEMAZYRE 39
PEN NEEDLE, DIABETIC 88
PENBRAYA (PF) 82
penicillamine 66
penicillin g pot in dextrose 23
penicillin g potassium 23, 24
penicillin g sodium 24
penicillin v potassium 24
PENMENVY MEN A-B-C-W-Y (PF) 82
PENTACEL (PF) 82
pentamidine 42
pentoxifylline 58
PEPCID AC 118
perampanel 26
perdiem overnight relief 119
PERIKABIVEN 66
perindopril erbumine 58
periogard 61
PERJETA 39
permethrin 63
perphenazine 45
PERSA-GEL 119
personal lubricating jelly 119
pharbechlor 119
pharbedryl 119
pharbetol 119
pharbinex-dm 119
PHAZYME 119
phenazopyridine 119
phenelzine 29
phenobarbital 26
phenytoin 26
phenytoin sodium 26
phenytoin sodium extended 26
philith 76
PHILLIPS MILK OF MAGNESIA 119
phillips' liqui-gels 119
phytonadione (vitamin k1) 119
PIFELTRO 48
pilocarpine hcl 61, 90
pimecrolimus 63
pimozide 45
pimtrea (28) 76
pioglitazone 52

pioglitazone-metformin 52
piperacillin-tazobactam 24
PIQRAY 39
pirfenidone 92, 93
piroxicam 18
PLAN B ONE-STEP 119
PLASMA-LYTE 148 PH 7.4 66
PLASMA-LYTE A 66
PLENAMINE 66
pnv no.95-ferrous fumarate-fa 119
podofilox 63
polocaine 19
polocaine-mpf 19
poly bacitracin (zinc) 119
poly-iron 119
polycin 90
polyethylene glycol 3350 119
polymyxin b sulf-trimethoprim 90
polymyxin b sulfate 24
polysaccharide iron complex 119
POLYSPORIN 119
polyvinyl alcohol 119
pomalidomide 39
portia 28 76
posaconazole 32
potassium acetate 66
potassium chlorid-d5-0.45%nacl 66
potassium chloride 66
potassium chloride in 0.9%nacl 66
potassium chloride in 5 % dex 67
potassium chloride in lr-d5 67
potassium chloride in water 67
potassium chloride-0.45 % nacl 67
potassium chloride-d5-0.2%nacl 67
potassium chloride-d5-0.9%nacl 67
potassium citrate 67
POTELIGEO 39
povidone-iodine 119
powderlax 119
pr natal 400 67
pr natal 400 ec 67
pr natal 430 67
pr natal 430 ec 67
pramipexole 43
prasugrel hcl 53
pravastatin 58
praziquantel 42
prazosin 58
pre-moistened medicated wipes 119
prednisolone 71
prednisolone acetate 90
prednisolone sodium phosphate 71, 90
prednisone 71
prednisone intensol 71
pregabalin 61
PREMARIN 76
PREMASOL 10 % 67
PRENATA 67
PRENATABS FA 67
prenatal 119
prenatal + dha 119
prenatal complete 119
prenatal formula 119
PRENATAL FORMULA-DHA 119
prenatal multi 119
prenatal multi-dha (algal oil) 119
prenatal multi-dha(with vit k) 120
prenatal multivitamins 120
prenatal one daily 120
prenatal plus (calcium carb) 67
prenatal plus vitamin-mineral 67
prenatal tablet 120
prenatal vit no.179-iron-folic 120
prenatal vit-iron fum-folic ac 120
prenatal vitamin 120
prenatal vitamin plus low iron 120
prenatal vitamin with minerals 120
PRENATE ELITE 67
PREPARATION H 120
preparation h (pe) 120

preparation h (witch hazel) 120
preparation h hydrocortisone 120
prevalite 58
PREVYMIS 48
PREZCOBIX 48
PREZCOBIX PED 48
PREZISTA 48
PRIFTIN 33
primaquine 42
primidone 26
PRIMSOL 24
PRIORIX (PF) 82
PRO COMFORT ALCOHOL PADS 88
PRO-COMFORT ALCOHOL PADS 88
probenecid 32
probenecid-colchicine 32
probiotic acidophilus (4 strn) 120
probiotic colon support 120
prochlorperazine 30
prochlorperazine edisylate 30
prochlorperazine maleate 30
procto-med hc 63
proctosol hc 63
proctozone-hc 63
progesterone 76
progesterone micronized 76
PROGRAF 82
PROLIA 85
PROMACTA 53, 54
promethazine 30
promethazine-codeine 120
promethazine-dm 120
promolaxin 120
propafenone 58
propranolol 58
propylthiouracil 79
PROQUAD (PF) 83
PROSOL 20 % 67
protriptyline 29
psyllium husk (with sugar) 120
pulmosal 120
PULMOZYME 93
pure and gentle (saline) 120
PURE COMFORT ALCOHOL PADS 88
pure l-citrulline 120
purelax 120
purevita folic acid 120
purevita vitamin d3 120
PURIXAN 39
pvp prep 120
pyrazinamide 33
pyridostigmine bromide 33
pyridoxine (vitamin b6) 120
pyrimethamine 42

Q

QINLOCK 39
QUADRACEL (PF) 83
quetiapine 45
quinapril 58
quinapril-hydrochlorothiazide 58
quinidine sulfate 59
quinine sulfate 42
quit 2 120
quit 4 120
QULIPTA 32

R

RABAVERT (PF) 83
rabeprazole 69
RALDESY 29
raloxifene 77
ramelteon 94
ramipril 59
ranolazine 59
rasagiline 43
RASONQUE 39
READY-TO-USE ENEMA 120
READYPREP CHG 120
readyprep pvp 120
reclipsen (28) 77
RECOMBIVAX HB (PF) 83

refenesen dm 120
REFRESH CELLUVISC 121
REFRESH CLASSIC (PF) 121
REFRESH DIGITAL 121
REFRESH DIGITAL PF 121
REFRESH LACRI-LUBE 121
REFRESH LIQUIGEL 121
REFRESH OPTIVE 121
REFRESH OPTIVE ADVANCED 121
REFRESH OPTIVE ADVANCED (PF) 121
REFRESH OPTIVE MEGA-3 (PF) 121
REFRESH OPTIVE SENSITIVE (PF) 121
REFRESH P.M. 121
REFRESH PLUS 121
REFRESH RELIEVA 121
REFRESH RELIEVA PF 121
REFRESH TEARS 121
REFRESH TEARS PF 121
reguloid (aspartame) 121
REGULOID (PSYLLIUM HUSK-SUCRO) 121
RELENZA DISKHALER 48
REMEDY ANTIFUNGAL 121
remedy phytoplex antifungal 121
RENAL MULTIVITAMIN 121
repaglinide 52
REPATHA PUSHTRONEX 59
REPATHA SURECLICK 59
REPATHA SYRINGE 59
RESPA-AR 121
rest simply nighttime sleep 121
restore plus (cmcellulose) 121
restore pm 121
RETACRIT 54
retaine allergy 121
retaine cmc 121
retaine pm 121
RETEVMO 39
RETROVIR 48
REVCOVI 69
REVUFORJ 39
REXTOVY 19
REXULTI 45
REYATAZ 48
REZDIFFRA 88
REZLIDHIA 39
RHOPRESSA 90
RIABNI 39
ribavirin 48
rid lice killing 121
rifabutin 33
rifampin 33
rifapentine 33
rilpivirine hcl 48
riluzole 61
rimantadine 48
ringer's 67
ringworm 121
RINVOQ 83
RINVOQ LQ 83
riociguat 93
RISA-BID 121
risedronate 85
RISPERDAL CONSTA 45
risperidone 45
risperidone microspheres 45
ritonavir 49
rivaroxaban 54
rivastigmine 28
rivastigmine tartrate 28
rizatriptan 32
robafen dm 121
ROBITUSSIN COUGH-CHEST CONG DM 121
robitussin er 122
robitussin honey max dm 122
ROCKLATAN 90
roflumilast 93
ROMVIMZA 39
ropinirole 43
ropivacaine (pf) 19
rosuvastatin 59

ROTARIX 83
ROTATEQ VACCINE 83
roweepra 27
ROZLYTREK 39
RUBRACA 39
rufinamide 27
RUKOBIA 49
RUXIENCE 39
RYBELSUS 52
RYBREVANT 39
RYBREVANT FASPRO 39
RYDAPT 39

S

sacubitril-valsartan 59
safe tussin dm 122
sajazir 83
saline mist 122
saline nasal 122
saline nasal mist 122
saline nose 122
SANDOSTATIN LAR DEPOT 79
SANTYL 63
sapropterin 69
SARCLISA 39
SARCLISA ESCENA 39
SCEMBLIX 39
scopolamine base 30
SCOT-TUSSIN EXPECTORANT 122
SCRUB CARE EXIDINE 122
scrub care povidone iodine 122
SCRUB CHLORHEXIDINE GLUCONATE 122
se-natal 19 chewable 67
SECUADO 46
secura antifungal extra thick 122
secura dimethicone 122
selegiline hcl 43
selenium sulfide 63
selsun blue 122
selsun blue 2-in-1 122
selsun blue moisturizing 122
SELZENTRY 49
senexon-s 122
senna 122
senna lax 122
senna laxative 122
senna plus 122
senna-s 122
senna-time s 122
sennosides 122
sennosides-docusate sodium 122
SENOKOT 122
SENOKOT-S 122
sentia 122
sertraline 29
setlakin 77
sharobel 77
SHINGRIX (PF) 83
SIGNIFOR 79
sildenafil (pulm.hypertension) 93
silodosin 70
silver sulfadiazine 63
SIMBRINZA 90
simethicone 122
SIMILAC PRENATAL 122
simliya (28) 77
simpesse 77
simply sleep 122
simvastatin 59
sirolimus 83
SIRTURO 33
sitagliptin phos-metformin 52
sitagliptin phosphate 52
skin protectant a and d 122
skin protectant a-d (pet, lan) 122
SKYRIZI 83
sleep aid (diphenhydramine) 122
sleep ii 122
sleep tablet (diphenhydramine) 122
SLEEP-TABS 123
SMOFLIPID 67

smooth antacid 123
smooth texture fiber 123
smoothlax 123
sodium bicarbonate 67, 123
sodium chlor 0.9% bacteriostat 123
sodium chloride 67, 88, 123
sodium chloride 0.45 % 67
sodium chloride 0.9 % 67
sodium chloride 0.9 % (flush) 123
sodium chloride 3 % hypertonic 67
sodium chloride 5 % hypertonic 67
sodium oxybate 94
sodium phenylbutyrate 70
sodium phosphate 67
sodium polystyrene sulfonate 67
sodium,potassium,mag sulfates 69
solifenacin 70
SOLIQUA 100/33 52
SOLTAMOX 39
SOLU-MEDROL 71
SOLU-MEDROL (PF) 71
SOMAVERT 79
sominex 123
SOOTHE AND COOL INZO BARRIER 123
SOOTHE HYDRATION 123
SOOTHE NIGHT TIME LUBRICANT 123
soothe xp 123
SOOTHE XP (PF) 123
soothing pureway-c 123
sorafenib 40
SORBITOL 123
sorbitol-mannitol 88
sorbugen nr 123
SORBUTUSS 123
sotalol 59
sotalol af 59
SPIRIVA RESPIMAT 93
SPIRIVA WITH HANDIHALER 93
spironolacton-hydrochlorothiaz 59
spironolactone 59
sprintec (28) 77
SPRITAM 27
SPS (WITH SORBITOL) 67
sronyx 77
SSD 63
st joseph aspirin 123
st. joseph aspirin 123
STELARA 83
sterile saline 123
stimulant laxative plus 123
STIOLTO RESPIMAT 93
STIVARGA 40
stool softener 123
stool softener (docusate cal) 123
stool softener-laxative 123
stool softener-stimulant laxat 123
stop smoking aid 123
strawberry c 123
STRENSIQ 70
streptomycin 24
STRESS FORMULA WITH IRON 123
STRESS FORMULA WITH IRON(SULF) 123
STRIBILD 49
STRIVERDI RESPIMAT 93
STUART ONE 123
stye (pva-povidone) 123
STYE LUBRICANT 124
SUBVENITE 27
subvenite starter (blue) kit 27
subvenite starter (green) kit 27
subvenite starter (orange) kit 27
sucralfate 69
SUFLAVE 69
sulfacetamide sodium 24, 90
sulfacetamide sodium (acne) 24
sulfacetamide-prednisolone 90
sulfadiazine 24
sulfamethoxazole-trimethoprim 24
sulfasalazine 85
sulindac 18

sumatriptan 32
sumatriptan succinate 32, 33
sunitinib malate 40
SUNLENCA 49
super quints 124
super quints b-50 124
SURE COMFORT ALCOHOL PREP PADS 88
SURE-PREP ALCOHOL PREP PADS 88
SURFAK 124
SUTAB 69
swabflush 124
SWEEN 124
SWEEN CREAM 124
syeda 77
SYMBICORT 93
SYMPAZAN 27
SYMTUZA 49
SYNJARDY 52
SYNJARDY XR 52
SYNTHROID 78
SYSTANE (PROPYLENE GLYCOL) 124
SYSTANE BALANCE 124
SYSTANE COMPLETE 124
SYSTANE GEL 124
SYSTANE HYDRATION (PF) 124
SYSTANE ULTRA 124
SYSTANE ULTRA (PF) 124

T

TABLOID 40
TABRECTA 40
tacrolimus 63, 83
tadalafil 70
tadalafil (pulm. hypertension) 93
TAFINLAR 40
TAGRISSO 40
TAKE ACTION 124
TALICIA 69
TALZENNA 40
TAME THE FLAME 124
tamoxifen 40
tamsulosin 70
tarina 24 fe 77
tarina fe 1-20 eq (28) 77
tarina fe 1/20 (28) 77
tasimelteon 94
tazarotene 63
TAZVERIK 40
TDVAX 83
TECENTRIQ 40
TECENTRIQ HYBREZA 40
TEFLARO 24
telmisartan 59
telmisartan-amlodipine 59
telmisartan-hydrochlorothiazid 59
temazepam 94
TENIVAC (PF) 83
tenofovir disoproxil fumarate 49
TEPMETKO 40
terazosin 59
terbinafine hcl 32, 124
terconazole 32
teriflunomide 61
testosterone 77
testosterone cypionate 77
testosterone enanthate 77
tetrabenazine 61
TEVIMBRA 40
THALOMID 40
the magic bullet 124
theophylline 93
thera antifungal 124
thera moisturizing 124
thera-d 124
THERANATAL 124
THERANATAL COMPLETE 124
THERANATAL ONE 124
THERANATAL OVAVITE 124
THERANATAL PLUS 124
theratears 124
thiamine hcl (vitamin b1) 124

thioridazine 46
thiothixene 46
tiadylt er 59
tiagabine 27
TIBSOVO 40
ticagrelor 54
TICOVAC 83
tigecycline 24
tilia fe 77
timolol 90
timolol maleate 59, 90
timolol maleate (pf) 91
TINACTIN 124
tinidazole 24
tioconazole 124
tioconazole-1 124
TIVICAY 49
TIVICAY PD 49
tizanidine 46
tobramycin 91
tobramycin in 0.225 % nacl 24
tobramycin sulfate 24
tobramycin-dexamethasone 91
tolnaftate 124, 125
tolterodine 70
topiramate 27
toremifene 40
torpenz 40
torsemide 59
TOUJEO MAX U-300 SOLOSTAR 52
TOUJEO SOLOSTAR U-300 INSULIN 52
TPN ELECTROLYTES 67
TRADJENTA 52
tramadol 18
trandolapril 59
trandolapril-verapamil 59
tranexamic acid 54
tranylcypromine 29
TRAVASOL 10 % 68
travel sickness 125
travel-ease (meclizine) 125
travoprost 91
TRAZIMERA 40
trazodone 29, 30
TRECATOR 33
TRELEGY ELLIPTA 93
TRELSTAR 79
TREMFYA 83
TREMFYA ONE-PRESS 83
TREMFYA PEN 83
TREMFYA PEN INDUCTION PK(2PEN) 83
TRESIBA FLEXTOUCH U-100 52
TRESIBA FLEXTOUCH U-200 52
TRESIBA U-100 INSULIN 52
tretinoin 63
tretinoin (antineoplastic) 40
tri-buffered aspirin 125
tri-estarylla 77
tri-legest fe 77
tri-linyah 77
tri-lo-estarylla 77
tri-lo-marzia 77
tri-lo-mili 77
tri-lo-sprintec 77
tri-mili 77
tri-sprintec (28) 77
tri-vylibra 77
tri-vylibra lo 77
triamcinolone acetonide 61, 71
triamterene 59
triamterene-hydrochlorothiazid 59
triderm 71
trientine 68
trifluoperazine 46
trifluridine 91
trihexyphenidyl 43
TRIJARDY XR 52, 53
TRIKAFTA 93
trimazole 125
trimethoprim 24

trimipramine 30
trinatal rx 1 68
TRINTELLIX 30
TRIPLE ANTIBIOTIC 125
triple antibiotic plus 125
triple antibiotic spray 125
triple antibiotic-pain relief 125
TRITOLNACIDE C 125
TRIUMEQ 49
TRIUMEQ PD 49
trivora (28) 77
TROGARZO 49
TROJAN BARESKIN 125
TROJAN EXTENDED PLEASURE 125
TROJAN MAGNUM CONDOMS 125
TROJAN PLEASURE PACK 125
TROJAN ULTRA RIBBED CONDOM 125
TROJAN ULTRA THIN 125
TROJAN ULTRA THIN SPERMICIDAL 125
TROJAN VERY THIN LUB CONDOMS 125
TROJAN-ENZ (NON-LUB) CONDOMS 125
TROJAN-ENZ LUBRICATED CONDOMS 125
TROJAN-ENZ/SPERMICIDAL CONDOMS 125
TRONVITE 125
TROPHAMINE 10 % 68
trospium 70
TRUE COMFORT ALCOHOL PADS 88
TRUE COMFORT PRO ALCOHOL PADS 88
TRUE COVER CONDOM 125
trueplus glucose 125
TRULICITY 53
TRUMENBA 84
TRUQAP 40
TRUSTEX LATEX CONDOM 125
TRUSTEX LUBRICATED CONDOMS 125
TRUSTEX NON-LUB CONDOMS 125
TRUSTEX-RIA LUB/SPERMICIDE 125
TRUSTEX-RIA LUBRICATED CONDOMS 125
TRUSTEX-RIA NON-LUB CONDOMS 125
TRYPTYR 91
tucks (witch hazel) 125
TUKYSA 40
tulana 77
TUMS 125
TUMS E-X 126
TUMS EXTRA STRENGTH SMOOTHIES 126
TUMS FRESHERS 126
TURALIO 40
turqoz (28) 77
tusnel diabetic 126
tusnel-ex 126
tussin 126
tussin chest congestion 126
tussin cough-chest congestion 126
tussin dm 126
tussin dm clear 126
tussin dm cough and chest 126
tussin dm max 126
tussin mucus-chest congestion 126
TUXARIN ER 126
TWINRIX (PF) 84
TWIRLA 77
TYBOST 49
TYENNE 84
TYENNE AUTOINJECTOR 84
TYLENOL 8 HOUR 126
TYLENOL ARTHRITIS PAIN 126
TYMLOS 85
TYPHIM VI 84

U

UBRELVY 33
UDENYCA 54
UDENYCA AUTOINJECTOR 54
UDENYCA ONBODY 54
ULTILET ALCOHOL SWAB 88
ultra a-d 126
ULTRA B-100 COMPLEX (FOODBASE) 126
ultra fresh 126
ultra fresh pm 126
ultra lubricant eye 126

ultra tuss safe 126
ULTRA-FINE INS SYR (HALF UNIT) 88
ULTRA-FINE INSULIN SYRINGE 89
ULTRA-FINE PEN NEEDLE 89
ULTRA-FINE SAFETY INSULIN SYRN 89
UNITHROID 78
UNITUXIN 40
UNLOXCYT 40
UP4 PROBIOTICS KIDS CUBES 126
UPTRAVI 93
urinary pain relief 126
uro-pain 126
ursodiol 69
USTEKINUMAB 84

V

VAGINAL CONTRACEPTIVE FILM 126
valacyclovir 49
VALCHLOR 40
valganciclovir 49
valproate sodium 27
valproic acid 27
valproic acid (as sodium salt) 27
valrubicin 40
valsartan 59
valsartan-hydrochlorothiazide 59
VALTOCO 27
valtya 77
VANALICE 126
vancomycin 24
vancomycin in 0.9 % sodium chl 24
vancomycin in dextrose 5 % 24
vancomycin-diluent combo no.1 24
VANFLYTA 40
vanicream hc 126
vanquish 126
VAQTA (PF) 84
varenicline tartrate 19
VARIVAX (PF) 84
VASCEPA 60
VAXCHORA VACCINE 84
VCF CONTRACEPTIVE FILM 126
vcf contraceptive gel 126
VECTIBIX 40
vegetable lax-stool softener 126
vegetable laxative 127
VEGETARIAN BONEUP 127
velivet triphasic regimen (28) 77
VEMLIDY 49
VENCLEXTA 40, 41
VENCLEXTA STARTING PACK 41
venlafaxine 30
ventiva tears 127
VENTOLIN HFA 93
VEPPANU 41
verapamil 60
VERQUVO 60
VERSACLOZ 46
verticalm 127
VERZENIO 41
vestura (28) 77
vienva 78
vigabatrin 27
vigadrone 27
VIGAFYDE 27
vigpoder 27
vilazodone 30
VIMKUNYA (PF) 84
viorele (28) 78
VIRACEPT 49
VIREAD 49
vis guard (petrolatum-min oil) 127
vis guard (polyvinyl alcohol) 127
vista gel 127
vista meibo tears 127
vista tears 127
vit b comp-folic-choline-inosi 127
vitajoy melatonin 127
vitamin a and d 127
vitamin b complex 127
VITAMIN B COMPLEX-ELECTROLYTES 127

vitamin b complex-folic acid 127
vitamin b-12 127
vitamin b-6 127
vitamin c 127
vitamin d2 127
vitamin d3 127
vitamin k 127
vitamins b complex 127
vitasure 127
VITRAKVI 41
vits a and d-white pet-lanolin 127
VIVITROL 19
VIVOTIF 84
VIZIMPRO 41
VOCABRIA 49
volnea (28) 78
VOLTAREN ARTHRITIS PAIN 127
VONJO 41
VORANIGO 41
voriconazole 32
voriconazole-hpbcd 32
VOSEVI 49
VOWST 69
VRAYLAR 46
vyfemla (28) 78
vylibra 78
VYLOY 41
VYVGART 33
VYVGART HYTRULO 33
VYZULTA 91

W

wal-dram 127
wal-dram 2 127
wal-dryl allergy 127, 128
wal-fex allergy 128
wal-finate 128
wal-itin 128
wal-itin d 128
wal-itin d 12 hour 128
wal-mucil fiber (aspartame) 128
wal-mucil fiber (sugar) 128
wal-mucil natural fiber lax 128
wal-profen 128
wal-proxen 128
wal-sporin 128
wal-tussin 128
wal-tussin dm 128
wal-tussin dm clear 128
wal-zyr (cetirizine) 128
wal-zyr (ketotifen) 128
wal-zyr d 128
warfarin 54
WEBCOL 89
weekly-d 128
WELIREG 70
WELTRUZA 46
wera (28) 78
wesnatal dha complete 68
wesnate dha 68
westab plus 68
WINREVAIR 93
wixela inhub 93
woman's laxative (bisacodyl) 128
women's gentle laxative(bisac) 128
women's laxative (bisacodyl) 128
women's prenatal plus dha 128
wymzya fe 78

X

XALKORI 41
xarah fe 78
XARELTO 54
XARELTO DVT-PE TREAT 30D START 54
XATMEP 84
XCOPRI 27
XCOPRI MAINTENANCE PACK 27
XCOPRI TITRATION PACK 28
XDEMVY 89
xelria fe 78
XERMELO 69
XGEVA 85

XIFAXAN 69
XIGDUO XR 53
XOLAIR 84
XOSPATA 41
XPOVIO 41
XTANDI 41
xulane 78
xvite 128

Y

YERVOY 41
YESINTEK 84
YF-VAX (PF) 84
YONDELIS 41
yulithira 41
YUM-YUM DOPHILUS 128

Z

zaditor 128
zafemy 78
zafirlukast 93
zaleplon 94
zantac-360 (famotidine) 128
zarah 78
ZARXIO 54
zeasorb af 128
ZEGALOGUE AUTOINJECTOR 53
ZEGALOGUE SYRINGE 53
ZEJULA 41
ZELBORAF 41
ZEMAIRA 70
zenatane 63
ZENBEXUS 41
ZENPEP 70
zidovudine 49
zinc oxide 128
zinc sulfate 128
ziprasidone hcl 46
ziprasidone mesylate 46
ZIRABEV 41
ZIRGAN 49
zoledronic ac-mannitol-0.9nacl 85
zoledronic acid 85
zoledronic acid-mannitol-water 85
ZOLINZA 41
zolpidem 94
ZONISADE 28
zonisamide 28
ZORYVE 63
zostrix-hp 128
zovia 1-35 (28) 78
ZTALMY 28
ZUBSOLV 19
zumandimine (28) 78
ZURNAI 19
ZURZUVAE 30
ZYDELIG 42
ZYKADIA 42
zyncof 128
ZYNYZ 42
ZYPITAMAG 60
ZYPREXA 46
ZYPREXA RELPREVV 46
ZYRTEC 128
ZYRTEC-D 128

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 ।

This *Drug List* was updated on 11/02/2026. For more recent information or other questions, contact us at 1-866-274-5888 (TTY: 711), 8 A.M. to 8 P.M. local time seven days a week or visit **Humana.com/medicaid/indiana/dsnp/pharmacy**.

H4939-001

Humana. | PathWays FOR AGING DUAL CARE