

2025

List of Covered Drugs (Formulary)

Humana Gold
Plus Integrated
(Medicare-Medicaid Plan)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 04/01/2025. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, CONTACT US AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME OR VISIT HUMANA.COM.

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Humana Gold Plus Integrated (Medicare–Medicaid Plan) | 2025 List of Covered Drugs (Drug List or Formulary)

Introduction:

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by Humana Gold Plus Integrated. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Humana Gold Plus Integrated. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare–Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



Humana Gold Plus Intégrate (Medicare-Medicaid Plan) | 2025 List of Covered Drugs (Formulary)

A. Disclaimers

This is a list of drugs that members can get in Humana Gold Plus Integrated.

- Humana Gold Plus Integrated (Medicare-Medicaid) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to members.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Attention: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-787-3311 (TTY: 711), Monday - Friday from 8 a.m. - 8 p.m. Central Time. The call is free.
- Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-787-3311 (TTY: 711), de lunes a viernes, de 8 a.m. a 8 p.m., hora del centro. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

You can make a standing request to get materials, now and in the future, in a language other than English or in an alternate format.

- Call Customer Care if you want to make or change a standing request at 1-800-787-3311 (TTY: 711). We're available Monday - Friday, from 8 a.m. - 8 p.m. Central time. The call is free.
- We will keep your preferred language other than English and/or alternate format for future mailings and communications.
- You will not need to make a separate request each time.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



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B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. 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 *List of Covered Drugs* that starts in C1, are the drugs covered by Humana Gold Plus Integrated. These 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 Gold Plus Integrated 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, **and**
 - you fill the prescription at a Humana Gold Plus Integrated network pharmacy.
- Humana Gold Plus Integrated may have additional steps to access certain drugs (refer to question #B4 below).

You can also find an up-to-date list of drugs that we cover on our website at [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated) or call Customer Care at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

B2. Does the Drug List ever change?

Yes, and Humana Gold Plus Integrated must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year. For example, we could:

- Decide to require or not require prior authorization (PA) or approval for a drug. (Prior approval is permission from Humana Gold Plus Integrated 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 Gold Plus Integrated's up-to-date Drug List online at [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated). Updates to the Drug List are posted on the website monthly.
- You can also call Customer Care to check the current Drug List at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



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 stay the same [insert if applicable, for example, if the plan's Drug List has differential cost-sharing for some generics: or will be lower]. 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 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 question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective, or the drug's manufacturer takes a drug off the market, 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.

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.

We add a generic drug and replace a brand name drug currently on the Drug List, or

- we add a new biosimilar to replace an original biological product currently on the Drug List, 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. He or she 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 question B10.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



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B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order 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 (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Humana Gold Plus Integrated before you fill your prescription. If you don't get approval, Humana Gold Plus Integrated may not cover the drug.
- **Quantity limits:** Sometimes Humana Gold Plus Integrated limits the amount of a drug you can get.
- **Step therapy:** Sometimes Humana Gold Plus Integrated 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 doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If Humana Gold Plus Integrated covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning in section C1. You can also get more information by visiting our website at [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated). 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. He or she 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. Please refer to question B10-B12 for more information about exceptions.

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

The table in section C1 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Humana Gold Plus Integrated changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, 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 the drugs on the Drug List change.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



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

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it by beginning on page 110.

To search **by medical condition**, find the section labeled "Drugs Grouped by medical condition" on page 149. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

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 Customer Care at 1-800-787-3111 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time and ask about it. The call is free. If you learn that Humana Gold Plus Integrated will not cover the drug, you can do one of these things:

- Ask Customer Care for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
 - You can ask the health plan to make an exception to cover your drug. Please refer to question B11 for more information about exceptions.
-

B9. What if I am a new Humana Gold Plus Integrated 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 Gold Plus Integrated. This will give you time to talk to your doctor or other prescriber. He or she 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 fills 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**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Humana Gold Plus Integrated, **or**
- you are taking a drug that is part of a step therapy restriction.

If you live 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 Gold Plus Integrated member.
- This is in addition to the temporary supply during the first 90 days you are a member of Humana Gold Plus Integrated.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit [Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).



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,

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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:

- Your 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 **60 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 the customer service number on the back of your Humana member ID card. Or go to our website, **[Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated)**.

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 Gold Plus Integrated 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 Gold Plus Integrated 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.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **[Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated)**.



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B11. How can I ask for an exception?

To ask for an exception, call Humana Clinical Pharmacy Review (HCPR) at 1-800-555-CLIN (2546) (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. Humana Clinical Pharmacy Review will work with you and your provider to help you ask for an exception. You can also read Chapter 9, 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 the customer service number on the back of your Humana member ID card. Or go to our website, **[Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated)**.

If you or your prescriber think your health may be harmed if you have to 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 Gold Plus Integrated covers both brand name drugs and generic drugs.

You can find information on what the symbols and abbreviations on this table mean by referring to page 13. **If you have questions**, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **[Humana.com/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated)**.



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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 biosimilars 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 Gold Plus Integrated covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Humana Gold Plus Integrated Drug List to find out what OTC drugs are covered.

B16. Does Humana Gold Plus Integrated cover non-drug OTC products?

Humana Gold Plus Integrated covers some non-drug OTC products when they are written as prescriptions by your provider.

You can read the Humana Gold Plus Integrated Drug List to see what non-drug OTC products are covered.

B17. What is my copay?

As a Humana Gold Plus Integrated member, you have no copays for prescription and OTC drugs as long as you follow Humana Gold Plus Integrated's rules.

B18. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs
- Tier 2 drugs are Brand name drugs
- Tier 3 drugs are Non-Medicare Rx Drugs
- Tier 4 drugs are Non-Medicare OTC drugs

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C. Overview of List of Covered Drugs

The following *list of covered drugs* gives you information about the drugs covered by Humana Gold Plus Integrated. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs in section D. The index alphabetically lists all drugs covered by Humana Gold Plus Integrated.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ABILIFY) and generic drugs are listed in lower-case italics (e.g., acarbose).

The information in the necessary actions, restrictions, or limits on use column tells you if Humana Gold Plus Integrated has any rules for covering your drug.

Note: The (*) next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any extra help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision 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 Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Customer Care at 1-800-787-3311 (TTY: 711), Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free. You can also read Chapter 9, of the Member Handbook to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:

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.

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 on the back of your ID card for additional information.

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THIS FORMULARY WAS UPDATED ON 04/01/2025.

ANALGESICS - Drugs used to treat pain

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET ^{DL}	\$0 (Tier 1)	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET ^{DL}	\$0 (Tier 1)	QL(180 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY ^{DL}	\$0 (Tier 1)	PA,QL(4 per 28 days)
diclofenac potassium 50 mg TABLET ^{MO}	\$0 (Tier 1)	
diclofenac sodium 1 % GEL ^{MO}	\$0 (Tier 1)	QL(1000 per 30 days)
diclofenac sodium 1.5 % DROPS ^{MO}	\$0 (Tier 1)	PA,QL(300 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
diclofenac sodium 25 mg, 50 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
diclofenac sodium 75 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
etodolac 200 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
etodolac 400 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour PATCH. 72 HR. ^{DL}	\$0 (Tier 1)	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGES ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION ^{DL}	\$0 (Tier 1)	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET ^{DL}	\$0 (Tier 1)	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml) SOLUTION ^{DL}	\$0 (Tier 1)	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(5520 per 30 days)
hydrocodone-ibuprofen 7.5-200 mg TABLET ^{DL}	\$0 (Tier 1)	QL(150 per 30 days)
hydromorphone 2 mg, 4 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
hydromorphone 8 mg TABLET ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
ibu 400 mg, 600 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	
ibuprofen 100 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
ibuprofen 400 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ibuprofen 600 mg, 800 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>indomethacin 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>indomethacin 75 mg CAPSULE, ER^{MO}</i>	\$0 (Tier 1)	
<i>ketorolac 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(20 per 30 days)
<i>meloxicam 15 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>meloxicam 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>methadone 10 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(240 per 30 days)
<i>methadone 10 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL(1800 per 30 days)
<i>methadone 10 mg/ml CONCENTRATE^{DL}</i>	\$0 (Tier 1)	QL(360 per 30 days)
<i>methadone 10 mg/ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL(360 per 30 days)
<i>methadone 5 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(480 per 30 days)
<i>methadone 5 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL(3600 per 30 days)
<i>morphine 10 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL(2700 per 30 days)
<i>morphine 100 mg TABLET ER^{DL}</i>	\$0 (Tier 1)	QL(180 per 30 days)
<i>morphine 15 mg, 30 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(180 per 30 days)
<i>morphine 15 mg, 30 mg, 60 mg TABLET ER^{DL}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>morphine 20 mg/5 ml (4 mg/ml) SOLUTION^{DL}</i>	\$0 (Tier 1)	QL(1350 per 30 days)
<i>morphine 200 mg TABLET ER^{DL}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION^{DL}</i>	\$0 (Tier 1)	QL(540 per 30 days)
<i>nabumetone 500 mg, 750 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>naproxen 250 mg, 375 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>naproxen 375 mg TABLET, DR/EC^{MO}</i>	\$0 (Tier 1)	
<i>naproxen 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>naproxen sodium 275 mg, 550 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>oxycodone 10 mg, 15 mg, 5 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(360 per 30 days)
<i>oxycodone 20 mg, 30 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(360 per 30 days)
<i>oxycodone 20 mg/ml CONCENTRATE^{DL}</i>	\$0 (Tier 1)	QL(270 per 30 days)
<i>oxycodone 5 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	QL(360 per 30 days)
<i>oxycodone 5 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL(5400 per 30 days)
<i>oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(360 per 30 days)
<i>oxycodone-acetaminophen 2.5-325 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(360 per 30 days)
<i>oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	QL(1800 per 30 days)
<i>piroxicam 10 mg, 20 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>sulindac 150 mg, 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	

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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. ^{DL}	\$0 (Tier 1)	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE ^{DL}	\$0 (Tier 1)	ST,QL(30 per 30 days)
tramadol 50 mg TABLET ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)

ANESTHETICS - Drugs used to treat local pain

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lidocaine 5 % ADHESIVE PATCH, MEDICATED ^{MO}	\$0 (Tier 1)	PA,QL(90 per 30 days)
lidocaine hcl 2 % JELLY IN APPLICATOR ^{MO}	\$0 (Tier 1)	
lidocaine hcl 2 % SOLUTION ^{MO}	\$0 (Tier 1)	
lidocaine viscous 2 % SOLUTION ^{MO}	\$0 (Tier 1)	
lidocaine-prilocaine 2.5-2.5 % CREAM ^{MO}	\$0 (Tier 1)	

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS - Drugs used to treat addiction and withdrawal symptoms

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acamprosate 333 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 8-2 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
KLOXXADO 8 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	QL(2 per 30 days)
naloxone 0.4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(2 per 30 days)
naltrexone 50 mg TABLET ^{MO}	\$0 (Tier 1)	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
OPVEE 2.7 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	QL(2 per 30 days)
varenicline tartrate 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	QL(53 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
varenicline tartrate 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	QL (56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	QL (1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	QL (90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
ZUBSOLV 8.6-2.1 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)

ANTIBACTERIALS - Drugs used to treat infections caused by bacteria

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetic acid 2 % SOLUTION ^{MO}	\$0 (Tier 1)	
amikacin 1,000 mg/4 ml, 500 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
amoxicillin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
amoxicillin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
amoxicillin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin 875 mg TABLET ^{MO}	\$0 (Tier 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}	\$0 (Tier 1)	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin-pot clavulanate 875-125 mg TABLET ^{MO}	\$0 (Tier 1)	
ampicillin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA, QL (235.2 per 28 days)
azithromycin 1 gram PACKET ^{MO}	\$0 (Tier 1)	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
azithromycin 250 mg TABLET ^{MO}	\$0 (Tier 1)	
azithromycin 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
azithromycin 500 mg, 600 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aztreonam 1 gram, 2 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>bacitracin 50,000 unit RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE ^{MO}	\$0 (Tier 2)	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE ^{MO}	\$0 (Tier 2)	
<i>cefaclor 250 mg, 500 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefadroxil 500 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>cefazolin 1 gram, 10 gram, 2 gram, 3 gram, 500 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml, 3 gram/50 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
CEFAZOLIN IN DEXTROSE (ISO-OS) 3 GRAM/150 ML PIGGYBACK ^{MO}	\$0 (Tier 1)	
<i>cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefdinir 300 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>cefepime 1 gram, 2 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefixime 400 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>cefpodoxime 100 mg, 200 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefprozil 250 mg, 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cefuroxime axetil 250 mg, 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cephalexin 250 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>cephalexin 500 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>chloramphenicol sod succinate 1 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 1)	
<i>clarithromycin 250 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>clarithromycin 500 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin pediatric 75 mg/5 ml RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin phosphate 150 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin phosphate 2 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>colistin (colistimethate na) 150 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>daptomycin 350 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>daptomycin 500 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>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}</i>	\$0 (Tier 2)	
<i>dicloxacillin 250 mg, 500 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>DIFICID 200 MG TABLET^{DL}</i>	\$0 (Tier 2)	
<i>doxy-100 100 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 100 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 100 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ertapenem 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ERYTHROCIN 500 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
erythromycin 250 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	
erythromycin 250 mg, 333 mg, 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
erythromycin 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
erythromycin lactobionate 500 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
gentamicin 0.1 % CREAM ^{MO}	\$0 (Tier 1)	
gentamicin 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	
gentamicin 40 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
HUMATIN 250 MG CAPSULE ^{DL}	\$0 (Tier 1)	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION ^{MO}	\$0 (Tier 1)	
levofloxacin 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
levofloxacin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
lincomycin 300 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	QL (1800 per 30 days)
linezolid 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
meropenem 1 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
methenamine hippurate 1 gram TABLET ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 % CREAM ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 % LOTION ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL ^{MO}	\$0 (Tier 1)	
metronidazole 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
minocycline 100 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
mondoxylene nl 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
moxifloxacin 400 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
nafcillin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK ^{DL}	\$0 (Tier 2)	
neomycin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ofloxacin 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
paromomycin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE ^{MO}	\$0 (Tier 1)	
penicillin g sodium 5 million unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
penicillin v potassium 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
polymyxin b sulfate 500,000 unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
PRIMSOL 50 MG/5 ML SOLUTION ^{MO}	\$0 (Tier 2)	
streptomycin 1 gram RECON SOLUTION ^{DL}	\$0 (Tier 1)	
sulfacetamide sodium 10 % OINTMENT ^{MO}	\$0 (Tier 1)	
sulfadiazine 500 mg TABLET ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 400-80 mg TABLET ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 800-160 mg TABLET ^{MO}	\$0 (Tier 1)	
TEFLARO 400 MG, 600 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
tigecycline 50 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
tinidazole 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 1)	BvsD
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
trimethoprim 100 mg TABLET ^{MO}	\$0 (Tier 1)	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
vancomycin 1.75 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 2)	

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THIS FORMULARY WAS UPDATED ON 04/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vancomycin 125 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
vancomycin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(240 per 30 days)

ANTICONVULSANTS - Drugs used to treat seizures

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APTIOM 200 MG, 400 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
APTIOM 600 MG, 800 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
BRIVIACT 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
carbamazepine 100 mg, 200 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. ^{MO}	\$0 (Tier 1)	
carbamazepine 100 mg, 200 mg, 400 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	
carbamazepine 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
carbamazepine 200 mg TABLET ^{MO}	\$0 (Tier 1)	
clobazam 10 mg, 20 mg TABLET ^{DL}	\$0 (Tier 1)	PA
clobazam 2.5 mg/ml SUSPENSION ^{DL}	\$0 (Tier 1)	PA
DIACOMIT 250 MG, 500 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
DIACOMIT 250 MG, 500 MG POWDER IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT ^{DL}	\$0 (Tier 1)	
divalproex 125 mg CAPSULE, DR SPRINKLE ^{MO}	\$0 (Tier 1)	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
divalproex 250 mg, 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
EPIDIOLEX 100 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
epitol 200 mg TABLET ^{MO}	\$0 (Tier 1)	
EPRONTIA 25 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(480 per 30 days)
ethosuximide 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ethosuximide 250 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
felbamate 400 mg, 600 mg TABLET ^{MO}	\$0 (Tier 1)	
felbamate 600 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
FINTEPLA 2.2 MG/ML SOLUTION ^{DL,LA}	\$0 (Tier 2)	PA,QL(360 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION ^{MO}	\$0 (Tier 1)	
FYCOMPA 0.5 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(270 per 30 days)
gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION ^{DL}	\$0 (Tier 1)	
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE ^{MO}	\$0 (Tier 1)	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
levetiracetam 250 mg TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(360 per 30 days)
levetiracetam 500 mg TABLET ^{MO}	\$0 (Tier 1)	
levetiracetam 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
LIBERVANT 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG FILM ^{DL}	\$0 (Tier 2)	QL(10 per 30 days)
methsuximide 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 2)	QL(10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg TABLET ^{MO}	\$0 (Tier 1)	
oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION ^{MO}	\$0 (Tier 1)	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
phenobarbital 15 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR ^{MO}	\$0 (Tier 1)	QL(1500 per 30 days)
phenobarbital 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE ^{MO}	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
phenytoin 50 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
phenytoin sodium 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
primidone 125 mg, 250 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
roweepra 500 mg TABLET ^{MO}	\$0 (Tier 1)	
roweepra xr 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
rufinamide 200 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	PA,QL(2760 per 30 days)
rufinamide 400 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
SPRITAM 1,000 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
subvenite starter (blue) kit 25 mg (35) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
subvenite starter (green) kit 25 mg (84) -100 mg (14) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
subvenite starter (orange) kit 25 mg (42) -100 mg (7) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
topiramate 100 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
topiramate 15 mg, 25 mg, 50 mg CAPSULE, SPRINKLE ^{MO}	\$0 (Tier 1)	
topiramate 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
valproic acid 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION ^{MO}	\$0 (Tier 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}	\$0 (Tier 2)	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
vigabatrin 500 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
vigadrone 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vigadrone 500 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL (180 per 30 days)
VIGAFYDE 100 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (600 per 25 days)
<i>vigpoder 500 mg POWDER IN PACKET^{DL}</i>	\$0 (Tier 1)	PA,QL (180 per 30 days)
XCOPRI 100 MG, 25 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
XCOPRI MAINTENANCE PACK 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	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}	\$0 (Tier 2)	PA,QL (28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	PA,QL (900 per 30 days)
<i>zonisamide 100 mg, 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
ZTALMY 50 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL (1080 per 30 days)

ANTIDEMENTIA AGENTS - Drugs used to treat memory loss

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>donepezil 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>donepezil 10 mg, 5 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil 23 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine 12 mg, 4 mg, 8 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine 4 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>memantine 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL (60 per 30 days)
<i>memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.^{MO}</i>	\$0 (Tier 1)	PA,QL (30 per 30 days)
<i>memantine 2 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	PA,QL (360 per 30 days)
<i>memantine 5-10 mg TABLET, DOSE PACK^{MO}</i>	\$0 (Tier 1)	PA,QL (98 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 2)	QL (28 per 28 days)
<i>rivastigmine tartrate 1.5 mg, 3 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
rivastigmine tartrate 4.5 mg, 6 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

ANTIDEPRESSANTS - Drugs used to treat depression

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amitriptyline 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
amitriptyline 25 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC ^{MO}	\$0 (Tier 2)	PA, QL (60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
citalopram 10 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
citalopram 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
citalopram 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
escitalopram oxalate 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (45 per 30 days)
escitalopram oxalate 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA, QL (30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA, QL (28 per 28 days)
fluoxetine 10 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fluoxetine 20 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
fluoxetine 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
MARPLAN 10 MG TABLET ^{MO}	\$0 (Tier 2)	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
mirtazapine 45 mg TABLET ^{MO}	\$0 (Tier 1)	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
nortriptyline 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
paroxetine hcl 10 mg, 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
paroxetine hcl 30 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET ^{MO}	\$0 (Tier 1)	
phenelzine 15 mg TABLET ^{MO}	\$0 (Tier 1)	
protriptyline 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
RALDESY 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	
sertraline 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
sertraline 20 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
sertraline 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
tranylcypromine 10 mg TABLET ^{MO}	\$0 (Tier 1)	
trazodone 100 mg, 150 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
trazodone 300 mg TABLET ^{MO}	\$0 (Tier 1)	
trimipramine 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	\$0 (Tier 2)	ST,QL (30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
venlafaxine 150 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
VIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL (30 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL (30 per 30 days)
ZURZUVAE 20 MG, 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (28 per 365 days)
ZURZUVAE 30 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (14 per 365 days)

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ANTIEMETICS - Drugs used to treat nausea and vomiting

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aprepitant 125 mg (1)- 80 mg (2) CAPSULE, DOSE PACK^{MO}</i>	\$0 (Tier 1)	BvsD
<i>aprepitant 125 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD,QL(2 per 28 days)
<i>aprepitant 80 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD,QL(4 per 28 days)
<i>compro 25 mg SUPPOSITORY^{MO}</i>	\$0 (Tier 1)	
<i>dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD,QL(120 per 30 days)
<i>granisetron hcl 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD,QL(28 per 28 days)
<i>meclizine 12.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>meclizine 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metoclopramide hcl 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ondansetron 4 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	BvsD
<i>ondansetron 8 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	BvsD
<i>ondansetron hcl 2 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ondansetron hcl 4 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>ondansetron hcl 4 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD,QL(450 per 30 days)
<i>ondansetron hcl 8 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>ondansetron hcl (pf) 4 mg/2 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ondansetron hcl (pf) 4 mg/2 ml SYRINGE^{MO}</i>	\$0 (Tier 1)	
<i>prochlorperazine 25 mg SUPPOSITORY^{MO}</i>	\$0 (Tier 1)	
<i>prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>promethazine 12.5 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>promethazine 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>scopolamine base 1 mg over 3 days PATCH, 3 DAY^{MO}</i>	\$0 (Tier 1)	QL(10 per 30 days)

ANTIFUNGALS - Drugs used to treat fungal infections

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ABELCET 5 MG/ML SUSPENSION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>amphotericin b 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION^{DL}</i>	\$0 (Tier 1)	BvsD
<i>casprofungin 50 mg, 70 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>ciclodan 8 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(13.2 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciclopirox 0.77 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
<i>ciclopirox 0.77 % GEL</i> ^{MO}	\$0 (Tier 1)	QL (100 per 30 days)
<i>ciclopirox 0.77 % SUSPENSION</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>ciclopirox 8 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (13.2 per 30 days)
<i>clotrimazole 1 % CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>clotrimazole 1 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>clotrimazole 10 mg TROCHE</i> ^{MO}	\$0 (Tier 1)	
<i>clotrimazole-betamethasone 1-0.05 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
<i>clotrimazole-betamethasone 1-0.05 % LOTION</i> ^{MO}	\$0 (Tier 1)	QL (90 per 28 days)
<i>fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	
<i>fluconazole 100 mg, 200 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>fluconazole 150 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>flucytosine 250 mg, 500 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	
<i>griseofulvin microsize 125 mg/5 ml SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
<i>griseofulvin microsize 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize 125 mg, 250 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>itraconazole 100 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>ketoconazole 2 % CREAM</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>ketoconazole 2 % SHAMPOO</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>ketoconazole 200 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA
<i>klayesta 100,000 unit/gram POWDER</i> ^{MO}	\$0 (Tier 1)	PA
<i>MICAFUNGIN IN 0.9 % SODIUM CHL 100 MG/100 ML, 150 MG/150 ML, 50 MG/50 ML PIGGYBACK</i> ^{DL}	\$0 (Tier 2)	
<i>micafungin in 0.9 % sodium chl 150 mg/150 ml PIGGYBACK</i> ^{DL}	\$0 (Tier 2)	
<i>miconazole-3 200 mg SUPPOSITORY</i> ^{MO}	\$0 (Tier 1)	
<i>nyamyc 100,000 unit/gram POWDER</i> ^{MO}	\$0 (Tier 1)	PA
<i>nystatin 100,000 unit/gram CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin 100,000 unit/gram OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin 100,000 unit/gram POWDER</i> ^{MO}	\$0 (Tier 1)	PA
<i>nystatin 100,000 unit/ml SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin 500,000 unit TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT</i> ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nystop 100,000 unit/gram POWDER^{MO}</i>	\$0 (Tier 1)	PA
<i>posaconazole 100 mg TABLET, DR/EC^{DL}</i>	\$0 (Tier 1)	PA
<i>posaconazole 300 mg/16.7 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
<i>terbinafine hcl 250 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>terconazole 0.4 %, 0.8 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>terconazole 80 mg SUPPOSITORY^{MO}</i>	\$0 (Tier 1)	
<i>voriconazole 200 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	PA
<i>voriconazole 200 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION^{DL}</i>	\$0 (Tier 1)	PA,QL(400 per 30 days)

ANTIGOUT AGENTS - Drugs used to treat gout

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>allopurinol 100 mg, 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>colchicine 0.6 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>febuxostat 40 mg, 80 mg TABLET^{MO}</i>	\$0 (Tier 1)	ST,QL(30 per 30 days)
<i>probenecid 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>probenecid-colchicine 500-0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	

ANTIMIGRAINE AGENTS - Drugs used to treat headaches

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL^{DL}</i>	\$0 (Tier 1)	PA,QL(8 per 30 days)
<i>EMGALITY PEN 120 MG/ML PEN INJECTOR^{MO}</i>	\$0 (Tier 2)	PA,QL(2 per 30 days)
<i>EMGALITY SYRINGE 120 MG/ML SYRINGE^{MO}</i>	\$0 (Tier 2)	PA,QL(2 per 30 days)
<i>EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE^{MO}</i>	\$0 (Tier 2)	PA,QL(3 per 30 days)
<i>ergotamine-caffeine 1-100 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(40 per 30 days)
<i>naratriptan 1 mg, 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(9 per 30 days)
<i>QULIPTA 10 MG, 30 MG, 60 MG TABLET^{MO}</i>	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>rizatriptan 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(12 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL</i> ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan succinate 100 mg, 25 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE</i> ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml PEN INJECTOR</i> ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate 6 mg/0.5 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
UBRELVY 100 MG, 50 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (16 per 30 days)

ANTIMYASTHENIC AGENTS - Drugs used to strengthen muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pyridostigmine bromide 30 mg, 60 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
VYVGART 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
VYVGART HYTRULO 1,008 MG-11,200 UNIT/5.6 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA, QL (22.4 per 28 days)

ANTIMYCOBACTERIALS - Drugs used to treat some infections, such as tuberculosis

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dapsone 100 mg, 25 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>ethambutol 100 mg, 400 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>isoniazid 100 mg, 300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>isoniazid 100 mg/ml, 50 mg/5 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
PRIFTIN 150 MG TABLET ^{MO}	\$0 (Tier 2)	
<i>pyrazinamide 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>rifabutin 150 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>rifampin 150 mg, 300 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>rifampin 600 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
SIRTURO 100 MG, 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA
TRECTOR 250 MG TABLET ^{MO}	\$0 (Tier 2)	

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ANTINEOPLASTICS - Drugs used to treat cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abiraterone 250 mg TABLET</i> ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>abiraterone 500 mg TABLET</i> ^{DL}	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>abirtega 250 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
ADCETRIS 50 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ADRIAMYCIN 50 MG RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
AKEEGA 100-500 MG, 50-500 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
ALECENSA 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
ALIQOPA 60 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>anastrozole 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ANKTIVA 400 MCG/0.4 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ARRANON 250 MG/50 ML SOLUTION ^{DL}	\$0 (Tier 2)	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
ASPARLAS 750 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
AUGTYRO 160 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
AUGTYRO 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
AXTLE 100 MG, 500 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>azacitidine 100 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
BALVERSA 3 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
BELEODAQ 500 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bexarotene 1 % GEL</i> ^{DL}	\$0 (Tier 1)	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
BIZENGRI 375 MG/18.75 ML (20 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(75 per 28 days)
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bortezomib 3.5 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
<i>bortezomib 3.5 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 2)	PA
BOSULIF 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
BOSULIF 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
BOSULIF 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(360 per 30 days)
BRAFTOVI 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
BRUKINSA 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
<i>busulfan 60 mg/10 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
BUSULFEX 60 MG/10 ML SOLUTION ^{MO}	\$0 (Tier 2)	
CABOMETYX 20 MG, 40 MG, 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>carboplatin 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>carmustine 100 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>cisplatin 1 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>cladribine 10 mg/10 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	BvsD
<i>clofarabine 1 mg/ml SOLUTION^{DL}</i>	\$0 (Tier 1)	
CLOLAR 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	
COLUMVI 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
COPIKTRA 15 MG, 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
COSMEGEN 0.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
COTELLIC 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(63 per 28 days)
<i>cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 200 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
CYRAMZA 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>cytarabine 20 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
dacarbazine 100 mg, 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
dactinomycin 0.5 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
DANYELZA 4 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(120 per 28 days)
DANZITEN 71 MG, 95 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
DARZALEX 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
dasatinib 100 mg, 50 mg, 70 mg, 80 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(60 per 30 days)
dasatinib 140 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
dasatinib 20 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
DATROWAY 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
daunorubicin 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
DAURISMO 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
DAURISMO 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
decitabine 50 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
doxorubicin 10 mg, 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION ^{DL}	\$0 (Tier 1)	PA
ELAHERE 5 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ELREXFIO 40 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ELZONRIS 1,000 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE ^{DL}	\$0 (Tier 2)	
EMPLICITI 300 MG, 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ENHERTU 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION ^{MO}	\$0 (Tier 1)	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
eribulin 1 mg/2 ml (0.5 mg/ml) SOLUTION ^{DL}	\$0 (Tier 1)	
ERIVEDGE 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)

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THIS FORMULARY WAS UPDATED ON 04/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERLEADA 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
erlotinib 100 mg, 150 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
erlotinib 25 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
etoposide 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
EULEXIN 125 MG CAPSULE ^{DL}	\$0 (Tier 1)	PA
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 1)	PA
EVOMELA 50 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
exemestane 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
EXKIVITY 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
fludarabine 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
fludarabine 50 mg/2 ml SOLUTION ^{DL}	\$0 (Tier 1)	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
FOTIVDA 0.89 MG, 1.34 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
FRUZAQLA 1 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (84 per 28 days)
FRUZAQLA 5 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA
GAVRETO 100 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL (120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (120 per 28 days)
gefitinib 250 mg TABLET ^{DL}	\$0 (Tier 1)	PA
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL (30 per 30 days)
GLEOSTINE 10 MG, 40 MG CAPSULE ^{MO}	\$0 (Tier 2)	PA
GLEOSTINE 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
GOMEKLI 1 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	PA
GOMEKLI 1 MG, 2 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
GRAFAPEX 1 GRAM, 5 GRAM RECON SOLUTION ^{DL}	\$0 (Tier 2)	
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
hydroxyurea 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
IBRANCE 100 MG, 125 MG, 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)

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IBRANCE 100 MG, 125 MG, 75 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ICLUSIG 15 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
idarubicin 1 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	
IDHIFA 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ifosfamide 1 gram, 3 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION ^{MO}	\$0 (Tier 1)	
imatinib 100 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
imatinib 400 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(60 per 30 days)
IMBRUVICA 140 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
IMBRUVICA 420 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
IMBRUVICA 560 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
IMBRUVICA 70 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
IMBRUVICA 70 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA
IMDELLTRA 1 MG, 10 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
IMFINZI 50 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
IMJUDO 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
IMKELDI 80 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
INLYTA 1 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
INLYTA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
INQOVI 35-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(5 per 28 days)
INREBIC 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION ^{MO}	\$0 (Tier 1)	
ISTODAX 10 MG/2 ML RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ITOVEBI 3 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
ITOVEBI 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
IVRA 90 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	
IWILFIN 192 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(20 per 42 days)

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JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION ^{DL}	\$0 (Tier 2)	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KEYTRUDA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
KOSELUGO 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
KRAZATI 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(12 per 28 days)
<i>lapatinib 250 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(180 per 30 days)
LAZCLUZE 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
LAZCLUZE 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(28 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	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}	\$0 (Tier 2)	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}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>letrozole 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>leucovorin calcium 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
LEUKERAN 2 MG TABLET ^{DL}	\$0 (Tier 2)	
<i>levoleucovorin calcium 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	PA

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<i>levoleucovorin calcium 50 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	PA
LIBTAYO 50 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(100 per 30 days)
LONSURF 20-8.19 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(80 per 30 days)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
LORBRENA 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
LORBRENA 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
LUMAKRAS 120 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
LUMAKRAS 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
LUMAKRAS 320 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
LUNSUMIO 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
LYNPARZA 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
LYSODREN 500 MG TABLET ^{DL}	\$0 (Tier 2)	
LYTGOBI 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
MATULANE 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	
MEKINIST 0.05 MG/ML RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(1170 per 28 days)
MEKINIST 0.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
MEKINIST 2 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
MEKTOVI 15 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
<i>melphalan 2 mg TABLET</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>melphalan hcl 50 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>mercaptopurine 20 mg/ml SUSPENSION</i> ^{DL}	\$0 (Tier 1)	
<i>mercaptopurine 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>mesna 400 mg TABLET</i> ^{DL}	\$0 (Tier 1)	
MESNEX 400 MG TABLET ^{DL}	\$0 (Tier 2)	
<i>mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	
<i>mitoxantrone 2 mg/ml CONCENTRATE</i> ^{MO}	\$0 (Tier 1)	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
MVASI 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>nelarabine 250 mg/50 ml SOLUTION</i> ^{DL}	\$0 (Tier 1)	
NERLYNX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
<i>nilutamide 150 mg TABLET</i> ^{DL}	\$0 (Tier 1)	QL(60 per 30 days)

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NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
NUBEQA 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
ODOMZO 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
OGSIVEO 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (60 per 30 days)
OGSIVEO 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
OJEMDA 25 MG/ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA,QL (96 per 28 days)
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (16 per 28 days)
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (20 per 28 days)
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET ^{DL}	\$0 (Tier 2)	PA,QL (24 per 28 days)
OJJAARA 100 MG, 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ONIVYDE 4.3 MG/ML DISPERSION ^{DL}	\$0 (Tier 2)	PA
ONUREG 200 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (14 per 28 days)
OPDIVO 100 MG/10 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (16 per 28 days)
OPDIVO QVANTIG 600 MG-10,000 UNIT/5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (10 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (40 per 28 days)
ORGOVYX 120 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (32 per 30 days)
ORSERDU 345 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
ORSERDU 86 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
paclitaxel 6 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA
PADCEV 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
PADCEV 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (15 per 28 days)
PANRETIN 0.1 % GEL ^{DL}	\$0 (Tier 2)	PA
paraplatin 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
pazopanib 200 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL (120 per 30 days)
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (28 per 28 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
pemetrexed 25 mg/ml SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (120 per 21 days)

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<i>pemetrexed disodium</i> 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
<i>pemetrexed disodium</i> 25 mg/ml SOLUTION ^{DL}	\$0 (Tier 2)	PA
PEMRYDI RTU 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
PERJETA 420 MG/14 ML (30 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
PIQRAY 200 MG/DAY (200 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	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}	\$0 (Tier 2)	PA,QL(56 per 28 days)
POLIVY 140 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(2 per 21 days)
POLIVY 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>pralatrexate</i> 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION ^{DL}	\$0 (Tier 2)	PA
PURIXAN 20 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	
QINLOCK 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
RETEVMO 120 MG, 160 MG, 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
RETEVMO 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
RETEVMO 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
RETEVMO 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
REVUFORJ 110 MG, 160 MG, 25 MG TABLET ^{DL}	\$0 (Tier 2)	PA
REZLIDHIA 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>romidepsin</i> 10 mg/2 ml RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
ROMIDEPSIN 5 MG/ML SOLUTION ^{DL}	\$0 (Tier 1)	PA
ROMVIMZA 14 MG, 20 MG, 30 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
ROZLYTREK 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(150 per 30 days)
ROZLYTREK 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ROZLYTREK 50 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(360 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
RUXIENCE 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
RYBREVANT 50 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(784 per 365 days)
RYDAPT 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(224 per 28 days)
RYLAZE 10 MG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
RYTELO 188 MG, 47 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

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SARCLISA 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
SCEMBLIX 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
SCEMBLIX 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SCEMBLIX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
SOLTAMOX 20 MG/10 ML SOLUTION ^{DL}	\$0 (Tier 2)	
<i>sorafenib 200 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SPRYCEL 140 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
SPRYCEL 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
STIVARGA 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
TABLOID 40 MG TABLET ^{MO}	\$0 (Tier 2)	
TABRECTA 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(112 per 28 days)
TAFINLAR 10 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(840 per 28 days)
TAFINLAR 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
TAFINLAR 75 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
TAGRISSE 40 MG, 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
TALZENNA 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
TALZENNA 0.25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
<i>tamoxifen 10 mg, 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	
TASIGNA 150 MG, 200 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
TAZVERIK 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
TECENTRIQ HYBREZA 1,875 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(15 per 21 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	PA,QL(8 per 28 days)
TEPMETKO 225 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
TEVIMBRA 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 21 days)
THALOMID 100 MG, 200 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
THALOMID 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>thiotepa 100 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>thiotepa 15 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TIBSOVO 250 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(5 per 21 days)
topotecan 4 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
toremifene 60 mg TABLET ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
TRAZIMERA 150 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRAZIMERA 420 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
tretinoin (antineoplastic) 10 mg CAPSULE ^{DL}	\$0 (Tier 1)	
TRISENOX 2 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRODELVY 180 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRUQAP 160 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(64 per 28 days)
TUKYSA 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
TUKYSA 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
TURALIO 125 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
VALCHLOR 0.016 % GEL ^{DL}	\$0 (Tier 2)	PA,QL(60 per 28 days)
VANFLYTA 17.7 MG, 26.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
VENCLEXTA 10 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(56 per 28 days)
VENCLEXTA 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
VENCLEXTA 50 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(28 per 28 days)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
vinblastine 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
VITRAKVI 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
VITRAKVI 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
VONJO 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VORANIGO 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
VORANIGO 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
VYLOY 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
VYXEOS 44-100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
XALKORI 150 MG PELLETT ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
XALKORI 20 MG PELLETT ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XALKORI 50 MG PELLETT ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
XOSPATA 40 MG TABLET ^{DL}	\$0 (Tier 2)	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}	\$0 (Tier 2)	PA,QL(8 per 28 days)
XPOVIO 40 MG/WEEK (10 MG X 4) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(4 per 28 days)
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(32 per 28 days)
XTANDI 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XTANDI 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XTANDI 80 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
YONDELIS 1 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZANOSAR 1 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 2)	
ZEJULA 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZIIHERA 300 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZIRABEV 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZOLINZA 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
ZYDELIG 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
ZYKADIA 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(150 per 30 days)
ZYNLONTA 10 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYNYZ 500 MG/20 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 28 days)

ANTIPARASITICS - Drugs used to treat parasite infections

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
albendazole 200 mg TABLET ^{MO}	\$0 (Tier 1)	
atovaquone 750 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET ^{MO}	\$0 (Tier 1)	
chloroquine phosphate 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
COARTEM 20-120 MG TABLET ^{MO}	\$0 (Tier 2)	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
hydroxychloroquine 200 mg TABLET ^{MO}	\$0 (Tier 1)	
ivermectin 3 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
LAMPIT 120 MG, 30 MG TABLET ^{MO}	\$0 (Tier 2)	
mefloquine 250 mg TABLET ^{MO}	\$0 (Tier 1)	
nitazoxanide 500 mg TABLET ^{DL}	\$0 (Tier 1)	
pentamidine 300 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
pentamidine 300 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
praziquantel 600 mg TABLET ^{MO}	\$0 (Tier 1)	
primaquine 26.3 mg (15 mg base) TABLET ^{MO}	\$0 (Tier 1)	
pyrimethamine 25 mg TABLET ^{DL}	\$0 (Tier 1)	QL(90 per 30 days)
quinine sulfate 324 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(42 per 7 days)

ANTIPARKINSON AGENTS - Drugs used to treat Parkinson's disease

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amantadine hcl 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
amantadine hcl 50 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
benztropine 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
benztropine 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
bromocriptine 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	

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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}	\$0 (Tier 1)	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 25-100 mg TABLET ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg TABLET ^{MO}	\$0 (Tier 1)	
entacapone 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
INBRIJA 42 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE ^{DL}	\$0 (Tier 2)	PA,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}	\$0 (Tier 1)	
rasagiline 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ropinirole 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
selegiline hcl 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
selegiline hcl 5 mg TABLET ^{MO}	\$0 (Tier 1)	
trihexyphenidyl 0.4 mg/ml ELIXIR ^{MO}	\$0 (Tier 1)	
trihexyphenidyl 2 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	

ANTIPSYCHOTICS - Drugs used to treat mood and psychological conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABILIFY ASIMTUFI 720 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{MO}	\$0 (Tier 2)	QL(2.4 per 56 days)
ABILIFY ASIMTUFI 960 MG/3.2 ML SUSPENSION, ER, SYRINGE ^{MO}	\$0 (Tier 2)	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE ^{MO}	\$0 (Tier 2)	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(3.2 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
chlorpromazine 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
clozapine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA
clozapine 150 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(180 per 30 days)
clozapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(135 per 30 days)
clozapine 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET ^{MO}	\$0 (Tier 1)	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/5 ml ELIXIR ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 5 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
haloperidol lactate 2 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(0.88 per 90 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA TRINZA 410 MG/1.32 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(2.63 per 90 days)
loxapine succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
lurasidone 80 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
molindone 10 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
molindone 25 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(270 per 30 days)
molindone 5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(360 per 30 days)
NUPLAZID 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
NUPLAZID 34 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
OPIPZA 10 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
OPIPZA 2 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
OPIPZA 5 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
pimozide 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
quetiapine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
quetiapine 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
quetiapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
quetiapine 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON ^{MO}	\$0 (Tier 2)	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	ST,QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone 0.5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
<i>risperidone 0.5 mg TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	ST,QL(120 per 30 days)
<i>risperidone 1 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
VERSACLOZ 50 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, DOSE PACK ^{MO}	\$0 (Tier 2)	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)

ANTISPASTICITY AGENTS - Drugs used to relax muscle spasms

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>baclofen 10 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>baclofen 20 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>baclofen 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
<i>dantrolene 100 mg, 25 mg, 50 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>tizanidine 2 mg, 4 mg TABLET</i> ^{MO}	\$0 (Tier 1)	

ANTIVIRALS - Drugs used to treat infections caused by viruses

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abacavir 20 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL(960 per 30 days)
<i>abacavir 300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
<i>abacavir-lamivudine 600-300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acyclovir 200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>acyclovir 400 mg, 800 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>acyclovir 5 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>acyclovir sodium 50 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>adefovir 10 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
APTIVUS 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	QL(120 per 30 days)
<i>atazanavir 150 mg, 200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
<i>atazanavir 300 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	QL(630 per 30 days)
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER ^{DL}	\$0 (Tier 2)	QL(50 per 365 days)
CIMDUO 300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
<i>darunavir 600 mg TABLET</i> ^{DL}	\$0 (Tier 1)	QL(60 per 30 days)
<i>darunavir 800 mg TABLET</i> ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
DESCOVY 120-15 MG, 200-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
<i>didanosine 250 mg, 400 mg CAPSULE, DR/EC</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
DOVATO 50-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
EDURANT 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
<i>efavirenz 200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
<i>efavirenz 50 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL(480 per 30 days)
<i>efavirenz 600 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
<i>efavirenz-emtricitabin-tenofov 600-200-300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
<i>efavirenz-lamivu-tenofov disop 400-300-300 mg, 600-300-300 mg TABLET</i> ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
<i>emtricitabine 200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
<i>emtricitabine-tenofov (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL(680 per 28 days)
<i>entecavir 0.5 mg, 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
EPCLUSA 150-37.5 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) SOLUTION ^{MO}	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etravirine 100 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>etravirine 200 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>EVOTAZ 300-150 MG TABLET^{DL}</i>	\$0 (Tier 2)	QL(30 per 30 days)
<i>famciclovir 125 mg, 250 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>fosamprenavir 700 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>FUZEON 90 MG RECON SOLUTION^{DL}</i>	\$0 (Tier 2)	QL(60 per 30 days)
<i>GENVOYA 150-150-200-10 MG TABLET^{DL}</i>	\$0 (Tier 2)	QL(30 per 30 days)
<i>INTELENCE 25 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL(120 per 30 days)
<i>ISENTRESS 100 MG CHEWABLE TABLET^{DL}</i>	\$0 (Tier 2)	QL(180 per 30 days)
<i>ISENTRESS 100 MG POWDER IN PACKET^{MO}</i>	\$0 (Tier 2)	QL(300 per 30 days)
<i>ISENTRESS 25 MG CHEWABLE TABLET^{MO}</i>	\$0 (Tier 2)	QL(180 per 30 days)
<i>ISENTRESS 400 MG TABLET^{DL}</i>	\$0 (Tier 2)	QL(120 per 30 days)
<i>ISENTRESS HD 600 MG TABLET^{DL}</i>	\$0 (Tier 2)	QL(60 per 30 days)
<i>JULUCA 50-25 MG TABLET^{DL}</i>	\$0 (Tier 2)	QL(30 per 30 days)
<i>lamivudine 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(900 per 30 days)
<i>lamivudine 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>lamivudine 150 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>lamivudine 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>lamivudine-zidovudine 150-300 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>LEXIVA 50 MG/ML SUSPENSION^{MO}</i>	\$0 (Tier 2)	QL(1575 per 28 days)
<i>LIVTENCITY 200 MG TABLET^{DL}</i>	\$0 (Tier 2)	PA,QL(120 per 30 days)
<i>lopinavir-ritonavir 100-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(300 per 30 days)
<i>lopinavir-ritonavir 200-50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(150 per 30 days)
<i>lopinavir-ritonavir 400-100 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>maraviroc 150 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(240 per 30 days)
<i>maraviroc 300 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>nevirapine 100 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>nevirapine 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>nevirapine 400 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>nevirapine 50 mg/5 ml SUSPENSION^{MO}</i>	\$0 (Tier 1)	QL(1200 per 30 days)
<i>NORVIR 100 MG CAPSULE^{MO}</i>	\$0 (Tier 2)	QL(360 per 30 days)
<i>NORVIR 100 MG POWDER IN PACKET^{MO}</i>	\$0 (Tier 2)	QL(360 per 30 days)
<i>ODEFSEY 200-25-25 MG TABLET^{DL}</i>	\$0 (Tier 2)	QL(30 per 30 days)
<i>oseltamivir 30 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(224 per 365 days)
<i>oseltamivir 45 mg, 75 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(112 per 365 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION</i> ^{MO}	\$0 (Tier 1)	QL (1440 per 365 days)
PAXLOVID 150-100 MG TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (60 per 10 days)
PIFELTRO 100 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
PREVYMIS 120 MG, 20 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)
PREVYMIS 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (28 per 28 days)
PREVYMIS 480 MG TABLET ^{DL}	\$0 (Tier 2)	PA
PREZCOBIX 800-150 MG-MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
PREZISTA 100 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	QL (360 per 30 days)
PREZISTA 150 MG TABLET ^{DL}	\$0 (Tier 2)	QL (240 per 30 days)
PREZISTA 75 MG TABLET ^{MO}	\$0 (Tier 2)	QL (480 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL (60 per 180 days)
RETROVIR 10 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	
REYATAZ 50 MG POWDER IN PACKET ^{MO}	\$0 (Tier 2)	
<i>ribavirin 200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>ribavirin 200 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>rimantadine 100 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>ritonavir 100 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
SELZENTRY 75 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
<i>stavudine 15 mg, 20 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
STRIBILD 150-150-200-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
SUNLENCA 300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL (9 per 365 days)
SYMTUZA 800-150-200-10 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
<i>tenofovir disoproxil fumarate 300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
TIVICAY 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	QL (180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)
TRIZIVIR 300-150-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
TYBOST 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
valganciclovir 450 mg TABLET ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION ^{DL}	\$0 (Tier 1)	QL (1056 per 30 days)
VEMLIDY 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
VIRACEPT 250 MG TABLET ^{DL}	\$0 (Tier 2)	QL (300 per 30 days)
VIRACEPT 625 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER ^{DL}	\$0 (Tier 2)	QL (240 per 30 days)
VOCABRIA 30 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
VOSEVI 400-100-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (28 per 28 days)
zidovudine 10 mg/ml SYRUP ^{MO}	\$0 (Tier 1)	QL (1680 per 28 days)
zidovudine 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
zidovudine 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
ZIRGAN 0.15 % GEL ^{MO}	\$0 (Tier 2)	QL (5 per 30 days)

ANXIOLYTICS - Drugs used to treat anxiety

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
alprazolam 2 mg TABLET ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)
buspirone 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
buspirone 15 mg, 30 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING ^{DL}	\$0 (Tier 1)	
clonazepam 0.5 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	
clonazepam 2 mg TABLET ^{DL}	\$0 (Tier 1)	
clorazepate dipotassium 15 mg, 3.75 mg, 7.5 mg TABLET ^{DL}	\$0 (Tier 1)	
diazepam 10 mg TABLET ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
diazepam 2 mg TABLET ^{DL}	\$0 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg TABLET ^{DL}	\$0 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION ^{DL}	\$0 (Tier 1)	QL (1200 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diazepam 5 mg/ml CONCENTRATE^{DL}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>diazepam intensol 5 mg/ml CONCENTRATE^{DL}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>doxepin 10 mg/ml CONCENTRATE^{MO}</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl 10 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl 10 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>lorazepam 0.5 mg, 1 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>lorazepam 2 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>lorazepam 2 mg/ml CONCENTRATE^{DL}</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>lorazepam intensol 2 mg/ml CONCENTRATE^{DL}</i>	\$0 (Tier 1)	QL (150 per 30 days)

BIPOLAR AGENTS - Drugs used to stabilize mood

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>lithium carbonate 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>lithium carbonate 300 mg, 450 mg TABLET ER^{MO}</i>	\$0 (Tier 1)	
<i>lithium citrate 8 meq/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	

BLOOD GLUCOSE REGULATORS - Drugs used to control blood sugar levels

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acarbose 100 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>BAQSIMI 3 MG/ACTION SPRAY, NON-AEROSOL^{MO}</i>	\$0 (Tier 2)	
<i>diazoxide 50 mg/ml SUSPENSION^{DL}</i>	\$0 (Tier 1)	
<i>FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN^{MO}</i>	\$0 (Tier 2)	
<i>FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE^{MO}</i>	\$0 (Tier 2)	
<i>FIASP U-100 INSULIN 100 UNIT/ML SOLUTION^{MO}</i>	\$0 (Tier 2)	
<i>glimepiride 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>glimepiride 2 mg, 4 mg TABLET^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
glipizide 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	
GLYXAMBI 10-5 MG, 25-5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT ^{MO}	\$0 (Tier 2)	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE ^{MO}	\$0 (Tier 2)	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMULIN R REGULAR U-100 INSULN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
INSULIN LISPRO 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
INVOKANA 100 MG, 300 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
JANUMET 50-1,000 MG, 50-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
JANUMET XR 50-1,000 MG, 50-500 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
JENTADUETO 2.5-1,000 MG, 2.5-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO 2.5-850 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN ^{MO}	\$0 (Tier 2)	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
LYUMJEV U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
<i>metformin 1,000 mg, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>metformin 500 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin 750 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>metformin 850 mg TABLET^{MO}</i>	\$0 (Tier 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}	\$0 (Tier 2)	PA,QL (2 per 28 days)
<i>nateglinide 120 mg, 60 mg TABLET^{MO}</i>	\$0 (Tier 1)	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION ^{MO}	\$0 (Tier 2)	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION ^{MO}	\$0 (Tier 2)	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML (70-30) SOLUTION ^{MO}	\$0 (Tier 2)	
NOVOLOG MIX 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE ^{MO}	\$0 (Tier 2)	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 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}	\$0 (Tier 2)	PA,QL(3 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(1.5 per 28 days)
<i>pioglitazone 15 mg, 45 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
<i>pioglitazone 30 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
<i>repaglinide 0.5 mg, 1 mg, 2 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
RYBELSUS 1.5 MG, 4 MG, 9 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
RYBELSUS 14 MG, 3 MG, 7 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>saxagliptin 2.5 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML INSULIN PEN ^{MO}	\$0 (Tier 2)	QL(15 per 24 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRADJENTA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(2 per 28 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE ^{MO}	\$0 (Tier 2)	

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BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>anagrelide 0.5 mg, 1 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR.</i> ^{MO}	\$0 (Tier 1)	ST,QL(60 per 30 days)
BRILINTA 60 MG, 90 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
<i>cilostazol 100 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>clopidogrel 300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>clopidogrel 75 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ELIQUIS 2.5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
ELIQUIS 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL(74 per 30 days)
<i>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</i> ^{MO}	\$0 (Tier 1)	
<i>enoxaparin 300 mg/3 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>heparin, porcine (pf) 5,000 unit/0.5 ml SYRINGE</i> ^{MO}	\$0 (Tier 1)	
<i>jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
NIVESTYM 300 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(22.4 per 30 days)
<i>prasugrel hcl 10 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET ^{DL,LA}	\$0 (Tier 2)	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 25 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(30 per 30 days)
PROMACTA 25 MG POWDER IN PACKET ^{DL,LA}	\$0 (Tier 2)	PA,QL(180 per 30 days)
PROMACTA 50 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(90 per 30 days)
PROMACTA 75 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(14 per 30 days)
RETACRIT 40,000 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(14 per 30 days)
<i>rivaroxaban 2.5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
<i>tranexamic acid 650 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 5 days)
UDENYCA 6 MG/0.6 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)

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THIS FORMULARY WAS UPDATED ON 04/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	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}	\$0 (Tier 1)	
warfarin 5 mg TABLET ^{MO}	\$0 (Tier 1)	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	ST,QL (600 per 30 days)
XARELTO 10 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (11.2 per 30 days)

CARDIOVASCULAR AGENTS - Drugs used to treat heart-related conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acebutolol 200 mg, 400 mg CAPSULE ^{MO}	\$0 (Tier 1)	
acetazolamide 125 mg, 250 mg TABLET ^{MO}	\$0 (Tier 1)	
acetazolamide 500 mg CAPSULE, ER ^{MO}	\$0 (Tier 1)	
aliskiren 150 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
amiloride 5 mg TABLET ^{MO}	\$0 (Tier 1)	
amiloride-hydrochlorothiazide 5-50 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 100 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 150 mg/3 ml SYRINGE ^{MO}	\$0 (Tier 1)	
amiodarone 200 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
atenolol 100 mg TABLET ^{MO}	\$0 (Tier 1)	
atenolol 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bumetanide 0.25 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>bumetanide 0.5 mg, 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>bumetanide 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>candesartan 16 mg, 4 mg, 8 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>candesartan 32 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>cartia xt 300 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>chlorothiazide sodium 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>chlorthalidone 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>chlorthalidone 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cholestyramine (with sugar) 4 gram POWDER^{MO}</i>	\$0 (Tier 1)	
<i>cholestyramine (with sugar) 4 gram POWDER IN PACKET^{MO}</i>	\$0 (Tier 1)	
<i>cholestyramine light 4 gram POWDER^{MO}</i>	\$0 (Tier 1)	
<i>cholestyramine light 4 gram POWDER IN PACKET^{MO}</i>	\$0 (Tier 1)	
<i>clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY^{MO}</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>clonidine hcl 0.1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>clonidine hcl 0.2 mg, 0.3 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>colestipol 1 gram TABLET^{MO}</i>	\$0 (Tier 1)	
<i>colestipol 5 gram GRANULES^{MO}</i>	\$0 (Tier 1)	QL (1000 per 30 days)
<i>colestipol 5 gram PACKET^{MO}</i>	\$0 (Tier 1)	
<i>digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>digoxin 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diltiazem hcl 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET ^{MO}	\$0 (Tier 1)	
diltiazem hcl 120 mg, 60 mg, 90 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
DIURIL 250 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
ENTRESTO SPRINKLE 15-16 MG, 6-6 MG PELLETT ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
ezetimibe 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 160 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 54 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fenofibrate micronized 134 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate micronized 67 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
fluvastatin 20 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	ST,QL (60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	ST,QL (30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
furosemide 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 80 mg TABLET ^{MO}	\$0 (Tier 1)	
gemfibrozil 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
guanfacine 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
hydralazine 10 mg, 100 mg TABLET ^{MO}	\$0 (Tier 1)	
hydralazine 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
hydralazine 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrochlorothiazide 50 mg TABLET ^{MO}	\$0 (Tier 1)	
indapamide 1.25 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
irbesartan 150 mg, 300 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 10 mg, 20 mg TABLET ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
isosorbide-hydralazine 20-37.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
KERENDIA 10 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
labetalol 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
lisinopril 30 mg TABLET ^{MO}	\$0 (Tier 1)	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	\$0 (Tier 1)	
losartan 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
methyldopa 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
methyldopa-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET ^{MO}	\$0 (Tier 1)	
metolazone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
metoprolol succinate 200 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 37.5 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
metirosine 250 mg CAPSULE ^{DL}	\$0 (Tier 1)	
midodrine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
minoxidil 10 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
moexipril 15 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
MULTAQ 400 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nebivolol 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
nebivolol 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
nebivolol 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
niacin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
niacor 500 mg TABLET ^{MO}	\$0 (Tier 1)	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
nimodipine 30 mg CAPSULE ^{MO}	\$0 (Tier 1)	
nimodipine 60 mg/20 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL (2838 per 28 days)
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.4 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	
olmesartan 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
olmesartan 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
olmesartan 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
PACERONE 100 MG, 400 MG TABLET ^{MO}	\$0 (Tier 1)	
pacerone 200 mg TABLET ^{MO}	\$0 (Tier 1)	
pentoxifylline 400 mg TABLET ER ^{MO}	\$0 (Tier 1)	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
pravastatin 10 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
pravastatin 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
prazosin 1 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
prevalite 4 gram POWDER ^{MO}	\$0 (Tier 1)	
prevalite 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
procainamide 100 mg/ml, 500 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
propafenone 150 mg, 225 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
propafenone 225 mg, 325 mg, 425 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	
propranolol 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET ^{MO}	\$0 (Tier 1)	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	\$0 (Tier 1)	
quinidine sulfate 200 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR ^{MO}	\$0 (Tier 2)	PA, QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA, QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA, QL (3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
simvastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
simvastatin 5 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sorine 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sotalol af 120 mg, 160 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolacton-hydrochlorothiaz 25-25 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 100 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
telmisartan 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
telmisartan 80 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
torse mide 10 mg, 100 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
torse mide 20 mg TABLET ^{MO}	\$0 (Tier 1)	
trandolapril 1 mg, 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE ^{MO}	\$0 (Tier 1)	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triamterene-hydrochlorothiazid 75-50 mg TABLET ^{MO}	\$0 (Tier 1)	
valsartan 160 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 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}	\$0 (Tier 1)	QL (30 per 30 days)
VASCEPA 0.5 GRAM CAPSULE ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
VASCEPA 1 GRAM CAPSULE ^{MO}	\$0 (Tier 2)	QL (120 per 30 days)
verapamil 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg CAPSULE ER PELLETS 24 HR. ^{MO}	\$0 (Tier 1)	
verapamil 120 mg, 180 mg, 240 mg TABLET ER ^{MO}	\$0 (Tier 1)	
verapamil 120 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
verapamil 2.5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (30 per 30 days)
ZYPITAMAG 2 MG, 4 MG TABLET ^{MO}	\$0 (Tier 2)	ST, QL (30 per 30 days)

CENTRAL NERVOUS SYSTEM AGENTS - Drugs used to treat brain, spinal, and nerve conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atomoxetine 10 mg, 18 mg, 25 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
atomoxetine 100 mg, 60 mg, 80 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)
AUSTEDO 6 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (60 per 30 days)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (90 per 30 days)
AUSTEDO XR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA, QL (60 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) 12-18-24-30 MG TABLET, ER 24 HR., DOSE PACK ^{DL}	\$0 (Tier 2)	PA, QL (28 per 28 days)
AUSTEDO XR TITRATION KT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK ^{DL}	\$0 (Tier 2)	PA, QL (42 per 28 days)
BETASERON 0.3 MG KIT ^{DL}	\$0 (Tier 2)	PA, QL (15 per 30 days)
COPAXONE 20 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
COPAXONE 40 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA, QL (12 per 28 days)
dalfampridine 10 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	PA, QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextroamphetamine sulfate 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>dextroamphetamine sulfate 15 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>dextroamphetamine sulfate 30 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine sulfate 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine 30 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
<i>dimethyl fumarate 120 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	PA, QL (14 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE ^{MO}	\$0 (Tier 2)	PA, QL (60 per 30 days)
<i>duloxetine 20 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>duloxetine 30 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>duloxetine 60 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fingolimod 0.5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
FIRDAPSE 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (240 per 30 days)
<i>glatiramer 20 mg/ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>glatiramer 40 mg/ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA, QL (12 per 28 days)
<i>glatopa 20 mg/ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>glatopa 40 mg/ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA, QL (12 per 28 days)
<i>guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA, QL (1.2 per 28 days)
<i>methylphenidate hcl 10 mg TABLET ER^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>methylphenidate hcl 20 mg TABLET ER^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
NUDEXTA 20-10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA, QL (60 per 30 days)
<i>pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin 20 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>pregabalin 200 mg, 25 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin 225 mg, 300 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RADICAVA ORS 105 MG/5 ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(70 per 28 days)
RADICAVA ORS STARTER KIT SUSP 105 MG/5 ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(70 per 28 days)
<i>riluzole 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>teriflunomide 14 mg, 7 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>tetrabenazine 12.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(240 per 30 days)
<i>tetrabenazine 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)

DENTAL & ORAL AGENTS - Drugs used to treat conditions involving the mouth and teeth

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorhexidine gluconate 0.12 % MOUTHWASH^{MO}</i>	\$0 (Tier 1)	
<i>periogard 0.12 % MOUTHWASH^{MO}</i>	\$0 (Tier 1)	
<i>pilocarpine hcl 5 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.1 % PASTE^{MO}</i>	\$0 (Tier 1)	

DERMATOLOGICAL AGENTS - Drugs used to treat skin conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acutane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>acitretin 10 mg, 17.5 mg, 25 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	PA
<i>adapalene 0.3 % GEL^{MO}</i>	\$0 (Tier 1)	QL(45 per 30 days)
<i>adapalene 0.3 % GEL WITH PUMP^{MO}</i>	\$0 (Tier 1)	QL(45 per 30 days)
<i>ammonium lactate 12 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>ammonium lactate 12 % LOTION^{MO}</i>	\$0 (Tier 1)	
<i>amnestem 10 mg, 20 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>betamethasone dipropionate 0.05 % LOTION^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>betamethasone dipropionate 0.05 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>betamethasone valerate 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	QL(180 per 30 days)
<i>betamethasone valerate 0.1 % LOTION^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>betamethasone valerate 0.1 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL(180 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betamethasone, augmented 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (100 per 30 days)
<i>betamethasone, augmented 0.05 % GEL^{MO}</i>	\$0 (Tier 1)	QL (100 per 30 days)
<i>betamethasone, augmented 0.05 % LOTION^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>betamethasone, augmented 0.05 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (100 per 30 days)
<i>calcipotriene 0.005 % CREAM^{MO}</i>	\$0 (Tier 1)	PA, QL (120 per 30 days)
<i>calcipotriene 0.005 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>claravis 10 mg, 20 mg, 30 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin phosphate 1 % GEL^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clindamycin phosphate 1 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>clindamycin phosphate 1 % SWAB^{MO}</i>	\$0 (Tier 1)	
<i>clindamycin-benzoyl peroxide 1-5 % GEL^{MO}</i>	\$0 (Tier 1)	QL (50 per 30 days)
<i>clindamycin-benzoyl peroxide 1.2 % (1 % base) -5 % GEL^{MO}</i>	\$0 (Tier 1)	QL (45 per 30 days)
<i>clobetasol 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>clobetasol 0.05 % FOAM^{MO}</i>	\$0 (Tier 1)	QL (100 per 28 days)
<i>clobetasol 0.05 % GEL^{MO}</i>	\$0 (Tier 1)	QL (120 per 28 days)
<i>clobetasol 0.05 % LOTION^{MO}</i>	\$0 (Tier 1)	QL (240 per 28 days)
<i>clobetasol 0.05 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (120 per 28 days)
<i>clobetasol 0.05 % SHAMPOO^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>clobetasol 0.05 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (100 per 30 days)
<i>clobetasol-emollient 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>ery pads 2 % SWAB^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>erythromycin with ethanol 2 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone 0.01 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>fluocinolone 0.025 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone 0.025 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluocinolone and shower cap 0.01 % OIL^{MO}</i>	\$0 (Tier 1)	QL (118.28 per 30 days)
<i>fluorouracil 2 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>fluorouracil 5 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>fluorouracil 5 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluticasone propionate 0.005 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>fluticasone propionate 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL (28.4 per 30 days)
<i>hydrocortisone 1 %, 2.5 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocortisone 1 %, 2.5 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>hydrocortisone 10 mg, 20 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
hydrocortisone 2.5 % LOTION ^{MO}	\$0 (Tier 1)	QL (236 per 30 days)
HYFTOR 0.2 % GEL ^{DL}	\$0 (Tier 2)	PA
imiquimod 5 % CREAM IN PACKET ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lindane 1 % SHAMPOO ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
LOCOID LIPOCREAM 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL (240 per 30 days)
malathion 0.5 % LOTION ^{MO}	\$0 (Tier 1)	
mometasone 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
mometasone 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
mometasone 0.1 % SOLUTION ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
mupirocin 2 % OINTMENT ^{MO}	\$0 (Tier 1)	
permethrin 5 % CREAM ^{MO}	\$0 (Tier 1)	
pimecrolimus 1 % CREAM ^{MO}	\$0 (Tier 1)	PA, QL (100 per 30 days)
podofilox 0.5 % SOLUTION ^{MO}	\$0 (Tier 1)	QL (7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT ^{MO}	\$0 (Tier 2)	PA, QL (180 per 30 days)
silver sulfadiazine 1 % CREAM ^{MO}	\$0 (Tier 1)	
SSD 1 % CREAM ^{MO}	\$0 (Tier 1)	
tacrolimus 0.03 %, 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	QL (200 per 30 days)
tazarotene 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL ^{MO}	\$0 (Tier 1)	PA, QL (45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM ^{MO}	\$0 (Tier 1)	PA, QL (45 per 30 days)
zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	

ELECTROLYTES/MINERALS/METALS/VITAMINS - Drugs used to treat vitamin deficiencies

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
<i>bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP</i> ^{MO}	\$0 (Tier 1)	
<i>c-nate dha 28 mg iron-1 mg -200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>carglumic acid 200 mg TABLET, DISPERSIBLE</i> ^{DL}	\$0 (Tier 1)	PA
CHEMET 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINOLIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
<i>complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK</i> ^{MO}	\$0 (Tier 1)	
<i>d10 %-0.45 % sodium chloride PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
deferasirox 180 mg, 360 mg, 90 mg TABLET ^{MO}	\$0 (Tier 1)	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5 % in water (d5w) 5 % PIGGYBACK ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-148 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-48 in d5w PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-a PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
INTRALIPID 20 %, 30 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-S PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
KABIVEN 3.31-10.8-3.9 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
KLOR-CON 10 10 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
KLOR-CON 8 8 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
lactated ringers PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
levocarnitine 330 mg TABLET ^{MO}	\$0 (Tier 1)	
levocarnitine (with sugar) 100 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
m-natal plus 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
magnesium sulfate 500 mg/ml (50 %) SOLUTION ^{MO}	\$0 (Tier 1)	
magnesium sulfate 500 mg/ml (50 %) SYRINGE ^{MO}	\$0 (Tier 1)	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
neo-vital rx 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL COMPLETE 29-1 MG TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET ^{MO}	\$0 (Tier 1)	

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THIS FORMULARY WAS UPDATED ON 04/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEONATAL-DHA 29-1-200-500 MG COMBO PACK ^{MO}	\$0 (Tier 1)	
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NUTRILIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
penicillamine 250 mg TABLET ^{DL}	\$0 (Tier 1)	
PERIKABIVEN 2.36-7.5-3.5 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
PLASMA-LYTE A PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride 10 meq CAPSULE, ER ^{MO}	\$0 (Tier 1)	
potassium chloride 10 meq, 20 meq TABLET ER ^{MO}	\$0 (Tier 1)	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
potassium chloride 15 meq, 8 meq TABLET ER ^{MO}	\$0 (Tier 1)	
potassium chloride 2 meq/ml SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID ^{MO}	\$0 (Tier 1)	
potassium chloride 8 meq CAPSULE, ER ^{MO}	\$0 (Tier 1)	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l, 30 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER ^{MO}	\$0 (Tier 1)	
pr natal 400 29-1-400 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP ^{MO}	\$0 (Tier 1)	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP</i> ^{MO}	\$0 (Tier 1)	
PREMASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
PRENATABS FA 29-1 MG TABLET ^{MO}	\$0 (Tier 1)	
<i>prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
PRENATE ELITE 26 MG IRON- 1 MG TABLET ^{MO}	\$0 (Tier 1)	
<i>ringer's PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET</i> ^{MO}	\$0 (Tier 1)	
SMOFLIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
<i>sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 2.5 meq/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.9 % PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.9 % PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.9 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate POWDER</i> ^{MO}	\$0 (Tier 1)	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION ^{MO}	\$0 (Tier 1)	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION ^{MO}	\$0 (Tier 2)	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
<i>trientine 250 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
<i>trientine 500 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
<i>trinatal rx 1 60 mg iron-1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
<i>virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK</i> ^{MO}	\$0 (Tier 1)	
<i>wesnate dha 28 mg iron-1 mg -200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
<i>westab plus 27 mg iron- 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	

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GASTROINTESTINAL AGENTS - Drugs used to treat stomach and intestinal conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alosetron 0.5 mg, 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL (60 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cimetidine hcl 300 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>constulose 10 gram/15 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>dicyclomine 10 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>dicyclomine 10 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>dicyclomine 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>diphenoxylate-atropine 2.5-0.025 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>enulose 10 gram/15 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>esomeprazole magnesium 20 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>esomeprazole magnesium 40 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>famotidine 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>famotidine 20 mg, 40 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 1)	
<i>famotidine (pf) 20 mg/2 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>gavilyte-n 420 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>generlac 10 gram/15 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>glycopyrrolate 0.2 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>glycopyrrolate 1 mg, 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>lactulose 10 gram/15 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>lansoprazole 15 mg, 30 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE^{MO}</i>	\$0 (Tier 2)	QL (30 per 30 days)
<i>loperamide 2 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>lubiprostone 24 mcg, 8 mcg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>misoprostol 100 mcg, 200 mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>MOVANTI^K 12.5 MG, 25 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (30 per 30 days)
<i>nizatidine 150 mg, 300 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>omeprazole 10 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>omeprazole 20 mg, 40 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pantoprazole 20 mg, 40 mg TABLET, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pantoprazole 40 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>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</i> ^{MO}	\$0 (Tier 2)	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK ^{MO}	\$0 (Tier 2)	
<i>peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>peg-electrolyte soln 420 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sucralfate 1 gram TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>sucralfate 100 mg/ml SUSPENSION</i> ^{MO}	\$0 (Tier 1)	
SUFLAVE 178.7-7.3-0.5 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 2)	
SUTAB 1.479-0.188- 0.225 GRAM TABLET ^{MO}	\$0 (Tier 2)	
TALICIA 10-250-12.5 MG CAPSULE, IR/DR, BIPHASIC ^{MO}	\$0 (Tier 2)	
<i>ursodiol 250 mg, 500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>ursodiol 300 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	
VOWST CAPSULE ^{DL}	\$0 (Tier 2)	PA
XIFAXAN 200 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(9 per 30 days)
XIFAXAN 550 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)

GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betaine 1 gram/scoop POWDER</i> ^{DL}	\$0 (Tier 1)	
CREON 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC ^{MO}	\$0 (Tier 2)	
CYSTAGON 150 MG, 50 MG CAPSULE ^{MO}	\$0 (Tier 2)	
ELELYSO 200 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	
<i>sapropterin 100 mg POWDER IN PACKET</i> ^{DL}	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate 0.94 gram/gram POWDER</i> ^{DL}	\$0 (Tier 1)	
<i>sodium phenylbutyrate 500 mg TABLET</i> ^{DL}	\$0 (Tier 2)	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 80 MG/0.8 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
STRENSIQ 40 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VYNDAMAX 61 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
WELIREG 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (90 per 30 days)
ZEMAIRA 1,000 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZEMAIRA 4,000 MG, 5,000 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

GENITOURINARY AGENTS - Drugs used to treat conditions such as bladder or prostate problems

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alfuzosin 10 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
dutasteride 0.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
ELMIRON 100 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
finasteride 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON ^{MO}	\$0 (Tier 2)	QL (300 per 30 days)
oxybutynin chloride 10 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
oxybutynin chloride 15 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
oxybutynin chloride 5 mg TABLET ^{MO}	\$0 (Tier 1)	
oxybutynin chloride 5 mg/5 mL SYRUP ^{MO}	\$0 (Tier 1)	
silodosin 4 mg, 8 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
solifenacin 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
tadalafil 5 mg TABLET ^{MO}	\$0 (Tier 1)	PA
tamsulosin 0.4 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tolterodine 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
tropium 20 mg TABLET ^{MO}	\$0 (Tier 1)	

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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - Drugs used to treat inflammation

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml ELIXIR ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone intensol 1 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phosphate 4 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
fludrocortisone 0.1 mg TABLET ^{MO}	\$0 (Tier 1)	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
prednisolone 15 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION ^{MO}	\$0 (Tier 1)	
prednisone 1 mg, 2.5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
prednisone 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
prednisone intensol 5 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 2)	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION ^{MO}	\$0 (Tier 2)	
triamcinolone acetonide 0.025 %, 0.1 % LOTION ^{MO}	\$0 (Tier 1)	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT ^{MO}	\$0 (Tier 1)	
triamcinolone acetonide 0.025 %, 0.5 % CREAM ^{MO}	\$0 (Tier 1)	
triamcinolone acetonide 0.1 % CREAM ^{MO}	\$0 (Tier 1)	
triderm 0.1 %, 0.5 % CREAM ^{MO}	\$0 (Tier 1)	

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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) - Drugs used to treat low levels of pituitary hormones

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION ^{MO}	\$0 (Tier 2)	PA
<i>desmopressin 0.1 mg, 0.2 mg</i> TABLET ^{MO}	\$0 (Tier 1)	
EGRIFTA SV 2 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
INCRELEX 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 5.8 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - Drugs used for sex hormone imbalances

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>afirmelle 0.1-20 mg-mcg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>altavera (28) 0.15-0.03 mg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>alyacen 1/35 (28) 1-35 mg-mcg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>amabelz 0.5-0.1 mg, 1-0.5 mg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>apri 0.15-0.03 mg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>aranelle (28) 0.5/1/0.5-35 mg-mcg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>aubra 0.1-20 mg-mcg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>aubra eq 0.1-20 mg-mcg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela 1.5/30 (21) 1.5-30 mg-mcg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela 1/20 (21) 1-20 mg-mcg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4)</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7)</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7)</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>aviane 0.1-20 mg-mcg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>ayuna 0.15-0.03 mg</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4)</i> TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7)</i> TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>camila 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH^{MO}</i>	\$0 (Tier 1)	QL(91 per 90 days)
<i>chateal eq (28) 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 2)	QL(8 per 28 days)
<i>cryselle (28) 0.3-30 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cyred 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cyred eq 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>danazol 100 mg, 200 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>dasetta 1/35 (28) 1-35 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>deblitane 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML OIL ^{MO}	\$0 (Tier 1)	QL(5 per 30 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(0.65 per 90 days)
<i>desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET^{MO}</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>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}</i>	\$0 (Tier 1)	QL(8 per 28 days)
<i>drospirenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
DUAVEE 0.45-20 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>elimest 0.3-30 mg-mcg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>eluryng 0.12-0.015 mg/24 hr RING^{MO}</i>	\$0 (Tier 1)	QL(1 per 28 days)
<i>emzahh 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>enilloring 0.12-0.015 mg/24 hr RING^{MO}</i>	\$0 (Tier 1)	QL(1 per 28 days)
<i>enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET^{MO}</i>	\$0 (Tier 1)	
<i>enskyce 0.15-0.03 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>errin 0.35 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>estarylla 0.25-0.035 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>estradiol 0.01 % (0.1 mg/gram) CREAM^{MO}</i>	\$0 (Tier 1)	
<i>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}</i>	\$0 (Tier 1)	QL(4 per 28 days)
<i>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}</i>	\$0 (Tier 1)	QL(8 per 28 days)
<i>estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL ^{MO}	\$0 (Tier 1)	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL (1 per 28 days)
falmina (28) 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
feirza 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
FEMLYV 1 MG- 20 MCG TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 2)	
gallifrey 5 mg TABLET ^{MO}	\$0 (Tier 1)	
hailey 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
haloette 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL (1 per 28 days)
heather 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
iclevia 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
incassia 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
isibloom 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
jasmiel (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
jencycla 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
juleber 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
junel 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
junel fe 24 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
kalliga 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
kelnor 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
kelnor 1/50 (28) 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
kurvelo (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
larin 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
larin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
leena 28 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
lessina 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
lo-zumandimine (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET ^{MO}	\$0 (Tier 1)	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
loryna (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
low-ogestrel (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
lutera (28) 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
lyleq 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 1)	QL(8 per 28 days)
lyza 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
marlissa (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 150 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION ^{MO}	\$0 (Tier 1)	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 1)	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
microgestin 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
mili 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
mono-lynyah 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
NEXPLANON 68 MG IMPLANT ^{DL}	\$0 (Tier 2)	
nikki (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
NORA-BE 0.35 MG TABLET ^{MO}	\$0 (Tier 1)	
nora-be 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
norelgestromin-ethin.estradiol 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL(3 per 28 days)
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
norethindrone (contraceptive) 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
norethindrone acetate 5 mg TABLET ^{MO}	\$0 (Tier 1)	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET ^{MO}	\$0 (Tier 1)	
nortrel 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
nylia 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nylia 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
nymyo 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
ocella 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
OSPHENA 60 MG TABLET ^{MO}	\$0 (Tier 2)	PA
oxandrolone 10 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
pimtreea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
portia 28 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET ^{MO}	\$0 (Tier 2)	

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THIS FORMULARY WAS UPDATED ON 04/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREMARIN 0.625 MG/GRAM CREAM ^{MO}	\$0 (Tier 2)	
progesterone 50 mg/ml OIL ^{MO}	\$0 (Tier 1)	
progesterone micronized 100 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
raloxifene 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL (91 per 90 days)
sharobel 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
sprintec (28) 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
sronyx 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
syeda 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL (37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL (150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP ^{MO}	\$0 (Tier 1)	PA,QL (150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL ^{MO}	\$0 (Tier 1)	PA
testosterone enanthate 200 mg/ml OIL ^{MO}	\$0 (Tier 1)	PA,QL (25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
tri-estarylla 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
tri-linyah 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-estarylla 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-marzia 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-mili 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-sprintec 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
tri-mili 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-sprintec (28) 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-vylibra 0.18/0.215/0.25 mg-0.035mg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-vylibra lo 0.18/0.215/0.25 mg-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
tulana 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
turqoz (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
valtya 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
velivet triphasic regimen (28) 0.1/.125/.15-25 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
vestura (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
vienva 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
vylibra 0.25-0.035 mg TABLET ^{MO}	\$0 (Tier 1)	
wera (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
xarah fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
xulane 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL (3 per 28 days)
zafemy 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL (3 per 28 days)
zarah 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
zovia 1-35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
zumandimine (28) 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - Drugs used for thyroid hormone replacement

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET ^{MO}	\$0 (Tier 2)	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 1)	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 2)	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET ^{MO}	\$0 (Tier 1)	
levothyroxine 175 mcg, 200 mcg, 300 mcg TABLET ^{MO}	\$0 (Tier 1)	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 2)	
liothyronine 10 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 2)	
TIROSINT-SOL 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML SOLUTION ^{MO}	\$0 (Tier 2)	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 2)	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cabergoline 0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
ELIGARD (3 MONTH) 22.5 MG SYRINGE ^{MO}	\$0 (Tier 2)	PA
FIRMAGON 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	PA
lanreotide 120 mg/0.5 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL (0.5 per 28 days)
lanreotide 60 mg/0.2 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL (0.2 per 28 days)
lanreotide 90 mg/0.3 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL (0.3 per 28 days)
leuprolide 1 mg/0.2 ml KIT ^{MO}	\$0 (Tier 1)	
leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	PA,QL (1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL (1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED) KIT ^{DL}	\$0 (Tier 2)	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE ^{MO}	\$0 (Tier 1)	PA
octreotide,microspheres 20 mg, 30 mg SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 1)	PA
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
TRELSTAR 11.25 MG, 22.5 MG, 3.75 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID) - Drugs used to treat an overactive thyroid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methimazole 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
propylthiouracil 50 mg TABLET ^{MO}	\$0 (Tier 1)	

IMMUNOLOGICAL AGENTS - Drugs used to treat immune system conditions and vaccines

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABRYVO (PF) 120 MCG/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
ACTHIB (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
ADALIMUMAB-ADAZ 20 MG/0.2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
ADALIMUMAB-ADAZ 80 MG/0.8 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(4.8 per 28 days)
ADALIMUMAB-ADBIM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
ADALIMUMAB-ADBM 40 MG/0.4 ML, 40 MG/0.8 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	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}	\$0 (Tier 2)	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}	\$0 (Tier 2)	PA,QL(6 per 28 days)
ARCALYST 220 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
<i>azathioprine 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
BENLYSTA 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
BESREMI 500 MCG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
COSENTYX 150 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX 75 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX UNOREADY PEN 300 MG/2 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
<i>cyclosporine 100 mg, 25 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.34 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSTION ^{DL}	\$0 (Tier 1)	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
ENVARUSUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA
ENVARUSUS XR 4 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA
<i>everolimus (immunosuppressive) 0.25 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD,QL(60 per 30 days)
<i>everolimus (immunosuppressive) 0.5 mg TABLET^{DL}</i>	\$0 (Tier 1)	BvsD,QL(120 per 30 days)
<i>everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET^{DL}</i>	\$0 (Tier 1)	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION ^{DL}	\$0 (Tier 2)	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}	\$0 (Tier 2)	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
GARDASIL 9 (PF) 0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
HUMIRA 40 MG/0.8 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
<i>icatibant 30 mg/3 ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA,QL(18 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 1)	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
IPOX 40-8-32 UNIT/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
IXCHIQ (PF) 1,000 TCID50/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
JYLAMVO 2 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION ^{DL}	\$0 (Tier 1)	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
<i>leflunomide 10 mg, 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT ^{DL}	\$0 (Tier 1)	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
<i>methotrexate sodium 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>methotrexate sodium 25 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) 1 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) 25 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
<i>mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil 250 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>mycophenolate mofetil (hcl) 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC^{MO}</i>	\$0 (Tier 1)	BvsD
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
PEGASYS 180 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(4 per 28 days)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT ^{DL}	\$0 (Tier 1)	
PENTACEL (PF) 15LF-20MCG-5LF- 62 DU/0.5 ML KIT ^{DL}	\$0 (Tier 1)	
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET ^{MO}	\$0 (Tier 2)	BvsD

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THIS FORMULARY WAS UPDATED ON 04/01/2025.

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}	\$0 (Tier 1)	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
RINVOQ 45 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(168 per 365 days)
RINVOQ LQ 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(360 per 30 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
ROTATEQ VACCINE 2 ML SOLUTION ^{DL}	\$0 (Tier 1)	
<i>sajazir</i> 30 mg/3 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
<i>sirolimus</i> 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
<i>sirolimus</i> 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(2 per 84 days)
SKYRIZI 150 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(2 per 84 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(16.8 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 84 days)
<i>tacrolimus</i> 0.5 mg, 1 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
TREMFYA 100 MG/ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(3 per 84 days)
TREMFYA 100 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(3 per 84 days)
TREMFYA 200 MG/2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
TREMFYA 200 MG/20 ML (10 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(120 per 365 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TREMEFYA PEN 200 MG/2 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (2 per 28 days)
TRUMENBA 120 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE ^{DL}	\$0 (Tier 1)	
TYPHIM VI 25 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
TYPHIM VI 25 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SUSPENSION ^{DL}	\$0 (Tier 1)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SYRINGE ^{DL}	\$0 (Tier 1)	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
VAXCHORA VACCINE 4X10EXP8 TO 2X 10EXP9 CF UNIT SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
VIMKUNYA 40 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 1)	
VIVOTIF 2 BILLION UNIT CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	
XATMEP 2.5 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA
XOLAIR 150 MG/ML, 300 MG/2 ML AUTO-INJECTOR ^{DL,LA}	\$0 (Tier 2)	PA,QL (8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE ^{DL,LA}	\$0 (Tier 2)	PA,QL (8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR ^{DL,LA}	\$0 (Tier 2)	PA,QL (4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE ^{DL,LA}	\$0 (Tier 2)	PA,QL (4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	

INFLAMMATORY BOWEL DISEASE AGENTS - Drugs used to treat stomach and intestinal inflammation

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>balsalazide 750 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>budesonide 3 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	
<i>budesonide 9 mg TABLET, DR/ER^{DL}</i>	\$0 (Tier 1)	PA,QL (30 per 30 days)
<i>hydrocortisone 100 mg/60 ml ENEMA^{MO}</i>	\$0 (Tier 1)	
<i>mesalamine 0.375 gram CAPSULE, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>mesalamine 1,000 mg SUPPOSITORY^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>mesalamine 4 gram/60 ml ENEMA^{MO}</i>	\$0 (Tier 1)	QL (1800 per 30 days)
<i>sulfasalazine 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sulfasalazine 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	

METABOLIC BONE DISEASE AGENTS - Drugs used to treat bone weakening

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alendronate 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
alendronate 35 mg TABLET ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
alendronate 70 mg TABLET ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
calcitriol 1 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
cinacalcet 30 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
cinacalcet 90 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
doxercalciferol 4 mcg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
ibandronate 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL(1 per 28 days)
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE ^{DL,LA}	\$0 (Tier 2)	PA,QL(2 per 28 days)
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
paricalcitol 2 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(24 per 30 days)
paricalcitol 5 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1 per 180 days)
risedronate 35 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(1.7 per 28 days)
zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	QL(300 per 21 days)
zoledronic acid 4 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
zoledronic acid 4 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(15 per 21 days)
zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	QL(300 per 21 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	PA,QL(100 per 365 days)

MISCELLANEOUS THERAPEUTIC AGENTS - Other drugs that do not fit into another category

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetylcysteine 200 mg/ml (20 %) SOLUTION ^{MO}	\$0 (Tier 1)	
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION ^{MO}	\$0 (Tier 2)	PA
ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ALCOHOL SWABS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ALCOHOL WIPES PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN ^{MO}	\$0 (Tier 1)	
AUTOPEN 1 TO 21 UNITS INSULIN PEN ^{MO}	\$0 (Tier 1)	
AUTOPEN 2 TO 42 UNITS INSULIN PEN ^{MO}	\$0 (Tier 1)	
AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
BD ALCOHOL SWABS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 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 ^{MO}	\$0 (Tier 1)	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 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 ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 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 ^{MO}	\$0 (Tier 1)	
BORDERED GAUZE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
butalbital-acetaminophen-caff 50-325-40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
COBENFY 100-20 MG, 125-30 MG, 50-20 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG CAPSULE, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
CURITY ALCOHOL SWABS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
CURITY GAUZE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
DERMACEA 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
DROPLET INSULIN SYR(HALF UNIT) 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 ^{MO}	\$0 (Tier 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 ^{MO}	\$0 (Tier 1)	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE ^{MO}	\$0 (Tier 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 ^{MO}	\$0 (Tier 1)	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	

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THIS FORMULARY WAS UPDATED ON 04/01/2025.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROXIA 200 MG, 300 MG, 400 MG CAPSULE ^{MO}	\$0 (Tier 2)	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
EASY TOUCH ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
GAUZE BANDAGE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
GAUZE PAD 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
INCONTROL ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE-NEEDLE U-100 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
IV PREP WIPES PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
<i>lactated ringers SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>mifepristone 300 mg TABLET</i> ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
MIRENA 21 MCG/24HR (UP TO 8 YRS) 52 MG IUD ^{MO}	\$0 (Tier 2)	
NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
<i>nitroglycerin 0.4 % (w/w) OINTMENT</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
NOVOPEN ECHO INSULIN PEN ^{MO}	\$0 (Tier 1)	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
<i>ringer's SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.9 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ULTILET ALCOHOL SWAB PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ULTRA-FINE INS SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" NEEDLE ^{MO}	\$0 (Tier 1)	
<i>water for irrigation, sterile SOLUTION</i> ^{MO}	\$0 (Tier 1)	
WEBCOL PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
XDEMVA 0.25 % DROPS ^{MO}	\$0 (Tier 2)	PA, QL (10 per 42 days)
ZEVALIN (Y-90) 3.2 MG/2 ML KIT ^{DL}	\$0 (Tier 2)	PA

OPHTHALMIC AGENTS - Drugs used to treat conditions involving the eye

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALCAINE 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
<i>apraclonidine 0.5 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>atropine 1 % DROPS</i> ^{MO}	\$0 (Tier 1)	
ATROPINE SULFATE (PF) 1 % DROPPERETTE ^{MO}	\$0 (Tier 1)	
<i>azelastine 0.05 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>bacitracin 500 unit/gram OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>betaxolol 0.5 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>brimonidine 0.2 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>carteolol 1 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>ciprofloxacin hcl 0.3 % DROPS</i> ^{MO}	\$0 (Tier 1)	
COMBIGAN 0.2-0.5 % DROPS ^{MO}	\$0 (Tier 2)	QL (5 per 25 days)
<i>cromolyn 4 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>cyclosporine 0.05 % DROPPERETTE</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
CYSTARAN 0.44 % DROPS ^{DL}	\$0 (Tier 2)	PA, QL (60 per 28 days)
<i>dexamethasone sodium phosphate 0.1 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>diclofenac sodium 0.1 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>dorzolamide 2 % DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>dorzolamide-timolol 22.3-6.8 mg/ml DROPS</i> ^{MO}	\$0 (Tier 1)	
<i>erythromycin 5 mg/gram (0.5 %) OINTMENT</i> ^{MO}	\$0 (Tier 1)	QL (3.5 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EYSUVIS 0.25 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL(16.6 per 30 days)
fluorometholone 0.1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
flurbiprofen sodium 0.03 % DROPS ^{MO}	\$0 (Tier 1)	
gentamicin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
ILEVRO 0.3 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL(3 per 30 days)
ketorolac 0.4 %, 0.5 % DROPS ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)
latanoprost 0.005 % DROPS ^{MO}	\$0 (Tier 1)	QL(5 per 25 days)
levobunolol 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
LUMIGAN 0.01 % DROPS ^{MO}	\$0 (Tier 2)	QL(2.5 per 25 days)
methazolamide 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
moxifloxacin 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
NATACYN 5 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
ofloxacin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
olopatadine 0.1 %, 0.2 % DROPS ^{MO}	\$0 (Tier 1)	
pilocarpine hcl 1 %, 2 %, 4 % DROPS ^{MO}	\$0 (Tier 1)	
polycin 500-10,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
prednisolone acetate 1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
prednisolone sodium phosphate 1 % DROPS ^{MO}	\$0 (Tier 1)	
proparacaine 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
RHOPRESSA 0.02 % DROPS ^{MO}	\$0 (Tier 2)	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS ^{MO}	\$0 (Tier 2)	ST,QL(2.5 per 25 days)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL(16 per 30 days)
sulfacetamide sodium 10 % DROPS ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS ^{MO}	\$0 (Tier 1)	
timolol maleate 0.25 % DROPS ^{MO}	\$0 (Tier 1)	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION ^{MO}	\$0 (Tier 1)	
timolol maleate 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
tobramycin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
travoprost 0.004 % DROPS ^{MO}	\$0 (Tier 1)	QL(2.5 per 25 days)
trifluridine 1 % DROPS ^{MO}	\$0 (Tier 1)	

OTIC AGENTS - Drugs used to treat conditions involving the ear

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluocinolone acetonide oil 0.01 % DROPS ^{MO}	\$0 (Tier 1)	
hydrocortisone-acetic acid 1-2 % DROPS ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION ^{MO}	\$0 (Tier 1)	
ofloxacin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	

RESPIRATORY TRACT/PULMONARY AGENTS - Drugs used to treat lung problems, such as asthma and COPD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(12 per 30 days)
albuterol sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
albuterol sulfate 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
albuterol sulfate 2 mg/5 ml SYRUP ^{MO}	\$0 (Tier 1)	
albuterol sulfate 2.5 mg /3 ml (0.083 %) SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER ^{MO}	\$0 (Tier 1)	QL(36 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alyq</i> 20 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>ambrisentan</i> 10 mg, 5 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>aminophylline</i> 250 mg/10 ml, 500 mg/20 ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>arformoterol</i> 15 mcg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	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}	\$0 (Tier 2)	QL(4 per 30 days)
<i>azelastine</i> 137 mcg (0.1 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(30 per 25 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(10.7 per 30 days)
<i>budesonide</i> 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
<i>cetirizine</i> 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 20 days)
<i>cromolyn</i> 100 mg/5 ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
<i>cromolyn</i> 20 mg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
<i>diphenhydramine</i> hcl 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>epinephrine</i> 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR ^{MO}	\$0 (Tier 1)	QL(4 per 30 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1 per 28 days)
<i>flunisolide</i> 25 mcg (0.025 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(50 per 30 days)
<i>fluticasone propion-salmeterol</i> 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
<i>fluticasone propion-salmeterol</i> 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. ^{MO}	\$0 (Tier 2)	QL(1 per 30 days)
<i>fluticasone propionate</i> 50 mcg/actuation SPRAY, SUSPENSION ^{MO}	\$0 (Tier 1)	QL(16 per 30 days)
<i>hydroxyzine pamoate</i> 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>ipratropium bromide</i> 0.02 % SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>ipratropium bromide</i> 21 mcg (0.03 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
<i>ipratropium bromide</i> 42 mcg (0.06 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(45 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
KALYDECO 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
levocetirizine 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
OPSYNVI 10-20 MG, 10-40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
pirfenidone 267 mg CAPSULE ^{DL}	\$0 (Tier 1)	PA,QL(270 per 30 days)
pirfenidone 267 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	BvsD
roflumilast 250 mcg TABLET ^{MO}	\$0 (Tier 1)	QL(28 per 365 days)
roflumilast 500 mcg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
sildenafil (pulm.hypertension) 20 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(30.6 per 30 days)
tadalafil (pulm. hypertension) 20 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	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}	\$0 (Tier 2)	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}	\$0 (Tier 2)	PA,QL(56 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(36 per 30 days)
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
zafirlukast 10 mg, 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)

SKELETAL MUSCLE RELAXANTS - Drugs used to relax muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carisoprodol 350 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
cyclobenzaprine 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
methocarbamol 500 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	

SLEEP DISORDER AGENTS - Drugs used to treat sleep conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BELSOMRA 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
BELSOMRA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(120 per 30 days)
eszopiclone 1 mg, 2 mg, 3 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
modafinil 100 mg, 200 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
sodium oxybate 500 mg/ml SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
temazepam 15 mg, 30 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
zaleplon 10 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
zolpidem 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)

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Non-Part D Rx Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE(*)	\$0 (Tier 3)	
<i>ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE(*)</i>	\$0 (Tier 3)	
ORACIT 490-640 MG/5 ML SOLUTION(*)	\$0 (Tier 3)	
<i>phytonadione (vitamin k1) 5 mg TABLET(*)</i>	\$0 (Tier 3)	
<i>promethazine-codeine 6.25-10 mg/5 ml SYRUP(*)</i>	\$0 (Tier 3)	
<i>pyridoxine (vitamin b6) 100 mg/ml SOLUTION(*)</i>	\$0 (Tier 3)	
SODIUM BICARBONATE (BULK) POWDER(*)	\$0 (Tier 3)	
<i>thiamine hcl (vitamin b1) 100 mg/ml SOLUTION(*)</i>	\$0 (Tier 3)	
<i>vitamin d2 1,250 mcg (50,000 unit) CAPSULE(*)</i>	\$0 (Tier 3)	
<i>vitamin k1 10 mg/ml SOLUTION(*)</i>	\$0 (Tier 3)	

Over the Counter Drugs - Over the Counter Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
3-day vaginal 2 % CREAM	\$0 (Tier 4)	
acetaminophen 120 mg SUPPOSITORY	\$0 (Tier 4)	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SOLUTION	\$0 (Tier 4)	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SUSPENSION	\$0 (Tier 4)	
acetaminophen 160 mg/5 ml LIQUID	\$0 (Tier 4)	
acetaminophen 325 mg, 500 mg TABLET	\$0 (Tier 4)	
acid gone antacid 95-358 mg/15 ml SUSPENSION	\$0 (Tier 4)	
acid gone antacid e.strength 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
acid reducer (famotidine) 10 mg TABLET	\$0 (Tier 4)	
adult aspirin regimen 81 mg TABLET, DR/EC	\$0 (Tier 4)	
adult tussin chest congestion 100 mg/5 ml LIQUID	\$0 (Tier 4)	
all day allergy (cetirizine) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL (300 per 30 days)
all day allergy (cetirizine) 10 mg CAPSULE	\$0 (Tier 4)	
all day allergy (cetirizine) 10 mg TABLET	\$0 (Tier 4)	
all day pain relief 220 mg TABLET	\$0 (Tier 4)	
all day relief 220 mg TABLET	\$0 (Tier 4)	
aller-g-time 25 mg TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allergy (diphenhydramine) 25 mg CAPSULE	\$0 (Tier 4)	
allergy (diphenhydramine) 25 mg TABLET	\$0 (Tier 4)	
allergy relief (cetirizine) 10 mg, 5 mg TABLET	\$0 (Tier 4)	
allergy relief (loratadine) 10 mg TABLET	\$0 (Tier 4)	
allergy relief (loratadine) 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
allergy relief(diphenhydramin) 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg CAPSULE	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg TABLET	\$0 (Tier 4)	
almacone-2 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
altamist 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
alum-mag hydroxide-simeth 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
aluminum hydroxide gel 320 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid (calcium carbonate) 200 mg calcium (500 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid anti-gas 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid ext (mag carb-al hyd) 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
antacid ext str (calcium carb) 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid extra-strength 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid regular strength 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
anti-diarrheal (loperamide) 1 mg/7.5 ml LIQUID	\$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg CAPSULE	\$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg TABLET	\$0 (Tier 4)	
anti-nausea SOLUTION	\$0 (Tier 4)	
aspirin 325 mg TABLET	\$0 (Tier 4)	
aspirin 325 mg, 81 mg TABLET, DR/EC	\$0 (Tier 4)	
aspirin 81 mg CHEWABLE TABLET	\$0 (Tier 4)	
aspirin,buffd-calcium carb-mag 325 mg TABLET	\$0 (Tier 4)	
AYR SALINE 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
b complex-vitamin c-folic acid 400 mcg TABLET ER	\$0 (Tier 4)	
BABY AYR SALINE 0.65 % DROPS	\$0 (Tier 4)	
banophen 25 mg TABLET	\$0 (Tier 4)	
banophen 25 mg, 50 mg CAPSULE	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bisacodyl 10 mg SUPPOSITORY	\$0 (Tier 4)	
bisacodyl 5 mg TABLET, DR/EC	\$0 (Tier 4)	
bismuth subsalicylate 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
cal-gest antacid 200 mg calcium (500 mg) CHEWABLE TABLET	\$0 (Tier 4)	
calcidol 200 mcg/ml (8,000 unit/ml) DROPS	\$0 (Tier 4)	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
calcium carbonate 500 mg/5 ml (1,250 mg/5 ml) SUSPENSION	\$0 (Tier 4)	
cetirizine 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
cetirizine 10 mg, 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
cetirizine 10 mg, 5 mg TABLET	\$0 (Tier 4)	
cetirizine 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
CHEST CONGESTION RELIEF 100 MG/5 ML LIQUID	\$0 (Tier 4)	
chest congestion relief dm 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
child allergy relf(cetirizine) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
child's all day allergy(cetir) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
children's acetaminophen 160 mg/5 ml LIQUID	\$0 (Tier 4)	
children's acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml) SUSPENSION	\$0 (Tier 4)	
children's allergy (diphenhyd) 12.5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's allergy (diphenhyd) 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
children's allergy relief(lor) 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's allergy relief(lor) 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
children's aspirin 81 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's cetirizine 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
children's cetirizine 10 mg, 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's loratadine 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's mapap 80 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's pain reliever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
children's pain-fever relief 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
children's saline nasal spray 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
chocolate laxative 15 mg CHEWABLE TABLET	\$0 (Tier 4)	
clearlax 17 gram POWDER IN PACKET	\$0 (Tier 4)	
clearlax 17 gram/dose POWDER	\$0 (Tier 4)	
clotrimazole 1 % CREAM	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clotrimazole-3 2 % CREAM	\$0 (Tier 4)	
COLACE 100 MG CAPSULE	\$0 (Tier 4)	
COLACE 2-IN-1 8.6-50 MG TABLET	\$0 (Tier 4)	
COLACE CLEAR 50 MG CAPSULE	\$0 (Tier 4)	
curae 1.5 mg TABLET	\$0 (Tier 4)	
deep sea nasal 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
dextromethorphan-guaifenesin 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
dextromethorphan-guaifenesin 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
dextrose 40 % GEL	\$0 (Tier 4)	
dialyvite 800 0.8 mg TABLET	\$0 (Tier 4)	
diphenhydramine hcl 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
diphenhydramine hcl 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
diphenhydramine hcl 25 mg TABLET	\$0 (Tier 4)	
diphenhydramine hcl 50 mg CAPSULE	\$0 (Tier 4)	
docusate calcium 240 mg CAPSULE	\$0 (Tier 4)	
docusate sodium 100 mg, 250 mg CAPSULE	\$0 (Tier 4)	
docusate sodium 283 mg/5 ml ENEMA	\$0 (Tier 4)	
docusate sodium 50 mg/5 ml LIQUID	\$0 (Tier 4)	
DOCUSOL KIDS 100 MG/5 ML ENEMA	\$0 (Tier 4)	
dok 100 mg TABLET	\$0 (Tier 4)	
driminate 50 mg TABLET	\$0 (Tier 4)	
econtra one-step 1.5 mg TABLET	\$0 (Tier 4)	
ed-apap 160 mg/5 ml LIQUID	\$0 (Tier 4)	
enema 19-7 gram/118 ml ENEMA	\$0 (Tier 4)	
enema disposable 19-7 gram/118 ml ENEMA	\$0 (Tier 4)	
ENEMEEZ 283 MG/5 ML ENEMA	\$0 (Tier 4)	
ENEMEEZ KIDS 100 MG/5 ML ENEMA	\$0 (Tier 4)	
ENEMEEZ PLUS 283-20 MG/5 ML ENEMA	\$0 (Tier 4)	
ergocalciferol (vitamin d2) 200 mcg/ml (8,000 unit/ml) DROPS	\$0 (Tier 4)	
famotidine 10 mg TABLET	\$0 (Tier 4)	
FEVERALL 120 MG, 325 MG, 80 MG SUPPOSITORY	\$0 (Tier 4)	
fiber (calcium polycarbophil) 625 mg TABLET	\$0 (Tier 4)	
fiber laxative (ca polycarbo) 625 mg TABLET	\$0 (Tier 4)	
fiber laxative(methylcellulos) 500 mg TABLET	\$0 (Tier 4)	
FIBER THERAPY (M-CELL/SUGAR) 2 GRAM/19 GRAM POWDER	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fiber therapy (m-cellulose) 500 mg TABLET	\$0 (Tier 4)	
fiber-lax 625 mg TABLET	\$0 (Tier 4)	
FLEET ENEMA 19-7 GRAM/118 ML ENEMA	\$0 (Tier 4)	
FLEET GLYCERIN LAXATIVE 5.4 GRAM/5.4 ML SOLUTION	\$0 (Tier 4)	
FLEET PEDIATRIC 9.5-3.5 GRAM/59 ML ENEMA	\$0 (Tier 4)	
FOLIKA-BC 1 MG-60 MG- 300 MCG TABLET	\$0 (Tier 4)	
full spectrum b-vitamin c 0.8 mg TABLET	\$0 (Tier 4)	
gavilax 17 gram/dose POWDER	\$0 (Tier 4)	
gentle laxative (bisacodyl) 10 mg SUPPOSITORY	\$0 (Tier 4)	
gentle laxative (bisacodyl) 5 mg TABLET, DR/EC	\$0 (Tier 4)	
glucose gel 40 % GEL	\$0 (Tier 4)	
glycerin (adult) SUPPOSITORY	\$0 (Tier 4)	
glycerin (child) SUPPOSITORY	\$0 (Tier 4)	
guaifenesin 100 mg/5 ml LIQUID	\$0 (Tier 4)	
headache relief (asa-acet-caf) 250-250-65 mg TABLET	\$0 (Tier 4)	
healthylax 17 gram POWDER IN PACKET	\$0 (Tier 4)	
heartburn relief 254-237.5 mg/5 ml SUSPENSION	\$0 (Tier 4)	
heartburn relief (famotidine) 10 mg TABLET	\$0 (Tier 4)	
her style 1.5 mg TABLET	\$0 (Tier 4)	
ibuprofen 200 mg TABLET	\$0 (Tier 4)	
infant pain reliever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
infant's acetaminophen 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
infants' pain and fever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
laxative (bisacodyl) 5 mg TABLET	\$0 (Tier 4)	
laxative (bisacodyl) 5 mg TABLET, DR/EC	\$0 (Tier 4)	
laxative (sennosides) 15 mg, 25 mg TABLET	\$0 (Tier 4)	
levonorgestrel 1.5 mg TABLET	\$0 (Tier 4)	
loperamide 1 mg/7.5 ml LIQUID	\$0 (Tier 4)	
loratadine 10 mg TABLET	\$0 (Tier 4)	
loratadine 10 mg TABLET, DISINTEGRATING	\$0 (Tier 4)	
loratadine 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
m-dryl 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
m-pap 160 mg/5 ml LIQUID	\$0 (Tier 4)	
mag-al plus 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	
mag-al plus extra strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
magnesium hydroxide 400 mg/5 ml SUSPENSION	\$0 (Tier 4)	
magnesium oxide 400 mg (241.3 mg magnesium), 400 mg magnesium, 420 mg TABLET	\$0 (Tier 4)	
meclizine 12.5 mg TABLET	\$0 (Tier 4)	
meclizine 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
miconazole nitrate 1,200-2 mg-% KIT	\$0 (Tier 4)	
miconazole nitrate 100 mg SUPPOSITORY	\$0 (Tier 4)	
miconazole nitrate 2 % CREAM	\$0 (Tier 4)	
miconazole-3 200 mg- 2 % (9 gram) KIT	\$0 (Tier 4)	
miconazole-3 4 % (200 mg)- 2 % (9 gram) COMBO PACK, PREFILL, CREAM	\$0 (Tier 4)	
miconazole-7 100 mg SUPPOSITORY	\$0 (Tier 4)	
miconazole-7 2 % CREAM	\$0 (Tier 4)	
migraine formula 250-250-65 mg TABLET	\$0 (Tier 4)	
migraine relief 250-250-65 mg TABLET	\$0 (Tier 4)	
milk of magnesia 400 mg/5 ml SUSPENSION	\$0 (Tier 4)	
milk of magnesia concentrated 2,400 mg/10 ml SUSPENSION	\$0 (Tier 4)	
mintox maximum strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
mintox plus 200-200-25 mg CHEWABLE TABLET	\$0 (Tier 4)	
motion sickness 50 mg TABLET	\$0 (Tier 4)	
motion sickness (meclizine) 25 mg TABLET	\$0 (Tier 4)	
motion sickness relief 50 mg TABLET	\$0 (Tier 4)	
motion sickness relief(mecliz) 25 mg TABLET	\$0 (Tier 4)	
motion-time 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
mucinex fast-max chest-congest 100 mg/5 ml LIQUID	\$0 (Tier 4)	
my choice 1.5 mg TABLET	\$0 (Tier 4)	
my way 1.5 mg TABLET	\$0 (Tier 4)	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL	\$0 (Tier 4)	QL(2 per 30 days)
naproxen sodium 220 mg TABLET	\$0 (Tier 4)	
NARCAN 4 MG/ACTUATION SPRAY, NON-AEROSOL	\$0 (Tier 4)	QL(2 per 30 days)
nasal decongestant (pseudoeph) 30 mg TABLET	\$0 (Tier 4)	
nasal moisturizing 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
nasal spray (sodium chloride) 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
nausea relief SOLUTION	\$0 (Tier 4)	
nephro vitamins 0.8 mg TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEPHRO-VITE 0.8 MG TABLET	\$0 (Tier 4)	
NEPHRONEX 900 MCG/5 ML LIQUID	\$0 (Tier 4)	
new day 1.5 mg TABLET	\$0 (Tier 4)	
nicotine 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr PATCH, 24 HR.	\$0 (Tier 4)	
nicotine 21-14-7 mg/24 hr PATCH, TD DAILY, SEQUENTIAL	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg GUM	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg LOZENGE	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg MINI LOZENGE	\$0 (Tier 4)	
NUTRISOURCE FIBER PACKET	\$0 (Tier 4)	
NUTRISOURCE FIBER POWDER	\$0 (Tier 4)	
option-2 1.5 mg TABLET	\$0 (Tier 4)	
pain relief (acetaminophen) 325 mg, 500 mg TABLET	\$0 (Tier 4)	
pain relief es (acetaminophen) 500 mg TABLET	\$0 (Tier 4)	
pain reliever (acetaminophen) 325 mg, 500 mg TABLET	\$0 (Tier 4)	
pain reliever es(acetaminophn) 500 mg TABLET	\$0 (Tier 4)	
pain reliever plus 250-250-65 mg TABLET	\$0 (Tier 4)	
PEDIA-LAX 2.8 GRAM/2.7 ML SOLUTION	\$0 (Tier 4)	
pedia-lax stool softener 50 mg/15 ml SYRUP	\$0 (Tier 4)	
pinaway 50 mg/ml SUSPENSION	\$0 (Tier 4)	
pink bismuth 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
pink bismuth 525 mg/15 ml SUSPENSION	\$0 (Tier 4)	
pinworm treatment 50 mg/ml SUSPENSION	\$0 (Tier 4)	
polyethylene glycol 3350 17 gram POWDER IN PACKET	\$0 (Tier 4)	
polyethylene glycol 3350 17 gram/dose POWDER	\$0 (Tier 4)	
pseudoephedrine hcl 30 mg TABLET	\$0 (Tier 4)	
ready-to-use enema 19-7 gram/118 ml ENEMA	\$0 (Tier 4)	
reese's pinworm medicine 50 mg/ml SUSPENSION	\$0 (Tier 4)	
rena-vite 0.8 mg TABLET	\$0 (Tier 4)	
rena-vite rx 1-60-300 mg-mg-mcg TABLET	\$0 (Tier 4)	
renal vitamin 0.8 mg TABLET	\$0 (Tier 4)	
reno caps 1 mg CAPSULE	\$0 (Tier 4)	
saline mist 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
saline nasal 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
saline nasal mist 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
saline nose 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
senexon-s 8.6-50 mg TABLET	\$0 (Tier 4)	
senna 176 mg/5 ml, 8.8 mg/5 ml SYRUP	\$0 (Tier 4)	
senna 8.6 mg CAPSULE	\$0 (Tier 4)	
senna 8.6 mg TABLET	\$0 (Tier 4)	
senna lax 8.6 mg TABLET	\$0 (Tier 4)	
senna laxative 8.6 mg TABLET	\$0 (Tier 4)	
senna leaf extract 176 mg/5 ml SYRUP	\$0 (Tier 4)	
senna plus 8.6-50 mg CAPSULE	\$0 (Tier 4)	
senna plus 8.6-50 mg TABLET	\$0 (Tier 4)	
senna-s 8.6-50 mg TABLET	\$0 (Tier 4)	
senna-time s 8.6-50 mg TABLET	\$0 (Tier 4)	
sennosides 8.8 mg/5 ml SYRUP	\$0 (Tier 4)	
sennosides-docusate sodium 8.6-50 mg TABLET	\$0 (Tier 4)	
SEKOKOT 8.6 MG TABLET	\$0 (Tier 4)	
SEKOKOT 8.7 MG CHEWABLE TABLET	\$0 (Tier 4)	
SEKOKOT EXTRA STRENGTH 17.2 MG TABLET	\$0 (Tier 4)	
SEKOKOT KIDS 8.7 MG CHEWABLE TABLET	\$0 (Tier 4)	
SEKOKOT-S 8.6-50 MG TABLET	\$0 (Tier 4)	
smooth antacid 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
sodium bicarbonate 325 mg, 650 mg TABLET	\$0 (Tier 4)	
SODIUM BICARBONATE (BULK) POWDER	\$0 (Tier 4)	
sodium citrate-citric acid 500-334 mg/5 ml SOLUTION	\$0 (Tier 4)	
SORBITOL 70 % SOLUTION	\$0 (Tier 4)	
stimulant laxative plus 8.6-50 mg TABLET	\$0 (Tier 4)	
stomach relief 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
stomach relief 262 mg TABLET	\$0 (Tier 4)	
stomach relief 262 mg/15 ml, 525 mg/15 ml SUSPENSION	\$0 (Tier 4)	
stool softener 100 mg TABLET	\$0 (Tier 4)	
stool softener 100 mg, 250 mg CAPSULE	\$0 (Tier 4)	
stool softener (docusate cal) 240 mg CAPSULE	\$0 (Tier 4)	
stool softener-laxative 8.6-50 mg TABLET	\$0 (Tier 4)	
stool softener-stimulant laxat 8.6-50 mg CAPSULE	\$0 (Tier 4)	
stool softener-stimulant laxat 8.6-50 mg TABLET	\$0 (Tier 4)	
sudogest 30 mg TABLET	\$0 (Tier 4)	
suphedrin 30 mg TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tioconazole 6.5 % OINTMENT	\$0 (Tier 4)	
tioconazole-1 6.5 % OINTMENT	\$0 (Tier 4)	
tri-buffered aspirin 325 mg TABLET	\$0 (Tier 4)	
trueplus glucose 15 gram/32 ml GEL IN PACKET	\$0 (Tier 4)	
tusnel diabetic 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
tusnel-ex 100 mg/5 ml LIQUID	\$0 (Tier 4)	
tussin dm 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
tussin dm 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
tussin dm clear 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
tussin mucus-chest congestion 100 mg/5 ml LIQUID	\$0 (Tier 4)	
women's gentle laxative(bisac) 5 mg TABLET, DR/EC	\$0 (Tier 4)	

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BD ULTRA-FINE MINI PEN NEEDLE	93	BICILLIN L-A	18
BD ULTRA-FINE NANO PEN NEEDLE	93	BICNU	32
BD ULTRA-FINE ORIG PEN NEEDLE	93	BIKTARVY	49
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buprenorphine	14	CAPLYTA	46
buprenorphine hcl	16	CAPRELSA	33
buprenorphine-naloxone	16	captopril	59
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bupirone	52	carbidopa-levodopa	45
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CABENUVA	49	carisoprodol	100
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CABOMETYX	33	carteolol	95
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calcidol	103	carvedilol	59
calcipotriene	67	caspofungin	28
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calcitriol	91	cefaclor	18
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calcium carbonate	103	cefazolin	18
CALQUENCE (ACALABRUTINIB MAL)	33	cefazolin in dextrose (iso-os)	18
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camrese lo	78	cefepime	18
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cefoxitin in dextrose, iso-osm	18	chloramphenicol sod succinate	19
cefepodoxime	18	chlorhexidine gluconate	66
cefprozil	18	chloroquine phosphate	44
ceftazidime	18	chlorothiazide sodium	59
ceftazidime in d5w	18	chlorpromazine	46
ceftriaxone	18	chlorthalidone	59
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child's all day allergy(cetir)	103	cimetidine hcl	73
children's acetaminophen	103	cinacalcet	91
children's allergy (diphenhyd)	103	ciprofloxacin hcl	19, 95
children's allergy relief(lor)	103	ciprofloxacin in 5 % dextrose	19
children's aspirin	103	cisplatin	33
children's cetirizine	103	citalopram	26
children's loratadine	103	cladribine	33
children's mapap	103	claravis	67
children's pain reliever	103	clarithromycin	19
children's pain-fever relief	103	clearlax	103
children's saline nasal spray	103	clindamycin hcl	19

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clindamycin in 0.9 % sod chlor	19	clonazepam	52
clindamycin in 5 % dextrose	19	clonidine	59
clindamycin palmitate hcl	19	clonidine hcl	59
clindamycin pediatric	19	clopidogrel	57
clindamycin phosphate	19, 67	clorazepate dipotassium	52
clindamycin-benzoyl peroxide	67	clotrimazole	29, 103
CLINIMIX E 2.75%/D5W SULF FREE	69	clotrimazole-betamethasone	29
CLINIMIX E 4.25%/D5W SULF FREE	69	clotrimazole-3	104
CLINIMIX E 5%/D15W SULFIT FREE	69	clozapine	46
CLINIMIX E 5%/D20W SULFIT FREE	69	COARTEM	44
CLINIMIX E 8%-D10W SULFITEFREE	69	COBENFY	93
CLINIMIX E 8%-D14W SULFITEFREE	69	COBENFY STARTER PACK	93
CLINIMIX 4.25%/D10W SULF FREE	69	COLACE	104
CLINIMIX 4.25%/D5W SULFIT FREE	69	COLACE CLEAR	104
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CLINIMIX 5%/D15W SULFITE FREE	69	colchicine	30
CLINIMIX 6%-D5W (SULFITE-FREE)	69	colestipol	59
CLINIMIX 8%-D10W(SULFITE-FREE)	69	colistin (colistimethate na)	19
CLINIMIX 8%-D14W(SULFITE-FREE)	69	COLUMVI	33
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COPIKTRA	33	dacarbazine	34
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COSENTYX (2 SYRINGES)	86	dalfampridine	64
COSENTYX PEN	86	danazol	78
COSENTYX PEN (2 PENS)	86	dantrolene	48
COSENTYX UNOREADY PEN	86	DANYELZA	34
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deferasirox	70	dextrose 5%-0.3 % sod.chloride	70
DELSTRIGO	49	DIACOMIT	22
DENGVAXIA (PF)	86	dialyvite 800	104
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dexamethasone intensol	76	digoxin	59
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dexamethasone sodium phosphate	76, 95	dilt-xr	59
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dexrazoxane hcl	34	dimethyl fumarate	65
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dextrose	104	disulfiram	16
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dextrose 10 % in water (d10w)	70	divalproex	22
dextrose 5 % in water (d5w)	70	docetaxel	34
dextrose 5%-0.2 % sod chloride	70	docusate calcium	104

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doxazosin	60	d10 %-0.45 % sodium chloride	69
doxepin	53	d2.5 %-0.45 % sodium chloride	69
doxercalciferol	91	d5 % and 0.9 % sodium chloride	70
doxorubicin	34	d5 %-0.45 % sodium chloride	70
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doxycycline hyclate	19	EASY TOUCH ALCOHOL PREP PADS	94
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electrolyte-48 in d5w	70	ENEMEEZ PLUS	104
ELELYSO	74	ENGERIX-B (PF)	87
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ELIQUIS	57	enilloring	78
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ELMIRON	75	enpresse	78
ELREXFIO	34	enskyce	78
eluryng	78	entacapone	45
ELZONRIS	34	entecavir	49
EMCYT	34	ENTRESTO	60
EMGALITY PEN	30	ENTRESTO SPRINKLE	60
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EMSAM	26	EPCLUSA	49
emtricitabine	49	EPIDIOLEX	22
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EMTRIVA	49	epirubicin	34
emzahh	78	epitol	22
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ertapenem	20	EVOTAZ	50
ery pads	67	exemestane	35
ERYTHROCIN	20	EXKIVITY	35
erythromycin	20, 95	EYSUVIS	96
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escitalopram oxalate	26	falmina (28)	79
esomeprazole magnesium	73	famciclovir	50
estarylla	78	famotidine	73, 104
estradiol	78	famotidine (pf)	73
estradiol valerate	79	famotidine (pf)-nacl (iso-os)	73
estradiol-norethindrone acet	79	FANAPT	46
eszopiclone	100	FASENRA PEN	98
ethambutol	31	febuxostat	30
ethosuximide	22	feirza	79
ethynodiol diac-eth estradiol	79	felbamate	22
etodolac	14	felodipine	60
etonogestrel-ethinyl estradiol	79	FEMLYV	79
ETOPOPHOS	35	fenofibrate	60
etoposide	35	fenofibrate micronized	60
etravirine	50	fenofibrate nanocrystallized	60
EULEXIN	35	fentanyl	14

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fentanyl citrate	14	flucytosine	29
fentanyl citrate (pf)	14	fludarabine	35
fesoterodine	75	fludrocortisone	76
FETZIMA	26	flunisolide	98
FEVERALL	104	fluocinolone	67
FIASP FLEXTOUCH U-100 INSULIN	53	fluocinolone acetonide oil	97
FIASP PENFILL U-100 INSULIN	53	fluocinolone and shower cap	67
FIASP U-100 INSULIN	53	fluorometholone	96
fiber (calcium polycarbophil)	104	fluorouracil	35, 67
fiber laxative (ca polycarbo)	104	fluoxetine	26
fiber laxative(methylcellulos)	104	fluphenazine decanoate	46
FIBER THERAPY (M-CELL/SUGAR)	104	fluphenazine hcl	46
fiber therapy (m-cellulose)	105	flurbiprofen	14
fiber-lax	105	flurbiprofen sodium	96
finasteride	75	fluticasone propion-salmeterol	98
fingolimod	65	fluticasone propionate	67, 98
FINTEPLA	22	fluvastatin	60
FIRDAPSE	65	fluvoxamine	26
FIRMAGON	84	FOLIKA-BC	105
FIRMAGON KIT W DILUENT SYRINGE	84	FOLOTYN	35
flecainide	60	FORTEO	91
FLEET ENEMA	105	fosamprenavir	50
FLEET GLYCERIN LAXATIVE	105	fosinopril	60
FLEET PEDIATRIC	105	fosinopril-hydrochlorothiazide	60
fluconazole	29	fosphenytoin	23
fluconazole in nacl (iso-osm)	29	FOTIVDA	35

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FRUZAQLA	35	gentle laxative (bisacodyl)	105
full spectrum b-vitamin c	105	GENVOYA	50
furosemide	60	GILOTRIF	35
FUZEON	50	glatiramer	65
FYARRO	35	glatopa	65
FYCOMPA	23	GLEOSTINE	35
G			
gabapentin	23	glimepiride	53
galantamine	25	glipizide	54
gallifrey	79	glipizide-metformin	54
GAMUNEX-C	87	glucose gel	105
GARDASIL 9 (PF)	87	glyburide	54
GAUZE BANDAGE	94	glyburide micronized	54
GAUZE PAD	94	glyburide-metformin	54
gavilax	105	glycerin (adult)	105
gavilyte-c	73	glycerin (child)	105
gavilyte-g	73	glycopyrrolate	73
gavilyte-n	73	GLYXAMBI	54
GAVRETO	35	GOMEKLI	35
GAZYVA	35	GRAFAPEX	35
gefitinib	35	granisetron hcl	28
gemcitabine	35	griseofulvin microsize	29
gemfibrozil	60	griseofulvin ultramicrosize	29
generlac	73	guaifenesin	105
gentamicin	20, 96	guanfacine	60, 65
gentamicin in nacl (iso-osm)	20	H	
		HAEGARDA	87

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hailey	79	HUMALOG U-100 INSULIN	54
hailey fe 1.5/30 (28)	79	HUMATIN	20
hailey fe 1/20 (28)	79	HUMIRA	87
hailey 24 fe	79	HUMIRA PEN	87
HALAVEN	35	HUMIRA PEN CROHNS-UC-HS START	87
haloette	79	HUMIRA PEN PSOR-UEVITS-ADOL HS	87
haloperidol	46	HUMIRA(CF)	87
haloperidol decanoate	46	HUMIRA(CF) PEDI CROHNS STARTER	87
haloperidol lactate	46	HUMIRA(CF) PEN	87
HAVRIX (PF)	87	HUMIRA(CF) PEN CROHNS-UC-HS	87
headache relief (asa-acet-caf)	105	HUMIRA(CF) PEN PEDIATRIC UC	87
healthylax	105	HUMIRA(CF) PEN PSOR-UV-ADOL HS	87
heartburn relief	105	HUMULIN N NPH INSULIN KWIKPEN	54
heartburn relief (famotidine)	105	HUMULIN N NPH U-100 INSULIN	54
heather	79	HUMULIN R REGULAR U-100 INSULN	54
heparin (porcine)	57	HUMULIN 70/30 U-100 INSULIN	54
heparin, porcine (pf)	57	HUMULIN 70/30 U-100 KWIKPEN	54
HEPLISAV-B (PF)	87	hydralazine	60
her style	105	hydrochlorothiazide	60, 61
HIBERIX (PF)	87	hydrocodone-acetaminophen	14
HUMALOG JUNIOR KWIKPEN U-100	54	hydrocodone-ibuprofen	14
HUMALOG KWIKPEN INSULIN	54	hydrocortisone	67, 68, 90
HUMALOG MIX 50-50 INSULN U-100	54	hydrocortisone-acetic acid	97
HUMALOG MIX 50-50 KWIKPEN	54	hydromorphone	14
HUMALOG MIX 75-25 KWIKPEN	54	hydroxychloroquine	44
HUMALOG MIX 75-25(U-100)INSULN	54	hydroxyurea	35

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hydroxyzine hcl	53	IMOVAX RABIES VACCINE (PF)	88
hydroxyzine pamoate	98	INBRIJA	45
HYFTOR	68	incassia	79
I			
ibandronate	91	INCONTROL ALCOHOL PADS	94
IBRANCE	35, 36	INCRELEX	77
ibu	14	indapamide	61
ibuprofen	14, 15, 105	indomethacin	15
icatibant	87	INFANRIX (DTAP) (PF)	88
iclevia	79	infant pain reliever	105
ICLUSIG	36	infant's acetaminophen	105
idarubicin	36	infants' pain and fever	105
IDHIFA	36	INLYTA	36
ifosfamide	36	INQOVI	36
ILEVRO	96	INREBIC	36
imatinib	36	INSULIN LISPRO	54
IMBRUVICA	36	INSULIN SYRINGE	94
IMDELLTRA	36	INSULIN SYRINGE MICROFINE	94
IMFINZI	36	INSULIN SYRINGE-NEEDLE U-100	94
imipenem-cilastatin	20	INSULIN U-500 SYRINGE-NEEDLE	94
imipramine hcl	26	INTELENCE	50
imipramine pamoate	27	INTRALIPID	70
imiquiremod	68	INVEGA HAFYERA	46
IMJUDO	36	INVEGA SUSTENNA	46
IMKELDI	36	INVEGA TRINZA	46, 47
IMLYGIC	36	INVOKAMET	54
		INVOKAMET XR	54

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INVOKANA	54	IXCHIQ (PF)	88
IONOSOL-B IN D5W	70	IXEMPRA	36
IONOSOL-MB IN D5W	70	IXIARO (PF)	88
IPOL	88	J	
ipratropium bromide	98	JAKAFI	36
ipratropium-albuterol	99	jantoven	57
irbesartan	61	JANUMET	54
irbesartan-hydrochlorothiazide	61	JANUMET XR	55
irinotecan	36	JANUVIA	55
ISENTRESS	50	JARDIANCE	55
ISENTRESS HD	50	jasmiel (28)	79
isibloom	79	JAYPIRCA	36
ISOLYTE-P IN 5 % DEXTROSE	70	JEMPERLI	36
ISOLYTE-S	70	jencycla	79
isoniazid	31	JENTADUETO	55
isosorbide dinitrate	61	JENTADUETO XR	55
isosorbide mononitrate	61	JEVTANA	37
isosorbide-hydralazine	61	juleber	79
isotretinoin	68	JULUCA	50
ISTODAX	36	junel fe 1.5/30 (28)	79
ITOVEBI	36	junel fe 1/20 (28)	79
itraconazole	29	junel fe 24	79
IV PREP WIPES	94	junel 1.5/30 (21)	79
ivermectin	44	junel 1/20 (21)	79
IVRA	36	JYLAMVO	88
IWILFIN	36	JYNNEOS (PF)	88

K

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KABIVEN	70	KRAZATI	37
KADCYLA	37	kurvelo (28)	79
kalliga	79	KYPROLIS	37
KALYDECO	99	L	
KANJINTI	37	l norgest/e.estradiol-e.estrad	79
kariva (28)	79	labetalol	61
kelnor 1/35 (28)	79	lacosamide	23
kelnor 1/50 (28)	79	lactated ringers	70, 94
KERENDIA	61	lactulose	73
KESIMPTA PEN	65	lamivudine	50
ketoconazole	29	lamivudine-zidovudine	50
ketorolac	15, 96	lamotrigine	23
KEYTRUDA	37	LAMPIT	44
KIMMTRAK	37	lanreotide	84
KINRIX (PF)	88	lansoprazole	73
kionex (with sorbitol)	70	LANTUS SOLOSTAR U-100 INSULIN	55
KISQALI	37	LANTUS U-100 INSULIN	55
KISQALI FEMARA CO-PACK	37	lapatinib	37
klayesta	29	larin fe 1.5/30 (28)	80
klor-con m10	70	larin fe 1/20 (28)	80
KLOR-CON M15	70	larin 1.5/30 (21)	79
klor-con m20	70	larin 1/20 (21)	79
KLOR-CON 10	70	larin 24 fe	80
KLOR-CON 8	70	latanoprost	96
KLOXXADO	16	laxative (bisacodyl)	105
KOSELUGO	37	laxative (sennosides)	105

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LAZCLUZE	37	levothyroxine	83
leena 28	80	LEVOXYL	83
leflunomide	88	LEXIVA	50
lenalidomide	37	LIBERVANT	23
LENVIMA	37	LIBTAYO	38
lessina	80	lidocaine	16
letrozole	37	lidocaine hcl	16
leucovorin calcium	37	lidocaine viscous	16
LEUKERAN	37	lidocaine-prilocaine	16
leuprolide	84	lincomycin	20
leuprolide (3 month)	84	lindane	68
levetiracetam	23	linezolid	20
levetiracetam in nacl (iso-os)	23	linezolid in dextrose 5%	20
LEVO-T	83	linezolid-0.9% sodium chloride	20
levobunolol	96	LINZESS	73
levocarnitine	70	liothyronine	83
levocarnitine (with sugar)	70	lisinopril	61
levocetirizine	99	lisinopril-hydrochlorothiazide	61
levofloxacin	20	lithium carbonate	53
levofloxacin in d5w	20	lithium citrate	53
levoleucovorin calcium	37, 38	LIVTENCITY	50
levonest (28)	80	lo-zumandimine (28)	80
levonorg-eth estrad triphasic	80	LOCOID LIPOCREAM	68
levonorgestrel	105	LOESTRIN FE 1.5/30 (28-DAY)	80
levonorgestrel-ethinyl estrad	80	LOESTRIN FE 1/20 (28-DAY)	80
levora-28	80	LOESTRIN 1.5/30 (21)	80

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LOESTRIN 1/20 (21)	80	LUPRON DEPOT-PED (3 MONTH)	84
lojaimiess	80	lurasidone	47
LOKELMA	70	lutera (28)	80
LONSURF	38	LYBALVI	47
loperamide	73, 105	lyleq	80
lopinavir-ritonavir	50	lyllana	80
LOQTORZI	38	LYNPARZA	38
loratadine	105	LYSODREN	38
lorazepam	53	LYTGOBI	38
lorazepam intensol	53	LYUMJEV KWIKPEN U-100 INSULIN	55
LORBRENA	38	LYUMJEV KWIKPEN U-200 INSULIN	55
loryna (28)	80	LYUMJEV U-100 INSULIN	55
losartan	61	lyza	80
losartan-hydrochlorothiazide	61		
lovastatin	61		
low-ogestrel (28)	80		
loxapine succinate	47		
lubiprostone	73		
LUMAKRAS	38		
LUMIGAN	96		
LUNSUMIO	38		
LUPRON DEPOT	84		
LUPRON DEPOT (3 MONTH)	84		
LUPRON DEPOT (4 MONTH)	84		
LUPRON DEPOT (6 MONTH)	84		
LUPRON DEPOT-PED	84		

M

m-dryl	105
M-M-R II (PF)	88
m-natal plus	70
m-pap	105
mag-al plus	105
mag-al plus extra strength	105
magnesium hydroxide	106
magnesium oxide	106
magnesium sulfate	70
magnesium sulfate in d5w	70
malathion	68
maraviroc	50

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MARGENZA	38	methazolamide	96
marlissa (28)	80	methenamine hippurate	20
MARPLAN	27	methimazole	85
MATULANE	38	methocarbamol	100
meclizine	28, 106	methotrexate sodium	88
medroxyprogesterone	80	methotrexate sodium (pf)	88
mefloquine	44	methsuximide	23
megestrol	80	methyldopa	61
MEKINIST	38	methyldopa-hydrochlorothiazide	61
MEKTOVI	38	methylphenidate hcl	65
meloxicam	15	methylprednisolone	76
melphalan	38	methylprednisolone acetate	76
melphalan hcl	38	methylprednisolone sodium succ	76
memantine	25	metoclopramide hcl	28
MENACTRA (PF)	88	metolazone	61
MENEST	80	metoprolol succinate	61
MENQUADFI (PF)	88	metoprolol ta-hydrochlorothiaz	61
MENVEO A-C-Y-W-135-DIP (PF)	88	metoprolol tartrate	61
mercaptopurine	38	metronidazole	20
meropenem	20	metronidazole in nacl (iso-os)	20
meropenem-0.9% sodium chloride	20	metyrosine	61
mesalamine	90	MICAFUNGIN IN 0.9 % SODIUM CHL	29
mesna	38	miconazole nitrate	106
MESNEX	38	miconazole-3	29, 106
metformin	55	miconazole-7	106
methadone	15	microgestin fe 1.5/30 (28)	81

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microgestin fe 1/20 (28)	81	montelukast	99
microgestin 1.5/30 (21)	80	morphine	15
microgestin 1/20 (21)	80	morphine concentrate	15
microgestin 24 fe	81	motion sickness	106
midodrine	61	motion sickness (meclizine)	106
mifepristone	94	motion sickness relief	106
migraine formula	106	motion sickness relief(mecliz)	106
migraine relief	106	motion-time	106
mili	81	MOUNJARO	55
milk of magnesia	106	MOVANTIK	73
milk of magnesia concentrated	106	moxifloxacin	20, 96
minocycline	20	moxifloxacin-sod.chloride(iso)	21
minoxidil	61	MRESVIA (PF)	88
mintox maximum strength	106	mucinex fast-max chest-congest	106
mintox plus	106	MULTAQ	61
MIRENA	94	mupirocin	68
mirtazapine	27	MUTAMYCIN	38
misoprostol	73	MVASI	38
mitomycin	38	my choice	106
mitoxantrone	38	my way	106
modafinil	100	mycophenolate mofetil	88
moexipril	61	mycophenolate mofetil (hcl)	88
molindone	47	mycophenolate sodium	88
mometasone	68	MYLOTARG	38
mondoxyne nl	20	MYRBETRIQ	75
mono-linyah	81		

N

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nabumetone	15	neomycin-bacitracin-poly-hc	96
nafcilin	21	neomycin-bacitracin-polymyxin	96
nafcilin in dextrose iso-osm	21	neomycin-polymyxin b-dexameth	96
naloxone	16, 106	neomycin-polymyxin-gramicidin	96
naltrexone	16	neomycin-polymyxin-hc	96, 97
NAMZARIC	25	NEONATAL COMPLETE	70
NANO PEN NEEDLE	94	NEONATAL PLUS VITAMIN	70
NANO 2ND GEN PEN NEEDLE	94	NEONATAL-DHA	71
naproxen	15	nephro vitamins	106
naproxen sodium	15, 106	NEPHRO-VITE	107
naratriptan	30	NEPHRONEX	107
NARCAN	106	NERLYNX.....	38
nasal decongestant (pseudoeph)	106	nevirapine	50
nasal moisturizing	106	new day	107
nasal spray (sodium chloride)	106	NEXPLANON	81
NATACYN	96	niacin	62
nateglinide	55	niacor	62
NATPARA	91	nicotine	107
nausea relief	106	nicotine (polacrilex)	107
NAYZILAM	23	NICOTROL NS	16
nebivolol	62	nifedipine	62
necon 0.5/35 (28)	81	nikki (28).....	81
nefazodone	27	nilutamide	38
nelarabine	38	nimodipine	62
neo-vital rx	70	NINLARO	39
neomycin	21	nitazoxanide	44

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nitisinone	74	NOVOLIN 70-30 FLEXPEN U-100	55
nitrofurantoin macrocrystal	21	NOVOLIN 70/30 U-100 INSULIN	55
nitrofurantoin monohyd/m-cryst	21	NOVOLOG FLEXPEN U-100 INSULIN	55
nitroglycerin	62, 94	NOVOLOG MIX 70-30 U-100 INSULN	55
NITROSTAT	62	NOVOLOG MIX 70-30FLEXPEN U-100	55
NIVESTYM	57	NOVOLOG PENFILL U-100 INSULIN	56
nizatidine	73	NOVOLOG U-100 INSULIN ASPART	56
NORA-BE	81	NOVOPEN ECHO	94
norelgestromin-ethin.estradiol	81	NUBEQA	39
noreth-ethinyl estradiol-iron	81	NUCALA	99
norethindrone (contraceptive)	81	NUEDEXTA	65
norethindrone ac-eth estradiol	81	NUPLAZID	47
norethindrone acetate	81	NUTRILIPID	71
norethindrone-e.estradiol-iron	81	NUTRISOURCE FIBER	107
norgestimate-ethinyl estradiol	81	nyamyc	29
NORMOSOL-M IN 5 % DEXTROSE	71	nylia 1/35 (28)	81
nortrel 0.5/35 (28)	81	nylia 7/7/7 (28)	81
nortrel 1/35 (21)	81	nymyo	81
nortrel 1/35 (28)	81	nystatin	29
nortrel 7/7/7 (28)	81	nystatin-triamcinolone	29
nortriptyline	27	nystop	30
NORVIR	50		
NOVOLIN N FLEXPEN	55	0	
NOVOLIN N NPH U-100 INSULIN	55	ocella	81
NOVOLIN R FLEXPEN	55	octreotide acetate	84, 85
NOVOLIN R REGULAR U100 INSULIN	55	octreotide,microspheres	85
		ODEFSEY	50

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ODOMZO	39	OPVEE	16
OFEV	99	ORACIT	101
ofloxacin	21, 96, 97	ORGOVYX	39
OGSIVEO	39	ORSERDU	39
OJEMDA	39	oseltamivir	50, 51
OJJAARA	39	OSPHENA	81
olanzapine	47	oxaliplatin	39
olmesartan	62	oxandrolone	81
olmesartan-hydrochlorothiazide	62	oxcarbazepine	23
olopatadine	96	oxybutynin chloride	75
omega-3 acid ethyl esters	62	oxycodone	15
omeprazole	73	oxycodone-acetaminophen	15
OMNITROPE	77	OZEMPIC	56
ONCASPAR	39		
ondansetron	28	P	
ondansetron hcl	28	PACERONE	62
ondansetron hcl (pf)	28	paclitaxel	39
ONIVYDE	39	paclitaxel protein-bound	39
ONUREG	39	PADCEV	39
OPDIVO	39	pain relief (acetaminophen)	107
OPDIVO QVANTIG	39	pain relief es (acetaminophen)	107
OPDUALAG	39	pain reliever (acetaminophen)	107
OPIPZA	47	pain reliever es(acetaminophn)	107
OPSUMIT	99	pain reliever plus	107
OPSYNVI	99	paliperidone	47
option-2	107	pamidronate	91
		PANRETIN	39

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pantoprazole	73, 74	PENTACEL (PF)	88
pantoprazole in 0.9% sod chlor	74	pentamidine	44
paraplatin	39	pentoxifylline	62
paricalcitol	91	PERIKABIVEN	71
paromomycin	21	perindopril erbumine	62
paroxetine hcl	27	periogard	66
PAXLOVID	51	PERJETA	40
pazopanib	39	permethrin	68
PEDIA-LAX	107	perphenazine	47
pedia-lax stool softener	107	perphenazine-amitriptyline	27
PEDIARIX (PF)	88	pfizerpen-g	21
PEDVAX HIB (PF)	88	phenelzine	27
peg 3350-electrolytes	74	phenobarbital	23
peg-electrolyte soln	74	PHENYTEK	23
PEGASYS	88	phenytoin	24
PEMAZYRE	39	phenytoin sodium	24
pemetrexed	39	phenytoin sodium extended	24
pemetrexed disodium	40	phytonadione (vitamin k1)	101
PEMRYDI RTU	40	PIFELTRO	51
PEN NEEDLE, DIABETIC	94	pilocarpine hcl	66, 96
PENBRAYA (PF)	88	pimecrolimus	68
penicillamine	71	pimozide	47
penicillin g potassium	21	pimtrea (28)	81
penicillin g procaine	21	pinaway	107
penicillin g sodium	21	pink bismuth	107
penicillin v potassium	21	pinworm treatment	107

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pioglitazone	56	potassium chloride-0.45 % nacl	71
piperacillin-tazobactam	21	potassium citrate	71
PIQRAY	40	POTELIGEO	40
pirfenidone	99	pr natal 400	71
piroxicam	15	pr natal 400 ec	71
PLASMA-LYTE A	71	pr natal 430	71
PLASMA-LYTE 148	71	pr natal 430 ec	72
podofilox	68	pralatrexate	40
POLIVY	40	pramipexole	45
polycin	96	prasugrel hcl	57
polyethylene glycol 3350	107	pravastatin	62
polymyxin b sulf-trimethoprim	96	praziquantel	44
polymyxin b sulfate	21	prazosin	62
POMALYST	40	prednisolone	76
portia 28	81	prednisolone acetate	96
PORTRAZZA	40	prednisolone sodium phosphate	76, 96
posaconazole	30	prednisone	76
potassium chlorid-d5-0.45%nacl	71	prednisone intensol	76
potassium chloride	71	pregabalin	65
potassium chloride in lr-d5	71	PREHEVBRIO (PF)	88
potassium chloride in water	71	PREMARIN	81, 82
potassium chloride in 0.9%nacl	71	PREMASOL 10 %	72
potassium chloride in 5 % dex	71	PRENATA	72
potassium chloride-d5-0.2%nacl	71	PRENATABS FA	72
potassium chloride-d5-0.3%nacl	71	prenatal plus (calcium carb)	72
potassium chloride-d5-0.9%nacl	71	prenatal plus vitamin-mineral	72

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PRENATE ELITE	72	promethazine-codeine	101
prevalite	62	propafenone	62
PREVYMIS	51	propracetamol	96
PREZCOBIX	51	propranolol	62, 63
PREZISTA	51	propranolol-hydrochlorothiazid	63
PRIFTIN	31	propylthiouracil	85
primaquine	44	PROQUAD (PF)	89
primidone	24	protriptyline	27
PRIMSOL	21	pseudoephedrine hcl	107
PRIORIX (PF)	88	PULMOZYME	99
PRO COMFORT ALCOHOL PADS	94	PURE COMFORT ALCOHOL PADS	94
probenecid	30	PURIXAN	40
probenecid-colchicine	30	pyrazinamide	31
procainamide	62	pyridostigmine bromide	31
prochlorperazine	28	pyridoxine (vitamin b6)	101
prochlorperazine edisylate	28	pyrimethamine	44
prochlorperazine maleate	28		
procto-med hc	68	Q	
proctosol hc	68	QINLOCK	40
proctozone-hc	68	QUADRACEL (PF)	89
progesterone	82	quetiapine	47
progesterone micronized	82	quinapril	63
PROGRAF	88	quinapril-hydrochlorothiazide	63
PROLIA	91	quinidine sulfate	63
PROMACTA	57	quinine sulfate	44
promethazine	28	QULIPTA	30
		R	
		RABAVERT (PF)	89

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RADICAVA ORS	66	REZLIDHIA	40
RADICAVA ORS STARTER KIT SUSP	66	RHOPRESSA	96
RALDESY	27	RIABNI	40
raloxifene	82	ribavirin	51
ramipril	63	rifabutin	31
ranolazine	63	rifampin	31
rasagiline	45	riluzole	66
ready-to-use enema	107	rimantadine	51
reclipsen (28)	82	ringer's	72, 94
RECOMBIVAX HB (PF)	89	RINVOQ	89
reese's pinworm medicine	107	RINVOQ LQ	89
RELENZA DISKHALER	51	risedronate	91
rena-vite	107	RISPERDAL CONSTA	47
rena-vite rx	107	risperidone	47, 48
renal vitamin	107	ritonavir	51
reno caps	107	rivaroxaban	57
repaglinide	56	rivastigmine tartrate	25, 26
REPATHA PUSHTRONEX	63	rizatriptan	30, 31
REPATHA SURECLICK	63	ROCKLATAN	96
REPATHA SYRINGE	63	roflumilast	99
RETACRIT	57	romidepsin	40
RETEVMO	40	ROMVIMZA	40
RETROVIR	51	ropinirole	45
REVUFORJ	40	rosuvastatin	63
REXULTI	47	ROTARIX	89
REYATAZ	51	ROTATEQ VACCINE	89

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roweepra	24	se-natal 19 chewable	72
roweepra xr	24	SECUADO	48
ROZLYTREK	40	selegiline hcl	45
RUBRACA	40	SELZENTRY	51
rufinamide	24	senexon-s	108
RUKOBIA	51	senna	108
RUXIENCE	40	senna lax	108
RYBELSUS	56	senna laxative	108
RYBREVANT	40	senna leaf extract	108
RYDAPT	40	senna plus	108
RYLAZE	40	senna-s	108
RYTELO	40	senna-time s	108
S			
sajazir	89	sennosides	108
saline mist	107	sennosides-docusate sodium	108
saline nasal	107	SENOKOT	108
saline nasal mist	107	SENOKOT EXTRA STRENGTH	108
saline nose	107	SENOKOT KIDS	108
SANDIMMUNE	89	SENOKOT-S	108
SANDOSTATIN LAR DEPOT	85	sertraline	27
SANTYL	68	setlakin	82
sapropterin	74	sharobel	82
SARCLISA	41	SHINGRIX (PF)	89
saxagliptin	56	SIGNIFOR	85
SCEMBLIX	41	sildenafil (pulm.hypertension)	99
scopolamine base	28	silodosin	75
		silver sulfadiazine	68

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SIMBRINZA	96	sorafenib	41
simliya (28)	82	SORBITOL	108
simvastatin	63	sorine	63
sirolimus	89	sotalol	63
SIRTURO	31	sotalol af	63
SKYRIZI	89	SPIRIVA RESPIMAT	99
SMOFLIPID	72	SPIRIVA WITH HANDIHALER	99
smooth antacid	108	spironolacton-hydrochlorothiaz	63
sodium bicarbonate	72, 108	spironolactone	63
SODIUM BICARBONATE (BULK)	101, 108	sprintec (28)	82
sodium chloride	72, 94	SPRITAM	24
sodium chloride 0.45 %	72	SPRYCEL	41
sodium chloride 0.9 %	72	SPS (WITH SORBITOL)	72
sodium chloride 3 % hypertonic	72	sronyx	82
sodium chloride 5 % hypertonic	72	SSD	68
sodium citrate-citric acid	108	stavudine	51
sodium oxybate	100	STELARA	89
sodium phenylbutyrate	74	stimulant laxative plus	108
sodium polystyrene sulfonate	72	STIOLTO RESPIMAT	99
sodium,potassium,mag sulfates	74	STIVARGA	41
solifenacin	75	stomach relief	108
SOLQUA 100/33	56	stool softener	108
SOLTAMOX	41	stool softener (docusate cal)	108
SOLU-MEDROL	76	stool softener-laxative	108
SOLU-MEDROL (PF)	76	stool softener-stimulant laxat	108
SOMAVERT	85	STRENSIQ	74

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streptomycin	21	SYMPAZAN	24
STRIBILD	51	SYMTUZA	51
STRIVERDI RESPIMAT	99	SYNJARDY	56
subvenite	24	SYNJARDY XR	56
subvenite starter (blue) kit	24	SYNRIBO	41
subvenite starter (green) kit	24	SYNTHROID	84
subvenite starter (orange) kit	24		
sucralfate	74	T	
sudogest	108	TABLOID	41
SUFLAVE	74	TABRECTA	41
sulfacetamide sodium	21, 96	tacrolimus	68, 89
sulfacetamide-prednisolone	97	tadalafil	75
sulfadiazine	21	tadalafil (pulm. hypertension)	99
sulfamethoxazole-trimethoprim	21	TAFINLAR	41
sulfasalazine	90, 91	TAGRISSO	41
sulindac	15	TALICIA	74
sumatriptan	31	TALVEY	41
sumatriptan succinate	31	TALZENNA	41
sunitinib malate	41	tamoxifen	41
SUNLENCA	51	tamsulosin	75
suphedrin	108	tarina fe 1-20 eq (28)	82
SURE COMFORT ALCOHOL PREP PADS	94	tarina fe 1/20 (28)	82
SURE-PREP ALCOHOL PREP PADS	94	tarina 24 fe	82
SUTAB	74	TASIGNA	41
syeda	82	tasimelteon	100
SYMBICORT	99	tazarotene	68
		taztia xt	63

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TAZVERIK	41	thiotepa	41
TDVAX	89	thiothixene	48
TECENTRIQ	41	tiadylt er	63
TECENTRIQ HYBREZA	41	tiagabine	24
TECVAYLI	41	TIBSOVO	42
TEFLARO	21	TICOVAC	89
telmisartan	63	tigecycline	21
telmisartan-amlodipine	63	tilia fe	82
temazepam	100	timolol maleate	63, 97
temsirolimus	41	tinidazole	21
TENIVAC (PF)	89	tioconazole	109
tenofovir disoproxil fumarate	51	tioconazole-1	109
TEPMETKO	41	TIROSINT-SOL	84
terazosin	63	TIVDAK	42
terbinafine hcl	30	TIVICAY	51
terconazole	30	TIVICAY PD	51
teriflunomide	66	tizanidine	48
testosterone	82	tobramycin	97
testosterone cypionate	82	tobramycin in 0.225 % nacl	21
testosterone enanthate	82	tobramycin sulfate	21
tetrabenazine	66	tobramycin-dexamethasone	97
TEVIMBRA	41	tolterodine	75
THALOMID	41	topiramate	24
theophylline	99	topotecan	42
thiamine hcl (vitamin b1)	101	toremifene	42
thioridazine	48	torpenz	42

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toremide	63	tri-linyah	82
TOUJEO MAX U-300 SOLOSTAR	56	tri-lo-estarylla	82
TOUJEO SOLOSTAR U-300 INSULIN	56	tri-lo-marzia	82
TPN ELECTROLYTES	72	tri-lo-mili	82
TRADJENTA	56	tri-lo-sprintec	82
tramadol	16	tri-mili	82
trandolapril	63	tri-nymyo	82
tranexamic acid	57	tri-sprintec (28)	82
tranylcyromine	27	tri-vylibra	82
TRAVASOL 10 %	72	tri-vylibra lo	82
travoprost	97	triamcinolone acetonide	66, 76
TRAZIMERA	42	triamterene-hydrochlorothiazid	63, 64
trazodone	27	triderm	76
TRECTOR	31	trientine	72
TRELEGY ELLIPTA	99	trifluoperazine	48
TRELSTAR	85	trifluridine	97
TREMFYA	89	trihexyphenidyl	45
TREMFYA PEN	90	TRIJARDY XR	56
TRESIBA FLEXTOUCH U-100	56	TRIKAFTA	99
TRESIBA FLEXTOUCH U-200	56	trimethoprim	21
TRESIBA U-100 INSULIN	56	trimipramine	27
tretinoin	68	trinatal rx 1	72
tretinoin (antineoplastic)	42	TRINTELLIX	27
tri-buffered aspirin	109	TRISENOX	42
tri-estarylla	82	TRIUMEQ	51
tri-legest fe	82	TRIUMEQ PD	51

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trivora (28)	82	UBRELVY	31
TRIZIVIR	51	UDENYCA	57
TRODELVY	42	UDENYCA AUTOINJECTOR	57
TROGARZO	52	UDENYCA ONBODY	58
TROPHAMINE 10 %	72	ULTILET ALCOHOL SWAB	94
tropium	75	ULTRA-FINE INS SYR (HALF UNIT)	94
TRUE COMFORT ALCOHOL PADS	94	ULTRA-FINE INSULIN SYRINGE	95
TRUE COMFORT PRO ALCOHOL PADS	94	ULTRA-FINE PEN NEEDLE	95
trueplus glucose	109	UNITHROID	84
TRULICITY	56	UNITUXIN	42
TRUMENBA	90	ursodiol	74
TRUQAP	42		
TUKYSA	42	V	
tulana	82	valacyclovir	52
TURALIO	42	VALCHLOR	42
turqoz (28)	83	valganciclovir	52
tusnel diabetic	109	valproate sodium	24
tusnel-ex	109	valproic acid	24
tussin dm	109	valproic acid (as sodium salt)	24
tussin dm clear	109	valsartan	64
tussin mucus-chest congestion	109	valsartan-hydrochlorothiazide	64
TWINRIX (PF)	90	VALTOCO	24
TYBOST	52	valtya	83
TYMLOS	91	vancomycin	21, 22
TYPHIM VI	90	VANFLYTA	42
		VAQTA (PF)	90
U		varenicline tartrate	16, 17

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VARIVAX (PF)	90	vinorelbine	42
VASCEPA	64	viorele (28)	83
VAXCHORA VACCINE	90	VIRACEPT	52
VECTIBIX	42	VIREAD	52
velivet triphasic regimen (28)	83	virt-nate dha	72
VEMLIDY	52	vitamin d2	101
VENCLEXTA	42	vitamin k1	101
VENCLEXTA STARTING PACK	42	VITRAKVI	42
venlafaxine	27	VIVITROL	17
VENTOLIN HFA	100	VIVOTIF	90
verapamil	64	VIZIMPRO	42
VERQUVO	64	VOCABRIA	52
VERSACLOZ	48	volnea (28)	83
VERZENIO	42	VONJO	42
vestura (28)	83	VORANIGO	43
vienva	83	voriconazole	30
vigabatrin	24	VOSEVI	52
vigadrone	24, 25	VOWST	74
VIGAFYDE	25	VRAYLAR	48
vigpoder	25	VUMERITY	66
VIIBRYD	27	vylibra	83
vilazodone	27	VYLOY	43
VIMKUNYA	90	VYNDAMAX	75
vinblastine	42	VYVGART	31
vincasar pfs	42	VYVGART HYTRULO	31
vincristine	42	VYXEOS	43

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W		XTANDI	43
warfarin	58	xulane	83
water for irrigation, sterile	95	Y	
WEBCOL	95	YERVOY	43
WELIREG	75	YF-VAX (PF)	90
wera (28)	83	YONDELIS	43
wesnata dha complete	72	Z	
wesnate dha	72	zafemy	83
westab plus	72	zafirlukast	100
wixela inhub	100	zaleplon	100
women's gentle laxative(bisac)	109	ZALTRAP	43
wymzya fe	83	ZANOSAR	43
X		zarah	83
XALKORI	43	ZARXIO	58
xarah fe	83	ZEGALOGUE AUTOINJECTOR	56
XARELTO	58	ZEGALOGUE SYRINGE	56
XARELTO DVT-PE TREAT 30D START	58	ZEJULA	43
XATMEP	90	ZELBORAF	43
XCOPRI	25	ZEMAIRA	75
XCOPRI MAINTENANCE PACK	25	zenatane	68
XCOPRI TITRATION PACK	25	ZEPZELCA	43
XDEMZY	95	ZEVALIN (Y-90)	95
XGEVA	91	zidovudine	52
XIFAXAN	74	ZIIHERA	43
XOLAIR	90	ziprasidone hcl	48
XOSPATA	43	ziprasidone mesylate	48
XPOVIO	43	ZIRABEV	43

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ZIRGAN	52
zoledronic ac-mannitol-0.9nacl	91
zoledronic acid	91
zoledronic acid-mannitol-water	91, 92
ZOLINZA	43
zolpidem	100
ZONISADE	25
zonisamide	25
zovia 1-35 (28)	83
ZTALMY	25
ZUBSOLV	17
zumandimine (28)	83
ZURZUVAE	27
ZYDELIG	43
ZYKADIA	43
ZYNLONTA	43
ZYNYZ	44
ZYPITAMAG	64
ZYPREXA RELPREVV	48
3-day vaginal	101

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THIS FORMULARY WAS UPDATED ON 04/01/2025.

List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, heart-related conditions. That is where you will find drugs that treat heart conditions.

Pain.....	14	Heart-related conditions.....	58
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Addiction and substance abuse.....	16	Dental and oral conditions.....	66
Bacterial infections.....	17	Skin conditions.....	66
Seizures.....	22	Vitamin deficiencies.....	68
Dementia.....	25	Gastrointestinal conditions.....	73
Depression.....	26	Genetic disorders.....	74
Nausea and vomiting.....	28	Bladder and prostate conditions.....	75
Fungal infections.....	28	Inflammation.....	76
Gout.....	30	Pituitary hormone replacement.....	77
Migraines.....	30	Sex hormone imbalances.....	77
Myasthenia gravis.....	31	Thyroid hormone replacement.....	83
Tuberculosis.....	31	84
Cancer.....	32	Overactive thyroid conditions.....	85
Parasitic infections.....	44	Immune system conditions and vaccines.....	85
Parkinson's disease.....	44	Crohn's disease and ulcerative colitis.....	90
Mood and psychological conditions.....	45	Bone conditions.....	91
Muscle spasms.....	48	Miscellaneous.....	92
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If you need help filing a grievance, call **1-800-787-3311** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the:
U.S. Department of Health and Human Services, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. **1-800-787-3311 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Humana Gold Plus Integrated (Medicare-Medicaid plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to members.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-787-3311 (TTY: 711)**. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-787-3311 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

簡體中文 (Simplified): 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-787-3311 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

廣東話 (Cantonese): 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-787-3311 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog (Tagalog – Filipino): Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-787-3311 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Français (French): Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-787-3311 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Tiếng Việt (Vietnamese): Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-787-3311 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

Deutsch (German): Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-787-3311 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

한국어 (Korean): 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-787-3311 (TTY: 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Русский (Russian): Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-787-3311 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

العربية Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-787-3311 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

हिंदी (Hindi): हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-787-3311 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italiano (Italian): È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-787-3311 (TTY: 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português (Portuguese): Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-787-3311 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

Kreyòl Ayisyen (French Creole): Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-787-3311 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polski (Polish): Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-787-3311 (TTY: 711)**. Ta usługa jest bezpłatna.

日本語 (Japanese): 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-787-3311 (TTY: 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 04/01/2025. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, CONTACT US AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME. THIS CALL IS FREE.

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