2027

Prescription Drug Guide

Humana Dual Integrated Formulary

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

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

Humana Dual Integrated (HMO D-SNP)

Formulary 27368 Version 8

This *Drug List* was updated on 11/02/2026. For more recent information or other questions, contact us at 1-855-281-6070 (TTY: 711), 8 A.M. to 8 P.M. local time seven days a week or visit **Humana.com/medicaredruglist**.

Humana®

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit **Humana.com/medicaredruglist**. This formulary was updated on 11/02/2026.

Introduction

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

Table of Contents:

A. Disclaimers 4

B. Frequently Asked Questions (FAQ) 5

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

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

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

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

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

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

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

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

B9. What if I am a new Humana Dual Integrated (HMO 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 Dual Integrated (HMO D-SNP) cover non-drug OTC products? 13

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

B18. What is my copay? 13

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

C1. List of Drugs by Drug Type 15

D. Index of Covered Drugs 105

A. Disclaimers

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

- You can always check Humana Dual Integrated (HMO D-SNP)'s up-to-date *List of Covered Drugs* online at **Humana.com/medicaredruglist** or by calling us at the number listed in the footer of this document. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call us at the number listed in the footer of this document. This call is free.
- For questions about or problems with the MI Coordinated Health program or our plan, contact the MI Community, Home, and Health Ombudsman (MI CHHO) for free help. MI CHHO is an independent program and isn't connected with this plan. Call 1-888-746-6456 or visit the MI CHHO website at **meji.org/michho/mhlo**. To schedule an appointment with a person-centered options counselor, please call MI Options at 1-800-803-7174 8 a.m. to 8 p.m., Monday through Friday.
- Humana Dual Integrated (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Enrollment depends on contract renewal.
- 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 1-855-281-6070 (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 Dual Integrated (HMO D-SNP). The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

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

You can also find an up-to-date list of drugs that we cover on our website at **Humana.com/medicaredruglist** or call us at the number in the footer of this document.

B2. Does the *Drug List* ever change?

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

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

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

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

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

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

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

- You can always check Humana Dual Integrated (HMO D-SNP)'s up–to-date *Drug List* online at **Humana.com/medicaredruglist**. Updates to the *Drug List* are posted on the website monthly.
- You can also call us at the number in the footer of this document to check the current *Drug List*.

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

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

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

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

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

When these changes happen, we will:

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

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

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

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

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

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

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

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

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

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

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

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

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

There are two ways to find a drug:

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

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

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

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

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

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

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

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

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

We will cover a 30-day supply of your drug if:
- you are taking a drug that is not on our *Drug List*, ***or***
- our plan rules do not let you get the amount ordered by your prescriber, ***or***
- the drug requires prior authorization by Humana Dual Integrated (HMO D-SNP), ***or***
- you are taking a drug that is part of a step therapy restriction.

If you're taking a drug that Humana Dual Integrated 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 Dual Integrated (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Humana Dual Integrated (HMO D-SNP).

If you change treatment settings
During the plan year, you may change treatment settings because of a change in the level of your care. For instance, you may:
- Move from a hospital or skilled nursing facility to a home setting
- Move from a home setting to a hospital or skilled nursing facility
- Move from one skilled nursing facility to another, so you need to use a new pharmacy
- Stop staying at a skilled nursing facility where Medicare Part A covered your prescription drugs, so you need to use Part D now
- Give up your Hospice status, so you need to use Medicare Parts A and B now
- Leave a long-term psychiatric hospital where your drugs were tailored to you

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

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

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

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

After you get a transition supply of a Part D drug
We may need to do a medical review of the drug if:
- The drug is not on our approved list, **or**
- We need to approve it in advance because:
  - There are limits on the amount you can get
  - You need to try a less costly drug first, **or**
  - We need to know some facts about your health

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

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

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

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

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

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

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

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

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

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

We can help
We can help you and your doctor:

- Ask for an exception
- Make an appeal
- Find another drug for your health problem
- Learn more about your Transition Policy

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

- Approve your drug in advance
- Make an exception

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

Pharmacy and Therapeutics (P&T) committee
This committee watches over our Part D drug list and related rules. It made these rules for certain Part D drugs. The rules are meant to make sure the drugs:

- Are used per medical guidelines
- Have been proven safe and effective for the health problem they are treating
- Are prescribed per the maker's guidelines

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

Yes. You can ask Humana Dual Integrated (HMO D-SNP) to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

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

B11. How can I ask for an exception?

To ask for an exception, call us. A representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9 Section G2** of the *Member Handbook* to learn more about exceptions.

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

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

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

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

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

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

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

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

- Approve your drug in advance
- Make an exception

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

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

B13. What are generic drugs?

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

Humana Dual Integrated (HMO D-SNP) covers both brand name drugs and generic drugs.

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

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

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. What are OTC drugs?

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

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

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

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

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

Humana Dual Integrated (HMO D-SNP) covers OTC health and wellness items through the Humana Healthy Options Allowance. For more information about this benefit, see the Medical Benefits Chart in Chapter 4, Section 2.1 of your Evidence of Coverage *(sometimes called the Member Handbook)*.

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

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. 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. Some drugs may be eligible for up to a 100-day supply.

B18. What is my copay?

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

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

- **Cost-Sharing Tier 1 –** Preferred Generic: Generic or brand drugs that are available at the lowest cost share for this plan. The copay is $0.
- **Cost-Sharing Tier 2 –** Generic: Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs. The copay is $0.
- **Cost-Sharing Tier 3 –** Preferred Brand: Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred Drug drugs. The copay is $0-$14.40, depending on your income.
- **Cost-Sharing Tier 4 –** Non-Preferred Drug: Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs. The copay is $0-$14.40, depending on your income.
- **Cost-Sharing Tier 5 –** Specialty Tier: Some injectables and other high-cost drugs. The copay is $0-$14.40, depending on your income.

The copay amounts shown are for members who qualify for Medicare's Extra Help program. If you no longer receive Extra Help, you may pay more for your prescriptions. You will receive a letter about your new drug costs.

OTCs have a $0 copay.

If you have questions, call us at the number in the footer of this document.

C. Overview of the *List of Covered Drugs*

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

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

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

C1. List of Drugs by Drug Type

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

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

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

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

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

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

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

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

MO = Drug is typically available through mail-order.

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

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

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

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

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

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml) SOLUTION[DL]	3	QL(2700 per 30 days)
acetaminophen-codeine 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION[DL]	4	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]	4	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	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 TABLET[DL]	4	QL(360 per 30 days)
ENDOCET 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 TABLET[DL]	4	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml SOLUTION[DL]	4	QL(2700 per 30 days)
hydrocodone-acetaminophen 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 5-325 mg, 7.5-325 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]	4	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)
hydromorphone (pf) 2 mg/ml SOLUTION[DL]	4	BvsD
ibu 400 mg, 600 mg, 800 mg TABLET[MO]	1	
ibuprofen 100 mg/5 ml SUSPENSION[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
ketorolac 10 mg TABLET[MO]	2	QL(20 per 30 days)
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]	4	QL(180 per 30 days)
morphine 15 mg, 30 mg TABLET[DL]	4	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]	4	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]	3	
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 TABLET[DL]	3	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET[DL]	4	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE[DL]	4	QL(270 per 30 days)
oxycodone 5 mg/5 ml SOLUTION[DL]	3	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg TABLET[DL]	4	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET[DL]	3	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg, 7.5-325 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]	2	PA,QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE[DL]	2	PA,QL(30 per 30 days)
tramadol 50 mg TABLET[DL]	2	QL(240 per 30 days)
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 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg FILM[MO]	4	
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET[MO]	2	
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR.[MO]	2	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET[MO]	2	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL[MO]	4	
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	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
acetic acid 2 % SOLUTION[MO]	2	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION[MO]	3	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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]	4	
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	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION[MO]	3	
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]	3	
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[MO]	4	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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	
tetracycline 250 mg, 500 mg CAPSULE[MO]	4	
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[MO]	4	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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
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]	2	
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]	4	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]	3	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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 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, 2 mg, 4 mg, 6 mg, 8 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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE[MO]	2	
primidone 125 mg, 250 mg, 50 mg TABLET[MO]	2	
roweepra 500 mg TABLET[MO]	1	
rufinamide 200 mg TABLET[MO]	4	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION[MO]	4	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[MO]	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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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**	2	QL(120 per 30 days)
*bupropion hcl 100 mg, 75 mg TABLET***MO**	2	QL(180 per 30 days)
*bupropion hcl 150 mg TABLET, ER 24 HR.***MO**	2	QL(90 per 30 days)
*bupropion hcl 150 mg TABLET, SR 12 HR.***MO**	2	QL(90 per 30 days)
*bupropion hcl 200 mg TABLET, SR 12 HR.***MO**	2	QL(60 per 30 days)
*bupropion hcl 300 mg TABLET, ER 24 HR.***MO**	2	QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET[MO]	3	
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]	4	
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[MO]	4	
sertraline 100 mg TABLET[MO]	1	QL(60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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]	2	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	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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[MO]	4	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	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]	4	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 28 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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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 60 mg TABLET[MO]	3	
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	
PRETOMANID 200 MG TABLET[MO]	4	QL(30 per 30 days)
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
ANTINEOPLASTICS		
abiraterone 250 mg TABLET[MO]	4	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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DARZALEX 20 MG/ML SOLUTION[DL]	5	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION[DL]	5	PA
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 TABLET[MO]	3	PA,QL(30 per 30 days)
erlotinib 150 mg TABLET[MO]	4	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET[MO]	3	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, 40 MG CAPSULE[MO]	4	
GLEOSTINE 100 MG CAPSULE[DL]	5	
GOMEKLI 1 MG TABLET FOR SUSPENSION[DL]	5	PA
GOMEKLI 1 MG, 2 MG CAPSULE[DL]	5	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HERNEXEOS 60 MG TABLET[DL]	5	PA,QL(180 per 30 days)
hydroxyurea 500 mg CAPSULE[MO]	1	
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[MO]	4	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)
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)
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KISQALI 400 MG/DAY (200 MG X 2) TABLET**DL**	5	PA,QL(42 per 28 days)
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**	3	
*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	
*lomustine 100 mg CAPSULE***DL**	5	
*lomustine 40 mg CAPSULE***DL**	4	
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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]	4	
mitomycin 20 mg, 40 mg RECON SOLUTION[DL]	5	
mitomycin 5 mg RECON SOLUTION[MO]	4	
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 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)
OGIVRI 150 MG, 420 MG RECON SOLUTION[DL]	5	PA
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
POMALYST 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
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 CAPSULE**DL**	5	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET**DL**	5	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE**DL**	5	PA,QL(120 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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
*sorafenib 200 mg TABLET***DL**	5	PA,QL(120 per 30 days)
STIVARGA 40 MG TABLET**DL**	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 TABLET**MO**	4	
TABRECTA 150 MG, 200 MG TABLET**DL**	5	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION**DL**	5	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE**DL**	5	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE**DL**	5	PA,QL(120 per 30 days)
TAGRISSO 40 MG, 80 MG TABLET**DL**	5	PA,QL(30 per 30 days)
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE**DL**	5	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE**DL**	5	PA,QL(90 per 30 days)
*tamoxifen 10 mg, 20 mg TABLET***MO**	1	
TAZVERIK 200 MG TABLET**DL**	5	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION**DL**	5	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION**DL**	5	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION**DL**	5	PA,QL(15 per 21 days)
TEPMETKO 225 MG TABLET**DL**	5	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION**DL**	5	PA,QL(20 per 21 days)
THALOMID 100 MG CAPSULE**DL**	5	PA,QL(120 per 30 days)
THALOMID 50 MG CAPSULE**DL**	5	PA,QL(240 per 30 days)
TIBSOVO 250 MG TABLET**DL**	5	PA,QL(60 per 30 days)
*toremifene 60 mg TABLET***MO**	4	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 SOLUTION**DL**	5	PA
*tretinoin (antineoplastic) 10 mg CAPSULE***DL**	5	
TRUQAP 160 MG, 200 MG TABLET**DL**	5	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLET**DL**	5	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET**DL**	5	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE**DL,LA**	5	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION**DL**	5	PA
UNLOXCYT 300 MG/5 ML (60 MG/ML) SOLUTION**DL**	5	PA
VALCHLOR 0.016 % GEL**DL**	5	PA,QL(60 per 28 days)
*valrubicin 40 mg/ml SOLUTION***DL**	5	PA,QL(80 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VANFLYTA 17.7 MG, 26.5 MG TABLET**DL**	5	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION**DL**	5	PA
VENCLEXTA 10 MG TABLET**MO**	3	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET**DL**	5	PA,QL(180 per 30 days)
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZEGFROVY 150 MG TABLET[DL]	5	PA,QL(30 per 30 days)
ZEGFROVY 200 MG TABLET[DL]	5	PA,QL(60 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)
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]	2	
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]	4	
benztropine 1 mg/ml SOLUTION[MO]	4	
bromocriptine 2.5 mg TABLET[MO]	3	
carbidopa 25 mg TABLET[MO]	4	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	2	
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	
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]	2	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	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[MO]	4	PA,QL(30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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[MO]	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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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[MO]	4	PA,QL(30 per 30 days)
molindone 10 mg TABLET[MO]	4	QL(240 per 30 days)
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(150 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[MO]	4	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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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 SUSPENSION[DL]	5	PA,QL(540 per 30 days)
VRAYLAR 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE[MO]	3	PA,QL(30 per 30 days)
WELTRUZA 318 MG, 425 MG, 531 MG SUSPENSION, ER, RECON[DL]	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 SOLUTION[MO]	4	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION[MO]	4	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION[DL]	5	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION[DL]	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 CAPSULE[DL]	5	QL(120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 SOLUTION[DL]	5	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET[DL]	5	QL(30 per 30 days)
BIXLENVO 75-50 MG TABLET[DL]	5	QL(30 per 30 days)
BIXLENVO-SUNLENCA STARTER PACK 75 MG-50 MG /300 MG TABLET[DL]	5	QL(34 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER[DL]	5	QL(50 per 365 days)
cidofovir 75 mg/ml SOLUTION[DL]	5	
CIMDUO 300-300 MG TABLET[DL]	5	QL(30 per 30 days)
darunavir 600 mg TABLET[MO]	3	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)
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[MO]	4	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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	4	
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[MO]	3	QL(240 per 30 days)
maraviroc 300 mg TABLET[MO]	4	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]	3	QL(224 per 365 days)
oseltamivir 45 mg CAPSULE[MO]	3	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION[MO]	3	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]	2	QL(40 per 10 days)
PAXLOVID 150 MG (6)- 100 MG (5) TABLET, DOSE PACK[MO]	2	QL(22 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK[MO]	2	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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
*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)
*sofosbuvir-velpatasvir 400-100 mg TABLET***DL**	5	PA,QL(28 per 28 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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	4	
clonazepam 0.5 mg, 1 mg TABLET[DL]	4	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET[DL]	4	
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]	4	
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]	4	QL(90 per 30 days)
lorazepam 2 mg TABLET[DL]	4	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE[DL]	3	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE[DL]	4	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)
diazoxide 50 mg/ml SUSPENSION[DL]	5	
FARXIGA 10 MG, 5 MG TABLET[MO]	3	PA,QL(30 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN[CI,MO]	3	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET***MO**	1	
GVOKE 1 MG/0.2 ML SOLUTION**MO**	3	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR**MO**	3	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR**MO**	3	
GVOKE PFS 1-PACK SYRINGE 1 MG/0.2 ML SYRINGE**MO**	3	
GVOKE PFS 2-PACK SYRINGE 1 MG/0.2 ML SYRINGE**MO**	3	
HUMULIN R U-500 (CONC) KWIKPEN 500 UNIT/ML (3 ML) INSULIN PEN**CI,DL**	5	
INSULIN LISPRO 100 UNIT/ML SOLUTION**CI,MO**	2	
JARDIANCE 10 MG, 25 MG TABLET**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 5 mg TABLET***MO**	3	QL(30 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	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN**CI,MO**	3	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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	
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)
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	QL(592 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	QL(74 per 30 days)
eltrombopag olamine 12.5 mg POWDER IN PACKET[DL]	5	PA,QL(360 per 30 days)
eltrombopag olamine 12.5 mg, 25 mg TABLET[DL]	5	PA,QL(30 per 30 days)
eltrombopag olamine 25 mg POWDER IN PACKET[DL]	5	PA,QL(180 per 30 days)
eltrombopag olamine 50 mg TABLET[DL]	5	PA,QL(90 per 30 days)
eltrombopag olamine 75 mg TABLET[DL]	5	PA,QL(60 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]	3	QL(30 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	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 10 MG, 20 MG TABLET[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
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]	1	QL(30 per 30 days)
amlodipine-benazepril 10-20 mg, 10-40 mg, 5-40 mg CAPSULE[MO]	1	QL(30 per 30 days)
amlodipine-benazepril 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE[MO]	1	QL(60 per 30 days)
amlodipine-olmesartan 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg TABLET[MO]	1	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET[MO]	1	QL(30 per 30 days)
amlodipine-valsartan-hcthiazid 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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	
droxidopa 100 mg, 200 mg CAPSULE[MO]	4	PA,QL(90 per 30 days)
droxidopa 300 mg CAPSULE[MO]	4	PA,QL(180 per 30 days)
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	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*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 CAPSULE*MO	3	QL(30 per 30 days)
*fenofibrate micronized 134 mg, 200 mg, 43 mg CAPSULE*MO	2	QL(30 per 30 days)
*fenofibrate micronized 67 mg CAPSULE*MO	2	QL(60 per 30 days)
*fenofibrate nanocrystallized 145 mg TABLET*MO	2	QL(30 per 30 days)
*fenofibrate nanocrystallized 48 mg TABLET*MO	2	QL(60 per 30 days)
*fenofibric acid 105 mg, 35 mg TABLET*MO	3	QL(30 per 30 days)
*fenofibric acid (choline) 135 mg, 45 mg CAPSULE, DR/EC*MO	2	QL(30 per 30 days)
*flecainide 100 mg, 150 mg, 50 mg TABLET*MO	3	
*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	
*hydrochlorothiazide 50 mg TABLET*MO	1	
*icosapent ethyl 0.5 gram CAPSULE*MO	3	QL(240 per 30 days)
*icosapent ethyl 1 gram CAPSULE*MO	3	QL(120 per 30 days)
*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	3	
*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	3	QL(60 per 30 days)
KERENDIA 10 MG, 20 MG TABLETMO	3	PA,QL(30 per 30 days)
KERENDIA 40 MG TABLETMO	3	PA,QL(30 per 30 days)
*labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET*MO	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	2	QL(120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET[MO]	2	QL(30 per 30 days)
nebivolol 20 mg TABLET[MO]	2	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	
niacor 500 mg TABLET[MO]	3	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER[MO]	2	
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR.[MO]	2	
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]	2	
nitroglycerin 0.4 mg SUBLINGUAL TABLET[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
pitavastatin calcium 1 mg, 2 mg, 4 mg TABLET[MO]	3	QL(30 per 30 days)
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]	3	
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	
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(7 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 TABLET[MO]	3	QL(180 per 30 days)
sacubitril-valsartan 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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 PACKDL	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 SPRINKLEMO	4	PA,QL(60 per 30 days)
*duloxetine 20 mg CAPSULE, DR/EC*MO	2	QL(120 per 30 days)
*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)
FIRDAPSE 10 MG TABLETDL	5	PA,QL(300 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 INJECTORDL	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)
*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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
RADICAVA 30 MG/100 ML SOLUTION[DL]	5	PA
RADICAVA ORS 105 MG/5 ML SUSPENSION[DL]	5	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION[DL]	5	PA,QL(70 per 28 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)
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	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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
OTEZLA 20 MG, 30 MG TABLET[DL]	5	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK[DL]	5	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK[DL]	5	PA,QL(27 per 30 days)
OTEZLA XR 75 MG TABLET, ER 24 HR.[DL]	5	PA,QL(30 per 30 days)
OTEZLA XR INITIATION 10-20-30-75 MG TABLET AND TABLET ER DOSE PACK[DL]	5	PA,QL(41 per 28 days)
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
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE[MO]	4	
calcium acetate(phosphat bind) 667 mg CAPSULE[MO]	3	
calcium acetate(phosphat bind) 667 mg TABLET[MO]	3	
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
deferasirox 90 mg TABLET[MO]	3	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 SOLUTION[DL]	5	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET[MO]	2	
PRENATABS FA 29-1 MG TABLET[MO]	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 TABLET[MO]	2	
PROSOL 20 % PARENTERAL SOLUTION[MO]	4	BvsD
ringer's PARENTERAL SOLUTION[MO]	1	
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET[MO]	2	
sevelamer carbonate 0.8 gram POWDER IN PACKET[MO]	4	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET[MO]	4	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET[MO]	4	QL(540 per 30 days)
sevelamer hcl 400 mg, 800 mg TABLET[MO]	4	
SMOFLIPID 20 % EMULSION[MO]	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 SUSPENSION[MO]	3	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tolvaptan (polycys kidney dis) 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)
tolvaptan (polycys kidney dis) 15 mg, 30 mg TABLET[DL]	5	PA,QL(120 per 30 days)
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION[MO]	4	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION[MO]	4	BvsD
trientine 250 mg CAPSULE[MO]	4	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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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	
PYLERA 140-125-125 MG CAPSULE[MO]	4	ST,QL(120 per 30 days)
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]	3	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET[DL]	3	PA,QL(84 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 TABLET, SOLUBLE[DL]	5	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET[DL]	5	PA
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]	2	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]	4	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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	4	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	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triamcinolone acetonide 0.025 %, 0.5 % CREAM[MO]	2	
triamcinolone acetonide 0.1 % CREAM[MO]	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION[MO]	4	PA
desmopressin 0.1 mg, 0.2 mg TABLET[MO]	3	
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
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
abigale 1-0.5 mg TABLET[MO]	3	
abigale lo 0.5-0.1 mg TABLET[MO]	3	
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]	2	
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]	2	
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]	2	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*briellyn 0.4-35 mg-mcg TABLET*MO	2	
*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	
*conjugated estrogens 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg TABLET*MO	4	
*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 OILMO	4	
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGEMO	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	2	
*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 TABLETMO	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 INSERTMO	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	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*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	3	
*ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET*MO	2	
*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	2	
*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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	2	
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	
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, 90-20 mcg (28) TABLET[MO]	2	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH[MO]	2	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET[MO]	2	
lo-zumandimine (28) 3-0.02 mg TABLET[MO]	2	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET[MO]	2	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET[MO]	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, 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]	1	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*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	2	
*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	3	
*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	2	
*norethindrone (contraceptive) 0.35 mg TABLET*MO	2	
*norethindrone ac-eth estradiol 1-20 mg-mcg, 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	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pimtrea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET[MO]	2	
portia 28 0.15-0.03 mg TABLET[MO]	2	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET[MO]	4	PA
PREMARIN 0.625 MG/GRAM CREAM[MO]	3	
progesterone 50 mg/ml OIL[MO]	3	
progesterone micronized 100 mg INSERT[MO]	4	
progesterone micronized 100 mg, 200 mg CAPSULE[MO]	2	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*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, WEEKLYMO	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	
*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	2	
*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	2	
*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	2	
*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)		
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	3	
*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	2	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg TABLET[MO]	3	
ELIGARD 7.5 MG (1 MONTH) SYRINGE[MO]	4	PA
ELIGARD (3 MONTH) 22.5 MG SYRINGE[MO]	4	PA
ELIGARD (4 MONTH) 30 MG SYRINGE[MO]	4	PA
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
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)
SIGNIFOR LAR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG SUSPENSION FOR RECONSTITUTION[DL]	5	PA,QL(1 per 28 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]	1	
propylthiouracil 50 mg TABLET[MO]	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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
ENTYVIO PEN 108 MG/0.68 ML PEN INJECTOR[DL]	5	PA,QL(1.36 per 28 days)
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	
icatibant 30 mg/3 ml SYRINGE[DL]	5	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION[AV,DL]	1	BvsD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	
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)
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)
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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYPHIM VI 25 MCG/0.5 ML SOLUTION[AV,DL]	1	
TYPHIM VI 25 MCG/0.5 ML SYRINGE[AV,DL]	1	
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	
VELSIPITY 2 MG TABLET[DL]	5	PA,QL(30 per 30 days)
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	
ZYMFENTRA 120 MG/ML PEN INJECTOR KIT[DL]	5	PA,QL(2 per 28 days)
ZYMFENTRA 120 MG/ML SYRINGE KIT[DL]	5	PA,QL(2 per 28 days)
INFLAMMATORY BOWEL DISEASE AGENTS		
balsalazide 750 mg CAPSULE[MO]	3	
budesonide 3 mg CAPSULE, DR/EC[MO]	4	
budesonide 9 mg TABLET, DR/ER[MO]	4	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)
sulfasalazine 500 mg TABLET[MO]	1	
sulfasalazine 500 mg TABLET, DR/EC[MO]	2	
TARPEYO 4 MG CAPSULE, DR/EC[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
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)
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SOLUTION[DL]	5	PA,QL(1.7 per 28 days)
BOMYNTRA 120 MG/1.7 ML (70 MG/ML) SYRINGE[DL]	5	PA,QL(1.7 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	QL(3 per 90 days)
ibandronate 3 mg/3 ml SYRINGE[MO]	4	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 TABLET[MO]	4	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)
risedronate 5 mg TABLET[MO]	3	QL(30 per 30 days)
TERIPARATIDE 20 MCG/DOSE (560MCG/2.24ML) PEN INJECTOR[DL]	5	PA,QL(2.24 per 28 days)
teriparatide 20 mcg/dose (560mcg/2.24ml) PEN INJECTOR[DL]	5	PA,QL(2.24 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR[DL]	5	PA,QL(1.56 per 30 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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALCOHOL SWABS PADS, MEDICATED[MO]	1	
ALCOHOL WIPES PADS, MEDICATED[MO]	1	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN[MO]	1	
AUTOPEN 1 TO 21 UNITS INSULIN PEN[MO]	1	
AUTOPEN 2 TO 42 UNITS INSULIN PEN[MO]	1	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE[PDS,MO]	1	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE[MO]	1	
BD ALCOHOL SWABS PADS, MEDICATED[MO]	1	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE[PDS,MO]	1	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE[PDS,MO]	1	
BD INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" SYRINGE[PDS,MO]	1	
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CEQUR SIMPLICITY 1 UNIT (240 UNIT), 2 UNIT (200 UNIT), 2 UNIT (240 UNIT) DEVICE**MO**	3	
CEQUR SIMPLICITY INSERTER MISCELLANEOUS**MO**	3	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE**MO**	4	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK**MO**	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	
FILSPARI 200 MG TABLET**DL**	5	PA,QL(30 per 30 days)
FILSPARI 400 MG TABLET**DL**	5	PA,QL(60 per 30 days)
GAUZE BANDAGE 2 X 2 " BANDAGE**MO**	1	
GAUZE PAD 2 X 2 " BANDAGE**MO**	1	
INCONTROL ALCOHOL PADS PADS, MEDICATED**MO**	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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", 1/2 ML 28 GAUGE X 1/2" SYRINGE**PDS,MO**	1	
INSULIN SYRINGE-NEEDLE U-100 1 ML 28 GAUGE X 1/2" SYRINGE**PDS,MO**	1	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE**PDS,MO**	1	
IV PREP WIPES PADS, MEDICATED**MO**	1	
*mifepristone 300 mg TABLET***DL**	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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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" SYRINGE[PDS,MO]	1	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE[PDS,MO]	1	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 SYRINGE[PDS,MO]	1	
ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64" SYRINGE[PDS,MO]	1	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2" NEEDLE[PDS,MO]	1	
ULTRA-FINE PEN NEEDLE 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	
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML PEN INJECTOR[DL]	3	PA,QL(2 per 28 days)
WEGOVY 1.5 MG, 25 MG, 4 MG, 9 MG TABLET[DL]	3	PA,QL(30 per 30 days)
WEGOVY 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR[DL]	3	PA,QL(3 per 28 days)
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]	1	
BETADINE OPHTHALMIC PREP 5 % SOLUTION[MO]	4	
betaxolol 0.5 % DROPS[MO]	2	
bimatoprost 0.01 %, 0.03 % DROPS[MO]	3	QL(2.5 per 25 days)
brimonidine 0.2 % DROPS[MO]	1	
brimonidine-timolol 0.2-0.5 % DROPS[MO]	3	
carteolol 1 % DROPS[MO]	1	
ciprofloxacin hcl 0.3 % DROPS[MO]	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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]	3	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)
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]	4	PA,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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ofloxacin 0.3 % DROPS[MO]	2	
pilocarpine hcl 1 %, 2 %, 4 % DROPS[MO]	3	
polycin 500-10,000 unit/gram OINTMENT[MO]	1	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS[MO]	1	
prednisolone acetate 1 % DROPS, SUSPENSION[MO]	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	
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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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[MO]	4	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)
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 furoate-vilanterol 100-25 mcg/dose, 200-25 mcg/dose BLISTER WITH DEVICE[MO]	3	QL(60 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)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE[MO]	4	
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)
OFEV 100 MG, 150 MG CAPSULE[DL]	5	PA,QL(60 per 30 days)
pirfenidone 267 mg CAPSULE[DL]	5	PA,QL(270 per 30 days)
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	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOBI PODHALER 28 MG CAPSULE, W/INHALATION DEVICE**DL**	5	PA,QL(224 per 28 days)
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	
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)
*temazepam 15 mg CAPSULE***DL**	4	QL(30 per 30 days)
*temazepam 30 mg CAPSULE***DL**	4	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		
24 hour allergy relief 50 mcg/actuation SPRAY, SUSPENSION	*	
3-day vaginal 2 % CREAM	*	
8 hour pain reliever 650 mg TABLET ER	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
8hr muscle aches-pain 650 mg TABLET ER	*	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SOLUTION	*	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SUSPENSION	*	
acetaminophen 160 mg/5 ml, 500 mg/15 ml LIQUID	*	
acetaminophen 325 mg, 500 mg TABLET	*	
acetaminophen 650 mg SUPPOSITORY	*	
acetaminophen 650 mg TABLET ER	*	
acid gone antacid 95-358 mg/15 ml SUSPENSION	*	
acid reducer (famotidine) 10 mg, 20 mg TABLET	*	
acid reducer complete (famot) 10-800-165 mg CHEWABLE TABLET	*	
acid reducer-antacid 10-800-165 mg CHEWABLE TABLET	*	
ACNE MEDICATION 10 %, 5 % GEL	*	
adult aspirin regimen 81 mg TABLET, DR/EC	*	
ala-hist ir 2 mg TABLET	*	
ALAWAY 0.025 % (0.035 %) DROPS	*	
all day allergy (cetirizine) 10 mg TABLET	*	
all day pain relief 220 mg TABLET	*	
all day relief 220 mg TABLET	*	
ALLER-CHLOR 4 MG TABLET	*	
aller-ease 180 mg TABLET	*	
aller-g-time 25 mg TABLET	*	
allergy 12.5 mg/5 ml LIQUID	*	
allergy (chlorpheniramine) 4 mg TABLET	*	
allergy (diphenhydramine) 25 mg TABLET	*	
allergy relief (cetirizine) 10 mg, 5 mg TABLET	*	
allergy relief (fexofenadine) 180 mg, 60 mg TABLET	*	
allergy relief (fluticasone) 50 mcg/actuation SPRAY, SUSPENSION	*	
allergy relief (loratadine) 10 mg TABLET	*	
allergy relief (loratadine) 5 mg/5 ml SOLUTION	*	
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-time 4 mg TABLET	*	
almacone-2 400-400-40 mg/5 ml SUSPENSION	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alum-mag hydroxide-simeth 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
aluminum hydroxide gel 320 mg/5 ml SUSPENSION	*	
ammonium lactate 12 % CREAM	*	
antacid (calcium carbonate) 200 mg calcium (500 mg) CHEWABLE TABLET	*	
antacid anti-gas 400-400-40 mg/5 ml SUSPENSION	*	
antacid ext str (calcium carb) 300 mg (750 mg) CHEWABLE TABLET	*	
antacid regular strength 200-200-20 mg/5 ml SUSPENSION	*	
antacid ultra strength 400 mg calcium (1,000 mg) CHEWABLE TABLET	*	
antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	*	
anti-diarrheal (loperamide) 1 mg/7.5 ml LIQUID	*	
anti-diarrheal (loperamide) 2 mg CAPSULE	*	
anti-diarrheal (loperamide) 2 mg TABLET	*	
anti-itch (hc) 1 % CREAM	*	QL(240 per 30 days)
antifungal (clotrimazole) 1 % CREAM	*	
antifungal (miconazole) 2 % CREAM	*	
antifungal (tolnaftate) 1 % CREAM	*	
arthritis pain relief (acetam) 650 mg TABLET ER	*	
artificial tears(pvalch-povid) 0.5-0.6 % DROPS	*	
aspirin 300 mg SUPPOSITORY	*	
aspirin 325 mg TABLET	*	
aspirin 325 mg, 81 mg TABLET, DR/EC	*	
aspirin 81 mg CHEWABLE TABLET	*	
aspirin,buffd-calcium carb-mag 325 mg TABLET	*	
athlete's foot (clotrimazole) 1 % CREAM	*	
BACMIN 27 MG IRON- 1 MG TABLET	*	
banophen 25 mg TABLET	*	
banophen 50 mg CAPSULE	*	
benzoyl peroxide 10 %, 2.5 %, 5 % GEL	*	
benzoyl peroxide 5 % CLEANSER	*	
BETADINE 10 % SOLUTION	*	
bisacodyl 10 mg SUPPOSITORY	*	
bisacodyl 5 mg TABLET, DR/EC	*	
bismuth subsalicylate 262 mg CHEWABLE TABLET	*	
budesonide 32 mcg/actuation SPRAY, NON-AEROSOL	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cal-gest antacid 200 mg calcium (500 mg) CHEWABLE TABLET	*	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 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-vitamin d3 500 mg-5 mcg (200 unit) TABLET	*	
carboxymethylcellulose sodium 0.5 % DROPPERETTE	*	
carboxymethylcellulose sodium 0.5 % DROPS	*	
cetirizine 1 mg/ml SOLUTION	*	QL(300 per 30 days)
cetirizine 10 mg, 5 mg CHEWABLE TABLET	*	
cetirizine 10 mg, 5 mg TABLET	*	
cetirizine 5 mg/5 ml SOLUTION	*	
child allergy relf(cetirizine) 1 mg/ml SOLUTION	*	QL(300 per 30 days)
child pain rel-fever reducer 120 mg SUPPOSITORY	*	
child's all day allergy(cetir) 1 mg/ml SOLUTION	*	QL(300 per 30 days)
children's acetaminophen 160 mg/5 ml LIQUID	*	
children's acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SUSPENSION	*	
CHILDREN'S ALAWAY 0.025 % (0.035 %) DROPS	*	
children's allergy (diphenhyd) 12.5 mg/5 ml LIQUID	*	
children's allergy relief(fex) 30 mg/5 ml SUSPENSION	*	
children's allergy relief(lor) 5 mg/5 ml SOLUTION	*	
children's cetirizine 1 mg/ml SOLUTION	*	QL(300 per 30 days)
children's cetirizine 10 mg CHEWABLE TABLET	*	
children's ibuprofen 100 mg/5 ml SUSPENSION	*	
children's mapap 80 mg CHEWABLE TABLET	*	
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	*	
cholecalciferol (vitamin d3) 250 mcg (10,000 unit) CAPSULE	*	
chromium chloride 4 mcg/ml SOLUTION	*	
clearlax 17 gram POWDER IN PACKET	*	
clotrimazole 1 % CREAM	*	
clotrimazole-3 2 % CREAM	*	
COLACE 100 MG CAPSULE	*	
copper chloride 0.4 mg/ml SOLUTION	*	
corvita 1.25-2.5-7 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CORVITE 1.25-2.5-7 MG TABLET	*	
cupric chloride 0.4 mg/ml SOLUTION	*	
cyanocobalamin (vitamin b-12) 1,000 mcg/ml SOLUTION	1	
cyanocobalamin (vitamin b-12) 500 mcg/spray SPRAY, NON-AEROSOL	*	
DIALYVITE 1-100-300-50 MG-MG-MCG-MG, 100-1 MG TABLET	*	
DIALYVITE 3000 3-70-15 MG-MCG-MG TABLET	*	
DIALYVITE 5000 5 MG TABLET	*	
DIALYVITE SUPREME D 3-2,000 MG-UNIT TABLET	*	
dimetane (diphenhydramine hcl) 25 mg, 50 mg CAPSULE	*	
diphedryl 12.5 mg/5 ml LIQUID	*	
diphenhydramine hcl 12.5 mg/5 ml LIQUID	*	
diphenhydramine hcl 25 mg TABLET	*	
diphenhydramine hcl 25 mg, 50 mg CAPSULE	*	
docusate sodium 100 mg, 250 mg CAPSULE	*	
docusate sodium 50 mg/5 ml LIQUID	*	
dual action complete 10-800-165 mg CHEWABLE TABLET	*	
dual action pain reliever 125-250 mg TABLET	*	
econtra ez 1.5 mg TABLET	*	
econtra one-step 1.5 mg TABLET	*	
ed chlorped jr 2 mg/5 ml SYRUP	*	
ed-apap 160 mg/5 ml LIQUID	*	
ENLYTE (IRON) 1.5 MG IRON- 8.73 MG CAPSULE, IR/DR, BIPHASIC	*	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE	1	
eye itch relief 0.025 % (0.035 %) DROPS	*	
famotidine 10 mg, 20 mg TABLET	*	
fe-vite 15 mg iron (75 mg)/ml DROPS	*	
ferosul 325 mg (65 mg iron) TABLET	*	
ferro-time 325 mg (65 mg iron) TABLET	*	
ferrous sulfate 15 mg iron (75 mg)/ml DROPS	*	
ferrous sulfate 220 mg (44 mg iron)/5 ml ELIXIR	*	
ferrous sulfate 220 mg (44 mg iron)/5 ml SOLUTION	*	
ferrous sulfate 300 mg (60 mg iron)/5 ml LIQUID	*	
ferrous sulfate 324 mg (65 mg iron), 325 mg (65 mg iron) TABLET, DR/EC	*	
ferrous sulfate 325 mg (65 mg iron) TABLET	*	
FEVERALL 120 MG, 325 MG, 650 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
first aid antibiotic 3.5mg-400 unit- 5,000 unit/gram OINTMENT	*	
FIRST AID ANTISEPTIC(POVIDONE) 10 % OINTMENT	*	
fleet bisacodyl 5 mg TABLET, DR/EC	*	
fleet docusate 100 mg CAPSULE	*	
FLEET ENEMA 19-7 GRAM/118 ML ENEMA	*	
FLEET PEDIATRIC 9.5-3.5 GRAM/59 ML ENEMA	*	
flotrex 0.25 mg, 0.5 mg, 1 mg CHEWABLE TABLET	*	
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION	*	
folic acid 1 mg TABLET	*	
folic acid 1 mg TABLET	1	
folic acid 5 mg/ml SOLUTION	1	
FOLTRATE 0.5-1 MG TABLET	*	
GENTEAL TEARS SEVERE GEL 0.3 % GEL	*	
GENTEAL TEARS SEVERE(PETROLAT) 94-3 % OINTMENT	*	
gentle laxative (bisacodyl) 10 mg SUPPOSITORY	*	
gentle laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
healthylax 17 gram POWDER IN PACKET	*	
heartburn relief 254-237.5 mg/5 ml SUSPENSION	*	
heartburn relief (famotidine) 10 mg, 20 mg TABLET	*	
HISTAFLEX 325-25 MG TABLET	*	
HISTEX (TRIPROLIDINE) 2.5 MG/5 ML LIQUID	*	
HISTEX PD 0.938 MG/ML DROPS	*	
hydrocortisone 0.5 % CREAM	*	
hydrocortisone 1 % CREAM	*	QL(240 per 30 days)
hydrocortisone 1 % OINTMENT	*	QL(240 per 30 days)
hydrocortisone acetate 0.5 %, 1 % CREAM	*	
hydrocortisone-aloe vera 1 % CREAM	*	
hydroxocobalamin 1,000 mcg/ml SOLUTION	*	
ibu-200 200 mg TABLET	*	
ibuprofen 100 mg CHEWABLE TABLET	*	
ibuprofen 200 mg CAPSULE	*	
ibuprofen 200 mg TABLET	*	
ibuprofen ib 100 mg CHEWABLE TABLET	*	
ibuprofen jr strength 100 mg CHEWABLE TABLET	*	
ibuprofen-acetaminophen 125-250 mg TABLET	*	
infant's acetaminophen 160 mg/5 ml SUSPENSION	*	
infant's ibuprofen 50 mg/1.25 ml DROPS, SUSPENSION	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
infants' pain and fever 160 mg/5 ml SUSPENSION	*	
iron 325 mg (65 mg iron) TABLET	*	
itch relief (hc) with aloe 1 % CREAM	*	
K-PHOS-NEUTRAL 250 MG TABLET	*	
ketotifen fumarate 0.025 % (0.035 %) DROPS	*	
lansoprazole 15 mg CAPSULE, DR/EC	*	QL(60 per 30 days)
lasolex ac 2 % CREAM	*	
laxative (bisacodyl) 5 mg TABLET, DR/EC	*	
levonorgestrel 1.5 mg TABLET	*	
lice killing 0.33-4 % SHAMPOO	*	
lice killing (permethrin) 1 % LIQUID	*	
lice treatment 1 % LIQUID	*	
lidocaine 4 % CREAM	*	
loperamide 1 mg/7.5 ml LIQUID	*	
loratadine 10 mg TABLET	*	
loratadine 10 mg TABLET, DISINTEGRATING	*	
loratadine 5 mg/5 ml SOLUTION	*	
LOTRIMIN AF (CLOTRIMAZOLE) 1 % CREAM	*	
lubricant eye 57.3-42.5 % OINTMENT	*	
lubricant eye drops 0.5 % DROPPERETTE	*	
lubricant eye drops 0.5 % DROPS	*	
lubrifresh pm 83-15 % OINTMENT	*	
m-dryl 12.5 mg/5 ml LIQUID	*	
m-pap 160 mg/5 ml LIQUID	*	
MAG-AL 200-200 MG/5 ML SUSPENSION	*	
mag-al plus 200-200-20 mg/5 ml SUSPENSION	*	
mag-al plus extra strength 400-400-40 mg/5 ml SUSPENSION	*	
magnesium oxide 400 mg (241.3 mg magnesium), 420 mg TABLET	*	
manganese chloride 0.1 mg/ml SOLUTION	*	
mapap (acetaminophen) 500 mg CAPSULE	*	
micoclear 1 % CREAM	*	
miconazole nitrate 1,200-2 mg-%, 200 mg- 2 % (9 gram) KIT	*	
miconazole nitrate 2 % CREAM	*	
miconazole nitrate 2 % SOLUTION W/APPLICATOR	*	
miconazole-3 200 mg- 2 % (9 gram) KIT	*	
miconazole-7 2 % CREAM	*	
micotrin ac 1 % CREAM	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mintox maximum strength 400-400-40 mg/5 ml SUSPENSION	*	
multi-vit with fluoride-iron 0.25mg fluoride -10 mg iron/ml DROPS	*	
multi-vitamin with fluoride 0.25 mg, 0.5 mg, 1 mg CHEWABLE TABLET	*	
multi-vitamin with fluoride 0.25 mg/ml, 0.5 mg/ml DROPS	*	
my choice 1.5 mg TABLET	*	
my way 1.5 mg TABLET	*	
mycozyl ac 1 % CREAM	*	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL	*	
naproxen sodium 220 mg CAPSULE	*	
naproxen sodium 220 mg TABLET	*	
NASCOBAL 500 MCG/SPRAY SPRAY, NON-AEROSOL	*	
NEPHPLEX RX 1-60-300-12.5 MG-MG-MCG-MG TABLET	*	
new day 1.5 mg TABLET	*	
niacin 500 mg CAPSULE, ER	*	
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	*	
omeprazole 20 mg TABLET, DR/EC	*	
omeprazole magnesium 20 mg CAPSULE, DR/EC	*	
opcicon one-step 1.5 mg TABLET	*	
option-2 1.5 mg TABLET	*	
oyster shell calcium 500 500 mg calcium (1,250 mg) TABLET	*	
oyster shell calcium-vit d3 500 mg-5 mcg (200 unit) TABLET	*	
pain relief (acetaminophen) 325 mg, 500 mg TABLET	*	
pain relief es (acetaminophen) 500 mg TABLET	*	
pain reliever (acetaminophen) 325 mg, 500 mg TABLET	*	
pain reliever (acetaminophen) 650 mg SUPPOSITORY	*	
pain reliever es(acetaminophn) 500 mg TABLET	*	
pedia iron 15 mg iron (75 mg)/ml DROPS	*	
PEDIACLEAR PD 0.625 MG/ML DROPS	*	
PEDIAVENT 2 MG/5 ML LIQUID	*	
phospha 250 neutral 250 mg TABLET	*	
phospho-trin 250 neutral 250 mg TABLET	*	
phospho-trin k500 500 mg TABLET, SOLUBLE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	*	
pink bismuth 262 mg TABLET	*	
pink bismuth 525 mg/15 ml SUSPENSION	*	
POLY-VI-FLOR (ARCOFOLIN) 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE CHEWABLE TABLET	*	
POLY-VI-FLOR W-IRON(ARCOFOLIN) 0.5 MG FLUORIDE -10 MG IRON CHEWABLE TABLET	*	
polyethylene glycol 3350 17 gram POWDER IN PACKET	*	
polyvinyl alcohol 1.4 % DROPS	*	
povidone-iodine 10 % SOLUTION	*	
prevacid 24hr 15 mg CAPSULE, DR/EC	*	QL(60 per 30 days)
proctozone-b 10 mg SUPPOSITORY	*	
pyridoxine (vitamin b6) 100 mg/ml SOLUTION	*	
QUFLORA FE 9-0.25 MG CHEWABLE TABLET	*	
QUFLORA FE (FERROUS SULFATE) 9.5-0.25 MG/ML DROPS	*	
QUFLORA PEDIATRIC 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG) CHEWABLE TABLET	*	
QUFLORA PEDIATRIC DROPS 0.25MG FLUORIDE (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML DROPS	*	
READY-TO-USE ENEMA 19-7 GRAM/118 ML ENEMA	*	
REFRESH CELLUVISC 1 % DROPPERETTE, GEL	*	
REFRESH LACRI-LUBE 56.8-42.5 % OINTMENT	*	
REFRESH LIQUIGEL 1 % DROPS, LIQUID GEL	*	
REFRESH OPTIVE MEGA-3 (PF) 0.5-1-0.5 % DROPS	*	
REFRESH PLUS 0.5 % DROPPERETTE	*	
REFRESH TEARS 0.5 % DROPS	*	
renal caps 1 mg CAPSULE	*	
reno caps 1 mg CAPSULE	*	
SLOW-MAG 71.5 MG TABLET, DR/EC	*	
smooth antacid 300 mg (750 mg) CHEWABLE TABLET	*	
sodium bicarbonate 325 mg, 650 mg TABLET	*	
soluvita multivitamin fluoride 0.25 mg/ml, 0.5 mg/ml DROPS	*	
stomach relief 262 mg CHEWABLE TABLET	*	
stomach relief 262 mg TABLET	*	
stomach relief 262 mg/15 ml, 525 mg/15 ml SUSPENSION	*	
stool softener 100 mg, 250 mg CAPSULE	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
stool softener (docusate cal) 240 mg CAPSULE	*	
STROVITE FORTE 10-1 MG TABLET	*	
STROVITE ONE 1-1,000-15-5 MG-UNIT-MG-MG TABLET	*	
SYSTANE GEL 0.3 % GEL	*	
tension headache 500-65 mg TABLET	*	
thiamine hcl (vitamin b1) 100 mg/ml SOLUTION	*	
tioconazole-1 6.5 % OINTMENT	*	
tolnaftate 1 % CREAM	*	
tolnaftate 1 % POWDER	*	
tri-vite with fluoride 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml DROPS	*	
triphrocaps 1 mg CAPSULE	*	
triple antibiotic 3.5mg-400 unit- 5,000 unit/gram OINTMENT	*	
triprolidine hcl 0.625 mg/ml, 0.938 mg/ml DROPS	*	
vit 3 500 mg-500 mcg -1 mg-12.5 mg CAPSULE	*	
VITAL-D RX 1,750-60-1-12.5 UNIT-MG-MG-MG TABLET	*	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE	1	
vitamin k 1 mg/0.5 ml SOLUTION	*	
vitamin k1 10 mg/ml SOLUTION	*	
wes-phos 250 neutral 250 mg TABLET	*	
wescaps 1 mg CAPSULE	*	
westab max 2.5-25-2 mg TABLET	*	
women's gentle laxative(bisac) 5 mg TABLET, DR/EC	*	
your choice 1.5 mg TABLET	*	
zaditor 0.025 % (0.035 %) DROPS	*	
(*) Not A Part D Drug - Service Auth. Required		
benzphetamine 50 mg TABLET	*	
diethylpropion 25 mg TABLET	*	
diethylpropion 75 mg TABLET ER	*	
IMCIVREE 10 MG/ML SOLUTION	*	
liraglutide (weight loss) 3 mg/0.5 ml (18 mg/3 ml) PEN INJECTOR	*	QL(15 per 30 days)
lomaira 8 mg TABLET	*	
orlistat 120 mg CAPSULE	*	
phendimetrazine tartrate 105 mg CAPSULE, ER	*	
phendimetrazine tartrate 35 mg TABLET	*	
phentermine 15 mg, 30 mg, 37.5 mg CAPSULE	*	
phentermine 37.5 mg, 8 mg TABLET	*	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phentermine-topiramate 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg CAPSULE ER MULTIPHASE 24 HR.	*	QL(30 per 30 days)
SAXENDA 3 MG/0.5 ML (18 MG/3 ML) PEN INJECTOR	*	QL(15 per 30 days)
WEGOVY 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML PEN INJECTOR	3	PA,QL(2 per 28 days)
WEGOVY 1.5 MG, 25 MG, 4 MG, 9 MG TABLET	3	PA,QL(30 per 30 days)
WEGOVY 1.7 MG/0.75 ML, 2.4 MG/0.75 ML PEN INJECTOR	3	PA,QL(3 per 28 days)
WEGOVY HD 7.2 MG/0.75 ML PEN INJECTOR	*	QL(3 per 28 days)
XENICAL 120 MG CAPSULE	*	
ZEPBOUND 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	*	QL(2 per 28 days)
ZEPBOUND KWIKPEN 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML) PEN INJECTOR	*	QL(2.4 per 28 days)

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.

#

24 hour allergy relief 94
3-day vaginal 94
8 hour pain reliever 94
8hr muscle aches-pain 95

A

abacavir 46
abacavir-lamivudine 46
ABELCET 31
abigale 72
abigale lo 72
ABILIFY ASIMTUFII 43
ABILIFY MAINTENA 43
abiraterone 33
abirtega 33
ABRYSVO (PF) 80
acamprosate 19
acarbose 50
accutane 61
acebutolol 54
acetaminophen 95
acetaminophen-codeine 17
acetazolamide 54
acetic acid 20
acetylcysteine 91
acid gone antacid 95
acid reducer (famotidine) 95
acid reducer complete (famot) 95
acid reducer-antacid 95
acitretin 61
ACNE MEDICATION 95
ACTHIB (PF) 80
ACTIMMUNE 80
acyclovir 46
acyclovir sodium 46
ADACEL(TDAP ADOLESN/ADULT)(PF) 80
ADALIMUMAB-ADAZ 80
ADALIMUMAB-ADBM 80
ADALIMUMAB-ADBM(CF) PEN CROHNS 80
ADALIMUMAB-ADBM(CF) PEN PS-UV 80
adapalene 61
adefovir 46
ADEMPAS 91
ADSTILADRIN 85
adult aspirin regimen 95
ADVAIR HFA 91
afatinib 33
afirmelle 72
AIRSUPRA 91
AKEEGA 33
ala-hist ir 95
ALAWAY 95
albendazole 42
albuterol sulfate 91, 92
ALCOHOL PADS 85
ALCOHOL PREP PADS 85
ALCOHOL SWABS 86
ALCOHOL WIPES 86
ALECENSA 33
alendronate 85
alfuzosin 70
aliskiren 54
all day allergy (cetirizine) 95
all day pain relief 95
all day relief 95
ALLER-CHLOR 95
aller-ease 95
aller-g-time 95
allergy 95
allergy (chlorpheniramine) 95
allergy (diphenhydramine) 95
allergy relief (cetirizine) 95

allergy relief (fexofenadine) 95
allergy relief (fluticasone) 95
allergy relief (loratadine) 95
allergy relief(chlorpheniramn) 95
allergy relief(diphenhydramin) 95
allergy-time 95
allopurinol 32
almacone-2 95
alosetron 68
alprazolam 50
altavera (28) 72
alum-mag hydroxide-simeth 96
aluminum hydroxide gel 96
ALUNBRIG 33
alyacen 1/35 (28) 72
alyacen 7/7/7 (28) 72
alyq 92
amantadine hcl 42
ambrisentan 92
amethia 72
amethyst (28) 72
amikacin 20
amiloride 54
amiloride-hydrochlorothiazide 54
aminophylline 92
AMINOSYN II 10 % 63
AMINOSYN II 15 % 63
AMINOSYN-PF 10 % 63
AMINOSYN-PF 7 % (SULFITE-FREE) 63
amiodarone 54
amitriptyline 28
amlodipine 54
amlodipine-atorvastatin 54
amlodipine-benazepril 54
amlodipine-olmesartan 54
amlodipine-valsartan 54
amlodipine-valsartan-hcthiazid 54
ammonium lactate 61, 96
amnesteem 61
amoxapine 28
amoxicillin 20
amoxicillin-pot clavulanate 20
amphotericin b 31
amphotericin b liposome 31
ampicillin 20
ampicillin sodium 20
ampicillin-sulbactam 20
anagrelide 52
anastrozole 33
ANKTIVA 33
antacid (calcium carbonate) 96
antacid anti-gas 96
antacid ext str (calcium carb) 96
antacid regular strength 96
antacid ultra strength 96
antacid-antigas 96
anti-diarrheal (loperamide) 96
anti-itch (hc) 96
antifungal (clotrimazole) 96
antifungal (miconazole) 96
antifungal (tolnaftate) 96
apomorphine 42
aprepitant 30
apri 72
APTIVUS 46
aranelle (28) 72
ARCALYST 80
AREXVY (PF) 80
arformoterol 92
ARIKAYCE 20
aripiprazole 43
ARISTADA 43
ARISTADA INITIO 43
ARNUITY ELLIPTA 92
arthritis pain relief (acetam) 96
artificial tears(pvalch-povid) 96
asenapine maleate 43
ashlyna 72
aspirin 96
aspirin,buffd-calcium carb-mag 96

atazanavir 47
atenolol 54
atenolol-chlorthalidone 54
athlete's foot (clotrimazole) 96
atomoxetine 59
atorvastatin 54
atovaquone 42
atovaquone-proguanil 42
atropine 89
ATROPINE SULFATE (PF) 89
ATROVENT HFA 92
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 59
AUSTEDO XR 59, 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 92
aviane 72
AVMAPKI-FAKZYNJA 33
ayuna 72
AYVAKIT 34
azacitidine 34
azathioprine 80
azelaic acid 61
azelastine 89, 92
azithromycin 20
aztreonam 20
azurette (28) 72

B

bacitracin 20, 89
bacitracin-polymyxin b 89
baclofen 46
BACMIN 96
bal-care dha 63
balsalazide 84
BALVERSA 34
balziva (28) 72
BAND-AID GAUZE PADS 86
banophen 96
BAQSIMI 50
BARACLUDE 47
BAVENCIO 34
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
BELSOMRA 94
benazepril 54
benazepril-hydrochlorothiazide 54
BENLYSTA 80
benzoyl peroxide 96
benzphetamine 103
benztropine 42

BEQALZI 34
BEQALZI STARTER PACK 34
BESREMI 80
BESREMI PEN 80
BETADINE 96
BETADINE OPHTHALMIC PREP 89
betaine 70
betamethasone acet,sod phos 71
betamethasone dipropionate 61
betamethasone valerate 61
betamethasone, augmented 61
betaxolol 89
bethanechol chloride 70
bexarotene 34
BEXSERO 80
bicalutamide 34
BICILLIN C-R 20
BICILLIN L-A 20
BIKTARVY 47
bimatoprost 89
bisacodyl 96
bismuth subsalicylate 96
bisoprolol fumarate 54
bisoprolol-hydrochlorothiazide 54
BIXLENVO 47
BIXLENVO-SUNLENCA STARTER PACK 47
blisovi 24 fe 72
blisovi fe 1.5/30 (28) 72
blisovi fe 1/20 (28) 72
BOMYNTRA 85
BOOSTRIX TDAP 80
BORDERED GAUZE 86
BORTEZOMIB 34
BOSULIF 34
bosutinib 34
BRAFTOVI 34
BREO ELLIPTA 92
BREZTRI AEROSPHERE 92
briellyn 73
brimonidine 89
brimonidine-timolol 89
brivaracetam 25
BRIVIACT 25
bromocriptine 42
BRUKINSA 34
budesonide 84, 92, 96
bumetanide 54
bupivacaine (pf) 19
bupivacaine hcl 19
buprenorphine 17
buprenorphine hcl 19
buprenorphine-naloxone 19
bupropion hcl 28
bupropion hcl (smoking deter) 19
buspirone 50
butalbital-acetaminophen-caff 86
BYSANTI 43
BYSANTI TITRATION PACK A 43
BYSANTI TITRATION PACK B 43
BYSANTI TITRATION PACK C 43

C

c-nate dha 64
CABENUVA 47
cabergoline 79
CABOMETYX 34
cal-gest antacid 97
calcipotriene 61
calcitonin (salmon) 85
calcitriol 85
calcium acetate(phosphat bind) 64
calcium antacid 97
calcium carbonate 97
calcium carbonate-vitamin d3 97
calcium chloride 64
calcium gluconate 64
CALQUENCE (ACALABRUTINIB MAL) 34
camila 73
camrese 73
camrese lo 73
candesartan 54, 55

candesartan-hydrochlorothiazid 55
CAPLYTA 43
CAPRELSA 34
captopril 55
captopril-hydrochlorothiazide 55
carbamazepine 25
carbidopa 42
carbidopa-levodopa 43
carbidopa-levodopa-entacapone 43
carboxymethylcellulose sodium 97
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) 21
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 87
CEQUR SIMPLICITY INSERTER 87
cetirizine 92, 97
chateal eq (28) 73
CHEMET 64
child allergy relf(cetirizine) 97
child pain rel-fever reducer 97
child's all day allergy(cetir) 97
children's acetaminophen 97
CHILDREN'S ALAWAY 97
children's allergy (diphenhyd) 97
children's allergy relief(fex) 97
children's allergy relief(lor) 97
children's cetirizine 97
children's ibuprofen 97
children's mapap 97
children's pain relief 97
children's pain reliever 97
children's pain-fever relief 97
chlorhexidine gluconate 61
chloroquine phosphate 42
chlorpromazine 44
chlorthalidone 55
chlorzoxazone 94
cholecalciferol (vitamin d3) 97
cholestyramine (with sugar) 55
cholestyramine light 55
CHORIONIC GONADOTROPIN, HUMAN 72
chromium chloride 97
ciclodan 31
ciclopirox 31
cidofovir 47
cilostazol 52
CIMDUO 47
cimetidine 68
cimetidine hcl 68
cinacalcet 85
ciprofloxacin hcl 21, 89
ciprofloxacin in 5 % dextrose 21
citalopram 29

claravis 61
clarithromycin 21, 22
clearlax 97
clindamycin hcl 22
clindamycin in 0.9 % sod chlor 22
clindamycin in 5 % dextrose 22
clindamycin palmitate hcl 22
clindamycin pediatric 22
clindamycin phosphate 22, 61, 62
clindamycin-benzoyl peroxide 62
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 29
clonazepam 50
clonidine 55
clonidine hcl 55
clopidogrel 52
clorazepate dipotassium 50
clotrimazole 31, 97
clotrimazole-3 97
clotrimazole-betamethasone 31
clozapine 44
COARTEM 42
COBENFY 87
COBENFY STARTER PACK 87
COLACE 97
colchicine 32
colestipol 55
colistin (colistimethate na) 22
COMBIVENT RESPIMAT 92
COMETRIQ 34
complete natal dha 64
compro 30
conjugated estrogens 73
constulose 68
COPIKTRA 34
copper chloride 97
corvita 97
CORVITE 98
COSENTYX 80
COSENTYX (2 SYRINGES) 80
COSENTYX PEN 80
COSENTYX PEN (2 PENS) 81
COSENTYX UNOREADY PEN 81
COTELLIC 34
CREON 70
CRESEMBA 31
cromolyn 90, 92
cryselle (28) 73
cupric chloride 98
CURITY ALCOHOL SWABS 87
CURITY GAUZE 87
cyanocobalamin (vitamin b-12) 98
cyclobenzaprine 94
cyclophosphamide 34
cyclosporine 81, 90
cyclosporine modified 81
CYRAMZA 34
cyred 73
cyred eq 73
CYSTAGON 70
CYSTARAN 90

D

d10 %-0.45 % sodium chloride 64
d2.5 %-0.45 % sodium chloride 64
d5 % and 0.9 % sodium chloride 64
d5 %-0.45 % sodium chloride 64
dabigatran etexilate 52
danazol 73
DANYELZA 34
dapagliflozin 50
dapsone 33
DAPTACEL (DTAP PEDIATRIC) (PF) 81
daptomycin 22
daptomycin in 0.9 % sod chlor 22
darunavir 47
DARZALEX 35
DARZALEX FASPRO 35
dasatinib 35
dasetta 1/35 (28) 73
dasetta 7/7/7 (28) 73
DAURISMO 35
daysee 73
deblitane 73
decitabine 35
deferasirox 64
DELSTRIGO 47
DENGVAXIA (PF) 81
DEPO-ESTRADIOL 73
DEPO-SUBQ PROVERA 104 73
DERMACEA 87
DESCOVY 47
desipramine 29
desloratadine 92
desmopressin 72
desog-e.estradiol/e.estradiol 73
desogestrel-ethinyl estradiol 73
desonide 62
desvenlafaxine succinate 29
dexamethasone 71
dexamethasone intensol 71
dexamethasone sodium phos (pf) 71
dexamethasone sodium phosphate 71, 90
dexmethylphenidate 60
dextroamphetamine sulfate 60
dextroamphetamine-amphetamine 60
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
DIACOMIT 25
DIALYVITE 98
DIALYVITE 3000 98
DIALYVITE 5000 98
DIALYVITE SUPREME D 98
diazepam 25, 50
diazepam intensol 50
diazoxide 50
diclofenac potassium 17
diclofenac sodium 17, 62, 90
dicloxacillin 22
dicyclomine 68
diethylpropion 103
digoxin 55
dihydroergotamine 32
DILANTIN 25
dilt-xr 55
diltiazem hcl 55
dimetane (diphenhydramine hcl) 98
dimethyl fumarate 60
diphedryl 98
diphenhydramine hcl 92, 98
diphenoxylate-atropine 68
disulfiram 19

divalproex 25
docusate sodium 98
dofetilide 55
dolishale 73
donepezil 28
dorzolamide 90
dorzolamide-timolol 90
dorzolamide-timolol (pf) 90
dotti 73
DOVATO 47
doxazosin 55
doxepin 50
doxercalciferol 85
doxy-100 22
doxycycline hyclate 22
doxycycline monohydrate 22
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
droxidopa 55
dual action complete 98
dual action pain reliever 98
DUAVEE 73
duloxetine 60
DUPIXENT PEN 81
DUPIXENT SYRINGE 81
dutasteride 70
dutasteride-tamsulosin 70

E

EASY COMFORT ALCOHOL PAD 87
EASY TOUCH ALCOHOL PREP PADS 87
EASYLIFE ALCOHOL PADS 87
econtra ez 98
econtra one-step 98
ed chlorped jr 98
ed-apap 98
EDURANT 47
EDURANT PED 47
efavirenz 47
efavirenz-emtricitabin-tenofov 47
efavirenz-lamivu-tenofov disop 47
electrolyte-148 65
electrolyte-48 in d5w 65
electrolyte-a 65
ELELYSO 70
eletriptan 32
ELIGARD 79
ELIGARD (3 MONTH) 79
ELIGARD (4 MONTH) 79
ELIGARD (6 MONTH) 79
elinest 73
ELIQUIS 52, 53
ELIQUIS DVT-PE TREAT 30D START 53
ELIQUIS SPRINKLE 53
ELMIRON 70
eltrombopag olamine 53
eluryng 73
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 55
enalapril-hydrochlorothiazide 55
ENBREL 81
ENBREL MINI 81
ENBREL SURECLICK 81
ENDOCET 17
ENDOMETRIN 73

ENGERIX-B (PF) 81
ENGERIX-B PEDIATRIC (PF) 81
enilloring 73
ENLYTE (IRON) 98
ENOBY 85
enoxaparin 53
enpresse 73
ENSACOVE 35
enskyce 73
entacapone 43
entecavir 47
ENTYVIO PEN 81
enulose 68
ENVARSUS XR 81
EPIDIOLEX 25
epinephrine 92
epitol 25
EPRONTIA 25
ERBITUX 35
ergocalciferol (vitamin d2) 98
ergotamine-caffeine 32
ERIVEDGE 35
ERLEADA 35
erlotinib 35
errin 73
ertapenem 22
ERYTHROCIN 22
erythromycin 22, 90
erythromycin lactobionate 22
erythromycin with ethanol 62
escitalopram oxalate 29
eslicarbazepine 25
esomeprazole magnesium 68
estarylla 73
estradiol 73, 74
estradiol valerate 74
estradiol-norethindrone acet 74
eszopiclone 94
ETCAMAH 35
ethambutol 33
ethosuximide 25
ethynodiol diac-eth estradiol 74
etodolac 17
etonogestrel-ethinyl estradiol 74
etravirine 47
EULEXIN 35
EVDI 35
everolimus (antineoplastic) 35
everolimus (immunosuppressive) 81
EVOTAZ 47
exemestane 35
EXXUA 29
eye itch relief 98
EYSUVIS 90
ezetimibe 55
ezetimibe-simvastatin 55

F

falmina (28) 74
famciclovir 47
famotidine 68, 98
famotidine (pf) 68
FANAPT 44
FANAPT TITRATION PACK A 44
FANAPT TITRATION PACK B 44
FANAPT TITRATION PACK C 44
FARXIGA 50
FASENRA PEN 92
fe-vite 98
febuxostat 32
feirza 74
felbamate 25
felodipine 55
FEMLYV 74
fenofibrate 56
fenofibrate micronized 56
fenofibrate nanocrystallized 56
fenofibric acid 56
fenofibric acid (choline) 56
fentanyl 17
ferosul 98

ferro-time 98
ferrous sulfate 98
fesoterodine 70
FETZIMA 29
FEVERALL 98
fexofenadine 98
FIASP FLEXTOUCH U-100 INSULIN 50
FIASP PENFILL U-100 INSULIN 51
FIASP U-100 INSULIN 51
fidaxomicin 22
FILSPARI 87
finasteride 70
fingolimod 60
FINTEPLA 25
FIRDAPSE 60
FIRMAGON 79
FIRMAGON KIT W DILUENT SYRINGE 79
first aid antibiotic 99
FIRST AID ANTISEPTIC(POVIDONE) 99
flecainide 56
fleet bisacodyl 99
fleet docusate 99
FLEET ENEMA 99
FLEET PEDIATRIC 99
flotrex 99
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 90
fluorouracil 35, 62
fluoxetine 29
fluphenazine decanoate 44
fluphenazine hcl 44
flurbiprofen 17
flurbiprofen sodium 90
fluticasone furoate-vilanterol 92
fluticasone propion-salmeterol 92
fluticasone propionate 62, 92, 99
fluvoxamine 29
folic acid 99
FOLTRATE 99
FORTEO 85
fosamprenavir 47
fosfomycin tromethamine 22
fosinopril 56
fosinopril-hydrochlorothiazide 56
fosphenytoin 25
FOTIVDA 35
FRUZAQLA 35
furosemide 56
FUZEON 47

G

gabapentin 26
galantamine 28
gallifrey 74
GAMUNEX-C 81
GARDASIL 9 (PF) 81
gatifloxacin 90
GAUZE BANDAGE 87
GAUZE PAD 87
gavilyte-c 68
gavilyte-g 68
gavilyte-n 68
GAVRETO 35
GAZYVA 35
gefitinib 35
gemfibrozil 56
GEMTESA 70
generlac 68
gentamicin 22, 90
gentamicin in nacl (iso-osm) 23
gentamicin sulfate (ped) (pf) 23
GENTEAL TEARS SEVERE GEL 99
GENTEAL TEARS SEVERE(PETROLAT) 99

gentle laxative (bisacodyl) 99
GENVOYA 47
GILOTRIF 35
glatiramer 60
glatopa 60
GLEOSTINE 35
glimepiride 51
glipizide 51
glipizide-metformin 51
glutamine (sickle cell) 68
glycopyrrolate 68, 69
GOMEKLI 35
granisetron hcl 30
griseofulvin microsize 31
griseofulvin ultramicrosize 31
guanfacine 56, 60
GVOKE 51
GVOKE HYPOPEN 1-PACK 51
GVOKE HYPOPEN 2-PACK 51
GVOKE PFS 1-PACK SYRINGE 51
GVOKE PFS 2-PACK SYRINGE 51
GWYN LO 74

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
HAVRIX (PF) 81
healthylax 99
heartburn relief 99
heartburn relief (famotidine) 99
heather 74
heparin (porcine) 53
heparin, porcine (pf) 53
HEPLISAV-B (PF) 81
HERNEXEOS 36
HIBERIX (PF) 81
HISTAFLEX 99
HISTEX (TRIPROLIDINE) 99
HISTEX PD 99
HUMULIN R U-500 (CONC) KWIKPEN 51
hydralazine 56
hydrochlorothiazide 56
hydrocodone-acetaminophen 17
hydrocodone-ibuprofen 17
hydrocortisone 62, 84, 99
hydrocortisone acetate 99
hydrocortisone butyrate 62
hydrocortisone-acetic acid 91
hydrocortisone-aloe vera 99
hydromorphone 17
hydromorphone (pf) 17
hydroxocobalamin 99
hydroxychloroquine 42
hydroxyurea 36
hydroxyzine hcl 50
hydroxyzine pamoate 93
HYRNUO 36

I

ibandronate 85
IBRANCE 36
IBTROZI 36
ibu 17
ibu-200 99
ibuprofen 17, 18, 99
ibuprofen ib 99
ibuprofen jr strength 99
ibuprofen-acetaminophen 99
icatibant 81
iclevia 74
ICLUSIG 36
icosapent ethyl 56
IDHIFA 36
IDVYNSO 47
ILEVRO 90

imatinib 36
IMBRUVICA 36
IMCIVREE 103
IMFINZI 36
imipenem-cilastatin 23
imipramine hcl 29
imiquimod 62
IMJUDO 36
IMKELDI 36
IMOVAX RABIES VACCINE (PF) 81
IMPAVIDO 42
incassia 74
INCONTROL ALCOHOL PADS 87
INCRELEX 72
indapamide 56
indomethacin 18
INFANRIX (DTAP) (PF) 82
infant's acetaminophen 99
infant's ibuprofen 99
infants' pain and fever 100
INLURIYO 36
INLYTA 36
INQOVI 36
INREBIC 36
INSULIN LISPRO 51
INSULIN SYRINGE MICROFINE 88
INSULIN SYRINGE-NEEDLE U-100 88
INSULIN U-500 SYRINGE-NEEDLE 88
INTELENCE 47
INTRALIPID 65
introvale 74
INVEGA HAFYERA 44
INVEGA SUSTENNA 44
INVEGA TRINZA 44, 45
IONOSOL-MB IN D5W 65
IPOL 82
ipratropium bromide 93
ipratropium-albuterol 93
irbesartan 56
irbesartan-hydrochlorothiazide 56
iron 100
ISENTRESS 47, 48
ISENTRESS HD 48
isibloom 74
ISOLYTE S PH 7.4 65
ISOLYTE-P IN 5 % DEXTROSE 65
ISOLYTE-S 65
isoniazid 33
isosorbide dinitrate 56
isosorbide mononitrate 56
isosorbide-hydralazine 56
isotretinoin 63
itch relief (hc) with aloe 100
ITOVEBI 36
itraconazole 31
IV PREP WIPES 88
ivabradine 56
ivermectin 42
IWILFIN 36
IXIARO (PF) 82

J

jaimiess 74
JAKAFI 36
JAKAFI XR 36
jantoven 53
JARDIANCE 51
jasmiel (28) 74
JAYPIRCA 36
JEMPERLI 36
jencycla 74
JIDEYTRO 36
juleber 74
JULUCA 48
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
JYNNEOS (PF) 82

K

K-PHOS-NEUTRAL 100
KABIVEN 65
KALETRA 48
kalliga 74
kariva (28) 74
kelnor 1/35 (28) 75
kelnor 1/50 (28) 75
KERENDIA 56
KESIMPTA PEN 60
ketoconazole 31
ketorolac 18, 90
ketotifen fumarate 100
KEYTRUDA 36
KEYTRUDA QLEX 36
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
KOMZIFTI 37
KOSELUGO 37
KRAZATI 37
kurvelo (28) 75

L

l norgest/e.estradiol-e.estrad 75
labetalol 56
lacosamide 26
lactated ringers 65
lactulose 69
lamivudine 48
lamivudine-zidovudine 48
lamotrigine 26
LAMPIT 42
lanreotide 79
lansoprazole 69, 100
LANTUS SOLOSTAR U-100 INSULIN 51
LANTUS U-100 INSULIN 51
lapatinib 37
larin 1.5/30 (21) 75
larin 1/20 (21) 75
larin 24 fe 75
larin fe 1.5/30 (28) 75
larin fe 1/20 (28) 75
lasolex ac 100
latanoprost 90
laxative (bisacodyl) 100
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 93
levetiracetam 26
levetiracetam in nacl (iso-os) 26
LEVO-T 78
levobunolol 90
levocarnitine 65
levocarnitine (with sugar) 65
levocetirizine 93
levofloxacin 23
levofloxacin in d5w 23
levoleucovorin calcium 37
levonest (28) 75
levonorg-eth estrad triphasic 75
levonorgestrel 100
levonorgestrel-ethinyl estrad 75
levora-28 75
levothyroxine 78

LEVOXYL 78
LIBERVANT 26
LIBTAYO 37
lice killing 100
lice killing (permethrin) 100
lice treatment 100
lidocaine 19, 100
lidocaine hcl 19
lidocaine-epinephrine 19
lidocaine-prilocaine 19
LIFYORLI 37
linagliptin 51
linezolid 23
linezolid in dextrose 5% 23
linezolid-0.9% sodium chloride 23
LINZESS 69
liomny 78
liothyronine 78
liraglutide (weight loss) 103
lisinopril 57
lisinopril-hydrochlorothiazide 57
lithium carbonate 50
lithium citrate 50
LIVTENCITY 48
lo-zumandimine (28) 75
LOCOID LIPOCREAM 63
LOESTRIN FE 1.5/30 (28-DAY) 75
LOESTRIN FE 1/20 (28-DAY) 75
lojaimiess 75
LOKELMA 65
lomaira 103
lomustine 37
LONSURF 37
loperamide 69, 100
lopinavir-ritonavir 48
LOQTORZI 37
loratadine 100
lorazepam 50
lorazepam intensol 50
LORBRENA 37
loryna (28) 75
losartan 57
losartan-hydrochlorothiazide 57
LOTEMAX SM 90
loteprednol etabonate 90
LOTRIMIN AF (CLOTRIMAZOLE) 100
lovastatin 57
low-ogestrel (28) 75
loxapine succinate 45
lubiprostone 69
lubricant eye 100
lubricant eye drops 100
lubrifresh pm 100
luizza 75
LUMAKRAS 37, 38
LUMIGAN 90
LUPRON DEPOT 79
LUPRON DEPOT (3 MONTH) 79
lurasidone 45
lutera (28) 75
LUTRATE DEPOT (3 MONTH) 79
LYBALVI 45
lyleq 75
lyllana 75
LYNPARZA 38
LYSODREN 38
LYTGOBI 38
lyza 75

M

m-dryl 100
M-M-R II (PF) 82
m-natal plus 65
m-pap 100
macitentan 93
MAG-AL 100
mag-al plus 100
mag-al plus extra strength 100
magnesium oxide 100
magnesium sulfate 65, 66
magnesium sulfate in d5w 66

magnesium sulfate in water 66
malathion 63
manganese chloride 100
mapap (acetaminophen) 100
maraviroc 48
MARGENZA 38
marlissa (28) 75
MARPLAN 29
MATULANE 38
meclizine 30
medroxyprogesterone 75
mefloquine 42
megestrol 75, 76
MEKINIST 38
MEKTOVI 38
meleya 76
meloxicam 18
memantine 28
MENEST 76
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
metformin 51
methadone 18
methadone intensol 18
methazolamide 90
methenamine hippurate 23
methimazole 79
methocarbamol 94
methotrexate sodium 82
methotrexate sodium (pf) 82
methsuximide 26
methyldopa 57
methylphenidate hcl 60
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
micafungin 31
MICAFUNGIN IN 0.9 % SODIUM CHL 31
micoclear 100
miconazole nitrate 100
miconazole-3 ..... 31, 100
miconazole-7 100
micotrin ac 100
microgestin 1.5/30 (21) 76
microgestin 1/20 (21) 76
microgestin fe 1.5/30 (28) 76
microgestin fe 1/20 (28) 76
midodrine 57
MIEBO (PF) 90
mifepristone 88
mili 76
mimvey 76
minocycline 23
minoxidil 57
mintox maximum strength 101
MIRENA 88
mirtazapine 29
misoprostol 69
mitomycin 38
modafinil 94
MODEYSO 38
moexipril 57
molindone 45
mometasone 63, 93
mondoxyne nl 23
mono-linyah 76
montelukast 93

morphine 18
morphine concentrate 18
MOUNJARO 51
MOVANTIK 69
moxifloxacin 23, 90
moxifloxacin-sod.chloride(iso) 23
MRESVIA (PF) 82
MULTAQ 57
multi-vit with fluoride-iron 101
multi-vitamin with fluoride 101
mupirocin 63
MVASI 38
my choice 101
my way 101
mycophenolate mofetil 82
mycophenolate mofetil (hcl) 82
mycophenolate sodium 82
mycozyl ac 101
MYRBETRIQ 70

N

nabumetone 18
nadolol 57
nafcillin 23
nafcillin in dextrose iso-osm 23
naloxone 19, 101
naltrexone 19
NANO 2ND GEN PEN NEEDLE 88
NANO PEN NEEDLE 88
naproxen 18
naproxen sodium 18, 101
naratriptan 32
NASCOBAL 101
NATACYN 90
NATAZIA 76
nateglinide 51
NAYZILAM 26
nebivolol 57
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
NEPHPLEX RX 101
NERLYNX 38
nevirapine 48
new day 101
NEXLETOL 57
NEXLIZET 57
NEXPLANON 76
niacin 57, 101
niacor 57
nicotine 101
nicotine (polacrilex) 101
NICOTROL NS 19
nifedipine 57
nikki (28) 76
nilotinib hcl 38
nilutamide 38
nimodipine 57
NINLARO 38
nintedanib 93
nitazoxanide 42
nitisinone 70
nitrofurantoin macrocrystal 23
nitrofurantoin monohyd/m-cryst 23
nitroglycerin 57, 88
NIVESTYM 53
nizatidine 69
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
NORMOSOL-M IN 5 % DEXTROSE 66
NORMOSOL-R 66
NORMOSOL-R IN 5 % DEXTROSE 66
NORMOSOL-R PH 7.4 66
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 51
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
NUBEQA 38
NUCALA 93
NUPLAZID 45
NUTRILIPID 66
nyamyc 32
nylia 1/35 (28) 76
nylia 7/7/7 (28) 76
nystatin 32
nystatin-triamcinolone 32
nystop 32

0

ocella 76
octreotide acetate 79
octreotide,microspheres 79
ODEFSEY 48
ODOMZO 38
OFEV 93
ofloxacin 23, 91
OGIVRI 38
OGSIVEO 38
OJEMDA 38
OJJAARA 38
olanzapine 45
olmesartan 58
olmesartan-amlodipin-hcthiazid 58
olmesartan-hydrochlorothiazide 58
omega-3 acid ethyl esters 58
omeprazole 69, 101
omeprazole magnesium 101
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 72
ondansetron 30
ondansetron hcl 30
ondansetron hcl (pf) 30
one natal rx 66
ONUREG 38
opcicon one-step 101
OPDIVO 38
OPDIVO QVANTIG 38
OPDUALAG 39
OPIPZA 45

option-2 101
ORGOVYX 39
orlistat 103
orquidea 76
ORSERDU 39
oseltamivir 48
OTEZLA 63
OTEZLA STARTER 63
OTEZLA XR 63
OTEZLA XR INITIATION 63
OTULFI 82
oxacillin 23
oxacillin in dextrose(iso-osm) 23
oxcarbazepine 26
oxybutynin chloride 70
oxycodone 18
oxycodone-acetaminophen 18
oyster shell calcium 500 101
oyster shell calcium-vit d3 101
OZEMPIC 52

P

PACERONE 58
pain relief (acetaminophen) 101
pain relief es (acetaminophen) 101
pain reliever (acetaminophen) 101
pain reliever es(acetaminophn) 101
paliperidone 45
PANRETIN 39
pantoprazole 69
pantoprazole in 0.9% sod chlor 69
paricalcitol 85
paroxetine hcl 29
PAXLOVID 48
pazopanib 39
pedia iron 101
PEDIACLEAR PD 101
PEDIARIX (PF) 82
PEDIAVENT 101
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 24
penicillin g potassium 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
perampanel 26
PERIKABIVEN 66
perindopril erbumine 58
periogard 61
PERJETA 39
permethrin 63
perphenazine 45
phendimetrazine tartrate 103
phenelzine 29
phenobarbital 26
phentermine 103
phentermine-topiramate 104
phenytoin 26
phenytoin sodium 26
phenytoin sodium extended 27
philith 76
phospha 250 neutral 101
phospho-trin 250 neutral 101
phospho-trin k500 101
phytonadione (vitamin k1) 102
PIFELTRO 48
pilocarpine hcl 61, 91
pimecrolimus 63
pimozide 45
pimtrea (28) 77
pink bismuth 102

pioglitazone 52
pioglitazone-metformin 52
piperacillin-tazobactam 24
PIQRAY 39
pirfenidone 93
piroxicam 18
pitavastatin calcium 58
PLASMA-LYTE 148 PH 7.4 66
PLASMA-LYTE A 66
PLENAMINE 66
podofilox 63
polocaine 19
polocaine-mpf 19
POLY-VI-FLOR (ARCOFOLIN) 102
POLY-VI-FLOR W-IRON(ARCOFOLIN) 102
polycin 91
polyethylene glycol 3350 102
polymyxin b sulf-trimethoprim 91
polymyxin b sulfate 24
polyvinyl alcohol 102
pomalidomide 39
POMALYST 39
portia 28 77
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 66
potassium chloride in lr-d5 66
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 102
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
prednisolone 71
prednisolone acetate 91
prednisolone sodium phosphate 71, 91
prednisone 71
prednisone intensol 71
pregabalin 60, 61
PREMARIN 77
PREMASOL 10 % 67
PRENATA 67
PRENATABS FA 67
prenatal plus (calcium carb) 67
prenatal plus vitamin-mineral 67
PRENATE ELITE 67
PRETOMANID 33
prevacid 24hr 102
prevalite 58
PREVYMIS 48
PREZCOBIX 48
PREZCOBIX PED 48
PREZISTA 48
PRIFTIN 33
primaquine 42
primidone 27
PRIMSOL 24
PRIORIX (PF) 82
PRO COMFORT ALCOHOL PADS 88
PRO-COMFORT ALCOHOL PADS 88
probenecid 32
probenecid-colchicine 32
prochlorperazine 30
prochlorperazine edisylate 30
prochlorperazine maleate 30
procto-med hc 63
proctosol hc 63

proctozone-b 102
proctozone-hc 63
progesterone 77
progesterone micronized 77
PROGRAF 82
PROLIA 85
promethazine 31
propafenone 58
propranolol 58
propylthiouracil 79
PROQUAD (PF) 83
PROSOL 20 % 67
protriptyline 29
PULMOZYME 93
PURE COMFORT ALCOHOL PADS 88
PYLERA 69
pyrazinamide 33
pyridostigmine bromide 33
pyridoxine (vitamin b6) 102
pyrimethamine 42

Q

QINLOCK 39
QUADRACEL (PF) 83
quetiapine 45
QUFLORA FE 102
QUFLORA FE (FERROUS SULFATE) 102
QUFLORA PEDIATRIC 102
QUFLORA PEDIATRIC DROPS 102
quinapril 58
quinapril-hydrochlorothiazide 58
quinidine sulfate 58
quinine sulfate 42
QULIPTA 32

R

RABAVERT (PF) 83
rabeprazole 69
RADICAVA 61
RADICAVA ORS 61
RADICAVA ORS STARTER KIT SUSP 61
RALDESY 29
raloxifene 77
ramelteon 94
ramipril 58
ranolazine 58
rasagiline 43
RASONQUE 39
READY-TO-USE ENEMA 102
reclipsen (28) 77
RECOMBIVAX HB (PF) 83
REFRESH CELLUVISC 102
REFRESH LACRI-LUBE 102
REFRESH LIQUIGEL 102
REFRESH OPTIVE MEGA-3 (PF) 102
REFRESH PLUS 102
REFRESH TEARS 102
RELENZA DISKHALER 49
renal caps 102
reno caps 102
repaglinide 52
REPATHA PUSHTRONEX 58
REPATHA SURECLICK 58
REPATHA SYRINGE 58
RETACRIT 53
RETEVMO 39
RETROVIR 49
REVCOVI 70
REVUFORJ 39
REXTOVY 19
REXULTI 45
REYATAZ 49
REZDIFFRA 88
REZLIDHIA 39
RHOPRESSA 91
RIABNI 39
ribavirin 49
rifabutin 33
rifampin 33
rifapentine 33
rilpivirine hcl 49
riluzole 61

rimantadine 49
ringer's 67
RINVOQ 83
RINVOQ LQ 83
riociguat 93
risedronate 85
RISPERDAL CONSTA 45
risperidone 45, 46
risperidone microspheres 46
ritonavir 49
rivaroxaban 53
rivastigmine 28
rivastigmine tartrate 28
rizatriptan 32
ROCKLATAN 91
roflumilast 93
ROMVIMZA 39
ropinirole 43
ropivacaine (pf) 19
rosuvastatin 58
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 58
SANTYL 63
sapropterin 70
SARCLISA 39
SARCLISA ESCENA 39
SAXENDA 104
SCEMBLIX 40
scopolamine base 31
se-natal 19 chewable 67
SECUADO 46
selegiline hcl 43
selenium sulfide 63
SELZENTRY 49
sertraline 29, 30
setlakin 77
sevelamer carbonate 67
sevelamer hcl 67
sharobel 77
SHINGRIX (PF) 83
SIGNIFOR 79
SIGNIFOR LAR 79
sildenafil (pulm.hypertension) 93
silodosin 70
silver sulfadiazine 63
SIMBRINZA 91
simliya (28) 77
simpesse 77
simvastatin 58
sirolimus 83
SIRTURO 33
sitagliptin phos-metformin 52
sitagliptin phosphate 52
SKYRIZI 83
SLOW-MAG 102
SMOFLIPID 67
smooth antacid 102
sodium bicarbonate 67, 102
sodium chloride 67, 88
sodium chloride 0.45 % 67
sodium chloride 0.9 % 67
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

sofosbuvir-velpatasvir 49
solifenacin 71
SOLIQUA 100/33 52
SOLTAMOX 40
SOLU-MEDROL 71
SOLU-MEDROL (PF) 71
soluvita multivitamin fluoride 102
SOMAVERT 79
sorafenib 40
sorbitol-mannitol 88
sotalol 58
sotalol af 58
SPIRIVA RESPIMAT 93
SPIRIVA WITH HANDIHALER 93
spironolacton-hydrochlorothiaz 58
spironolactone 59
sprintec (28) 77
SPRITAM 27
SPS (WITH SORBITOL) 67
sronyx 77
SSD 63
STIOLTO RESPIMAT 93
STIVARGA 40
stomach relief 102
stool softener 102
stool softener (docusate cal) 103
STRENSIQ 70
streptomycin 24
STRIBILD 49
STRIVERDI RESPIMAT 93
STROVITE FORTE 103
STROVITE ONE 103
SUBVENITE 27
subvenite starter (blue) kit 27
subvenite starter (green) kit 27
subvenite starter (orange) kit 27
sucralfate 69
SUFLAVE 69
sulfacetamide sodium 24, 91
sulfacetamide sodium (acne) 24
sulfacetamide-prednisolone 91
sulfadiazine 24
sulfamethoxazole-trimethoprim 24
sulfasalazine 84
sulindac 18
sumatriptan 33
sumatriptan succinate 33
sunitinib malate 40
SUNLENCA 49
SURE COMFORT ALCOHOL PREP PADS 89
SURE-PREP ALCOHOL PREP PADS 89
SUTAB 69
syeda 77
SYMBICORT 93
SYMPAZAN 27
SYMTUZA 49
SYNTHROID 78
SYSTANE GEL 103

T

TABLOID 40
TABRECTA 40
tacrolimus 63, 83
tadalafil 71
tadalafil (pulm. hypertension) 93
TAFINLAR 40
TAGRISSO 40
TALICIA 69
TALZENNA 40
tamoxifen 40
tamsulosin 71
tarina 24 fe 77
tarina fe 1-20 eq (28) 77
tarina fe 1/20 (28) 77
TARPEYO 84
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
tension headache 103
TEPMETKO 40
terazosin 59
terbinafine hcl 32
terconazole 32
teriflunomide 61
TERIPARATIDE 85
testosterone 77
testosterone cypionate 77
testosterone enanthate 77
tetrabenazine 61
tetracycline 24
TEVIMBRA 40
THALOMID 40
theophylline 93
thiamine hcl (vitamin b1) 103
thioridazine 46
thiothixene 46
tiadylt er 59
tiagabine 27
TIBSOVO 40
ticagrelor 53
TICOVAC 83
tigecycline 24
tilia fe 77
timolol 91
timolol maleate 59, 91
timolol maleate (pf) 91
tinidazole 24
tioconazole-1 103
TIVICAY 49
TIVICAY PD 49
tizanidine 46
TOBI PODHALER 94
tobramycin 91
tobramycin in 0.225 % nacl 24
tobramycin sulfate 24
tobramycin-dexamethasone 91
tolnaftate 103
tolterodine 71
tolvaptan (polycys kidney dis) 68
topiramate 27
toremifene 40
torpenz 40
torsemide 59
TOUJEO MAX U-300 SOLOSTAR 52
TOUJEO SOLOSTAR U-300 INSULIN 52
TPN ELECTROLYTES 68
TRADJENTA 52
tramadol 18, 19
trandolapril 59
trandolapril-verapamil 59
tranexamic acid 53
tranylcypromine 30
TRAVASOL 10 % 68
travoprost 91
TRAZIMERA 40
trazodone 30
TRELEGY ELLIPTA 94
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-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-vite with fluoride 103
tri-vylibra 77
tri-vylibra lo 77
triamcinolone acetonide 61, 71, 72
triamterene 59
triamterene-hydrochlorothiazid 59
trientine 68
trifluoperazine 46
trifluridine 91
trihexyphenidyl 43
TRIKAFTA 94
trimethoprim 24
trimipramine 30
trinatal rx 1 68
TRINTELLIX 30
triphrocaps 103
triple antibiotic 103
triprolidine hcl 103
TRIUMEQ 49
TRIUMEQ PD 49
trivora (28) 78
TROGARZO 49
TROPHAMINE 10 % 68
trospium 71
TRUE COMFORT ALCOHOL PADS 89
TRUE COMFORT PRO ALCOHOL PADS 89
TRULICITY 52
TRUMENBA 83
TRUQAP 40
TRYPTYR 91
TUKYSA 40
tulana 78
TURALIO 40
turqoz (28) 78
TWINRIX (PF) 83
TWIRLA 78
TYBOST 49
TYENNE 83
TYENNE AUTOINJECTOR 83
TYMLOS 85
TYPHIM VI 84

U

UBRELVY 33
UDENYCA 53
UDENYCA AUTOINJECTOR 53
UDENYCA ONBODY 53
ULTILET ALCOHOL SWAB 89
ULTRA-FINE INS SYR (HALF UNIT) 89
ULTRA-FINE INSULIN SYRINGE 89
ULTRA-FINE PEN NEEDLE 89
ULTRA-FINE SAFETY INSULIN SYRN 89
UNITHROID 78
UNITUXIN 40
UNLOXCYT 40
UPTRAVI 94
ursodiol 69

V

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 78
vancomycin 24
vancomycin in 0.9 % sodium chl 24
vancomycin in dextrose 5 % 24, 25
vancomycin-diluent combo no.1 25
VANFLYTA 41
VAQTA (PF) 84
varenicline tartrate 19
VARIVAX (PF) 84

VAXCHORA VACCINE 84
VECTIBIX 41
velivet triphasic regimen (28) 78
VELSIPITY 84
VEMLIDY 49
VENCLEXTA 41
VENCLEXTA STARTING PACK 41
venlafaxine 30
VENTOLIN HFA 94
VEPPANU 41
verapamil 59
VERQUVO 59
VERSACLOZ 46
VERZENIO 41
vestura (28) 78
vienva 78
vigabatrin 27
vigadrone 27
VIGAFYDE 27
vigpoder 27
vilazodone 30
VIMKUNYA (PF) 84
viorele (28) 78
VIRACEPT 49
VIREAD 49
vit 3 103
VITAL-D RX 103
vitamin d2 103
vitamin k 103
vitamin k1 103
VITRAKVI 41
VIVITROL 19
VIVOTIF 84
VIZIMPRO 41
VOCABRIA 49
volnea (28) 78
VONJO 41
VORANIGO 41
voriconazole 32
voriconazole-hpbcd 32
VOSEVI 49
VOWST 69
VRAYLAR 46
vyfemla (28) 78
vylibra 78
VYLOY 41
VYZULTA 91

W

warfarin 53
WEBCOL 89
WEGOVY 89, 104
WEGOVY HD 104
WELIREG 70
WELTRUZA 46
wera (28) 78
wes-phos 250 neutral 103
wescaps 103
wesnatal dha complete 68
wesnate dha 68
westab max 103
westab plus 68
WINREVAIR 94
wixela inhub 94
women's gentle laxative(bisac) 103
wymzya fe 78

X

XALKORI 41
xarah fe 78
XARELTO 53, 54
XARELTO DVT-PE TREAT 30D START 54
XATMEP 84
XCOPRI 27
XCOPRI MAINTENANCE PACK 28
XCOPRI TITRATION PACK 28
XDEMVY 89
xelria fe 78
XENICAL 104
XERMELO 69
XIFAXAN 69
XOLAIR 84

XOSPATA 41
XPOVIO 41
XTANDI 41
xulane 78
Y
YERVOY 41
YESINTEK 84
YF-VAX (PF) 84
YONDELIS 41
your choice 103
yulithira 41
Z
zaditor 103
zafemy 78
zafirlukast 94
zaleplon 94
zarah 78
ZARXIO 54
ZEGFROVY 42
ZEJULA 42
ZELBORAF 42
ZEMAIRA 70
zenatane 63
ZENBEXUS 42
ZENPEP 70
ZEPBOUND 104
ZEPBOUND KWIKPEN 104
zidovudine 49
ziprasidone hcl 46
ziprasidone mesylate 46
ZIRABEV 42
ZIRGAN 49
zoledronic ac-mannitol-0.9nacl 85
zoledronic acid 85
zoledronic acid-mannitol-water 85
ZOLINZA 42
zolpidem 94
ZONISADE 28
zonisamide 28
ZORYVE 63
zovia 1-35 (28) 78
ZTALMY 28
ZUBSOLV 19
zumandimine (28) 78
ZURNAI 19
ZURZUVAE 30
ZYDELIG 42
ZYKADIA 42
ZYMFENTRA 84
ZYNYZ 42
ZYPREXA 46
ZYPREXA RELPREVV 46

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)**.

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

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسِّيق البديل مجاناً. 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)** հեռախոսահամարով:

Bǎsóɔ̀ [Bassa]: Wudu-xwíníín-mú-zà-zà kǔà, hwòdǒ-fónɔ́-nyɔ,, kè nyɔ-ɓɔ̌-po-kà ɓě ɓé wa nyuɛsé wídí péɛ̀-péɛ̀dò kɔ.̌ Ɗá **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]: Gen sèvis lengwistik gratis, èd oksilyè, ak lòt fòma sèvis ki disponib. Rele **877-320-1235 (TTY: 711).**

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i 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 d’assistance linguistique, d’aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS : 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] : મફત 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)**

हिंदी [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)**.

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

MIHN7ABEN_0926

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiamare 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。

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]: ມີບໍລິການພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນບໍ່ເສຍຄ່າໃຫ້. ໂທ 877-320-1235 (TTY: 711).

Diné [Navajo]: Saad bee áná'álwo', bee haz'áanii, dóó naaltsoos t'áá ajiłii'ígíí bee ak'e'elyaaígíí t'áá jiik'eh hóló. **877-320-1235 (TTY: 711)** bich'į' hodíílnih.

नेपाली [Nepali]: नि:शुल्क भाषा सेवा, सहायक सामग्री र वैकल्पिक ढाँचाका सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।

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

Português [Brazilian 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]: மொழி,, உதவிப் பொருட்கள் மற்றும் மாற்று வடிவமைப்புச் சேவைகள் இலவசமாகக் கிடைக்கின்றன. **877-320-1235 (TTY: 711)** எண்ணை 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 miễn phí các dịch vụ ngôn ngữ, hỗ trợ phụ trợ và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

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

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

Notes

Notes

This *Drug List* was updated on 11/02/2026. For more recent information or other questions, contact us at 1-855-281-6070 (TTY: 711), 8 A.M. to 8 P.M. local time seven days a week or visit **Humana.com/medicaredruglist**.

H0963-001

Humana®

If you have questions, please call Humana Dual Integrated (HMO D-SNP) at 1-855-281-6070 (TTY: 711), 8 a.m. to 8 p.m. local time, seven days a week October 1 – March 31 and Monday through Friday from April 1 – September 30. The call is free. **For more information**, visit **Humana.com/medicaredruglist**. This formulary was updated on 11/02/2026.