

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 03/01/2025. 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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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).



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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).



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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 109.

To search **by medical condition**, find the section labeled "Drugs Grouped by medical condition" on page 148. 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).



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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,

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).



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 03/01/2025.

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)	
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)
varenicline tartrate 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	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
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)	
aztreonam 1 gram, 2 gram RECON SOLUTION ^{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>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 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)	
<i>cephalexin 250 mg CAPSULE</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
cephalexin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
chloramphenicol sod succinate 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clarithromycin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
clarithromycin 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
clarithromycin 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
clindamycin hcl 150 mg, 300 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clindamycin palmitate hcl 75 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin phosphate 150 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin phosphate 2 % CREAM ^{MO}	\$0 (Tier 1)	
colistin (colistimethate na) 150 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
daptomycin 350 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
daptomycin 500 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 2)	
dicloxacillin 250 mg, 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
DIFICID 200 MG TABLET ^{DL}	\$0 (Tier 2)	
doxy-100 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 20 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
ertapenem 1 gram RECON SOLUTION ^{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
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)	
mondoxyne nl 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
moxifloxacin 400 mg TABLET ^{MO}	\$0 (Tier 1)	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK ^{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
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)	
vancomycin 125 mg CAPSULE ^{MO}	\$0 (Tier 1)	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
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)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION ^{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
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)
<i>gabapentin 100 mg, 300 mg, 400 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (2250 per 30 days)
<i>gabapentin 600 mg, 800 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>lacosamide 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (1395 per 30 days)
<i>lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>lacosamide 200 mg/20 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>lamotrigine 100 mg, 150 mg, 200 mg, 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
<i>lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK^{MO}</i>	\$0 (Tier 1)	
<i>lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE^{MO}</i>	\$0 (Tier 1)	
<i>levetiracetam 1,000 mg, 250 mg, 750 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>levetiracetam 250 mg TABLET FOR SUSPENSION^{MO}</i>	\$0 (Tier 2)	ST,QL (360 per 30 days)
<i>levetiracetam 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>levetiracetam 500 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>levetiracetam 500 mg/5 ml (5 ml) SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>levetiracetam 750 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK^{MO}</i>	\$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)
<i>methsuximide 300 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 2)	QL (10 per 30 days)
<i>oxcarbazepine 150 mg, 300 mg, 600 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>oxcarbazepine 300 mg/5 ml (60 mg/ml) SUSPENSION^{MO}</i>	\$0 (Tier 1)	
<i>phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>phenobarbital 15 mg, 60 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>phenobarbital 20 mg/5 ml (4 mg/ml) ELIXIR^{MO}</i>	\$0 (Tier 1)	QL (1500 per 30 days)
<i>phenobarbital 30 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG CAPSULE ^{MO}	\$0 (Tier 2)	
<i>phenytoin 100 mg/4 ml, 125 mg/5 ml SUSPENSION^{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
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)
vigadrone 500 mg TABLET ^{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
VIGAFYDE 100 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (600 per 25 days)
<i>vigpoder 500 mg POWDER IN PACKET</i> ^{DL}	\$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</i> ^{MO}	\$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</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>donepezil 10 mg, 5 mg TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil 23 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine 12 mg, 4 mg, 8 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine 4 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (200 per 30 days)
<i>memantine 10 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA,QL (60 per 30 days)
<i>memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR.</i> ^{MO}	\$0 (Tier 1)	PA,QL (30 per 30 days)
<i>memantine 2 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	PA,QL (360 per 30 days)
<i>memantine 5-10 mg TABLET, DOSE PACK</i> ^{MO}	\$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</i> ^{MO}	\$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)	
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)
VIIIBRYD 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>caspofungin 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^{DL}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>abiraterone 500 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(60 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^{MO}</i>	\$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^{DL}</i>	\$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^{DL}</i>	\$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^{DL}</i>	\$0 (Tier 2)	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bexarotene 1 % GEL^{DL}</i>	\$0 (Tier 1)	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET^{MO}</i>	\$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^{MO}</i>	\$0 (Tier 1)	BvsD
BORTEZOMIB 1 MG, 2.5 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
<i>bortezomib 3.5 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> ^{DL}	\$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</i> ^{MO}	\$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</i> ^{MO}	\$0 (Tier 1)	
<i>carmustine 100 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cisplatin 1 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>cladribine 10 mg/10 ml SOLUTION</i> ^{DL}	\$0 (Tier 1)	BvsD
<i>clofarabine 1 mg/ml SOLUTION</i> ^{DL}	\$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</i> ^{MO}	\$0 (Tier 1)	BvsD
CYCLOPHOSPHAMIDE 100 MG/ML, 200 MG/ML SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 200 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 25 mg, 50 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide 25 mg, 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	BvsD
CYRAMZA 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>cytarabine 20 mg/ml 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
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 03/01/2025.

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
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)
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)

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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)
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)
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

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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)	
<i>levoleucovorin calcium 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	PA
<i>levoleucovorin calcium 50 mg RECON SOLUTION^{MO}</i>	\$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)

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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^{MO}</i>	\$0 (Tier 1)	BvsD
<i>melphalan hcl 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>mercaptopurine 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>mesna 400 mg TABLET^{DL}</i>	\$0 (Tier 1)	
MESNEX 400 MG TABLET ^{DL}	\$0 (Tier 2)	
<i>mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>mitoxantrone 2 mg/ml CONCENTRATE^{MO}</i>	\$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^{DL}</i>	\$0 (Tier 1)	
NERLYNX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
<i>nilutamide 150 mg TABLET^{DL}</i>	\$0 (Tier 1)	QL(60 per 30 days)
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)

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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)
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
pemetrexed disodium 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)

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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 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION^{DL}</i>	\$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 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 10 mg/2 ml RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
ROMIDEPSIN 5 MG/ML SOLUTION ^{DL}	\$0 (Tier 1)	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
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)

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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</i> ^{DL}	\$0 (Tier 1)	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
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)
TAGRISSO 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</i> ^{MO}	\$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</i> ^{DL}	\$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</i> ^{DL}	\$0 (Tier 1)	
<i>thiotepa 15 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
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)
<i>topotecan 4 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>topotecan 4 mg/4 ml (1 mg/ml) SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>toremifene 60 mg TABLET</i> ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
<i>torpenz 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET</i> ^{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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tretinoin (antineoplastic) 10 mg CAPSULE</i> ^{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)
<i>vinblastine 1 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>vincristine 1 mg/ml, 2 mg/2 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION</i> ^{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)
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)

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

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

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

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
risperidone 0.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION ^{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)
thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg TABLET ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ziprasidone mesylate 20 mg/ml (final conc.) RECON SOLUTION ^{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
baclofen 10 mg TABLET ^{MO}	\$0 (Tier 1)	
baclofen 20 mg TABLET ^{MO}	\$0 (Tier 1)	
baclofen 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
dantrolene 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tizanidine 2 mg, 4 mg TABLET ^{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
abacavir 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (960 per 30 days)
abacavir 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
acyclovir 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
acyclovir 400 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	
acyclovir 5 % OINTMENT ^{MO}	\$0 (Tier 1)	PA, QL (30 per 30 days)
acyclovir sodium 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
adefovir 10 mg TABLET ^{MO}	\$0 (Tier 1)	
APTIVUS 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
atazanavir 300 mg CAPSULE ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
darunavir 600 mg TABLET ^{DL}	\$0 (Tier 1)	QL(60 per 30 days)
darunavir 800 mg TABLET ^{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)
didanosine 250 mg, 400 mg CAPSULE, DR/EC ^{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)
efavirenz 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
efavirenz 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(480 per 30 days)
efavirenz 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg, 600-300-300 mg TABLET ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL(680 per 28 days)
entecavir 0.5 mg, 1 mg TABLET ^{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)	
etravirine 100 mg TABLET ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
etravirine 200 mg TABLET ^{DL}	\$0 (Tier 1)	QL(60 per 30 days)
EVOTAZ 300-150 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
fosamprenavir 700 mg TABLET ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
FUZEON 90 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
INTELENCE 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL(120 per 30 days)
ISENTRESS 100 MG CHEWABLE TABLET ^{DL}	\$0 (Tier 2)	QL(180 per 30 days)
ISENTRESS 100 MG POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL(300 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
ISENTRESS 25 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)
ISENTRESS 400 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
ISENTRESS HD 600 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
JULUCA 50-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
lamivudine 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (900 per 30 days)
lamivudine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
lamivudine 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
lamivudine 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
lamivudine-zidovudine 150-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION ^{MO}	\$0 (Tier 2)	QL (1575 per 28 days)
LIVTENCITY 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (120 per 30 days)
lopinavir-ritonavir 100-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL (300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
maraviroc 150 mg TABLET ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
maraviroc 300 mg TABLET ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
nevirapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	QL (1200 per 30 days)
NORVIR 100 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL (360 per 30 days)
NORVIR 100 MG POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL (360 per 30 days)
ODEFSEY 200-25-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
oseltamivir 30 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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^{MO}</i>	\$0 (Tier 1)	
<i>ribavirin 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>rimantadine 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ritonavir 100 mg TABLET^{MO}</i>	\$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^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg CAPSULE^{MO}</i>	\$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^{MO}</i>	\$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)
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)
<i>valacyclovir 1 gram, 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>valganciclovir 450 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>valganciclovir 50 mg/ml RECON SOLUTION^{DL}</i>	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
bupirone 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
bupirone 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)
diazepam 5 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxepin 10 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 10 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 25 mg TABLET ^{MO}	\$0 (Tier 1)	
lorazepam 0.5 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	QL (90 per 30 days)
lorazepam 2 mg TABLET ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL (150 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>lorazepam intensol 2 mg/ml CONCENTRATE</i> ^{DL}	\$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</i> ^{MO}	\$0 (Tier 1)	
<i>lithium carbonate 300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>lithium carbonate 300 mg, 450 mg TABLET ER</i> ^{MO}	\$0 (Tier 1)	
<i>lithium citrate 8 meq/5 ml SOLUTION</i> ^{MO}	\$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</i> ^{MO}	\$0 (Tier 1)	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
<i>diazoxide 50 mg/ml SUSPENSION</i> ^{DL}	\$0 (Tier 1)	
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE ^{MO}	\$0 (Tier 2)	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
<i>glimepiride 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glimepiride 2 mg, 4 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glipizide 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	
<i>glipizide 10 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glipizide 2.5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glyburide 1.25 mg, 2.5 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET</i> ^{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)	

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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</i> ^{MO}	\$0 (Tier 1)	
<i>metformin 500 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
<i>metformin 750 mg TABLET, ER 24 HR.</i> ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
<i>metformin 850 mg TABLET</i> ^{MO}	\$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</i> ^{MO}	\$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 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	
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 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)

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

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^{MO}</i>	\$0 (Tier 1)	
<i>aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR.^{MO}</i>	\$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^{MO}</i>	\$0 (Tier 1)	
<i>clopidogrel 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>clopidogrel 75 mg TABLET^{MO}</i>	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE ^{MO}	\$0 (Tier 1)	
enoxaparin 300 mg/3 ml SOLUTION ^{MO}	\$0 (Tier 1)	
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION ^{MO}	\$0 (Tier 1)	
heparin, porcine (pf) 5,000 unit/0.5 ml SYRINGE ^{MO}	\$0 (Tier 1)	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET ^{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)
prasugrel hcl 10 mg, 5 mg TABLET ^{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)
tranexamic acid 650 mg TABLET ^{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)
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)

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

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET ^{MO}	\$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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isosorbide mononitrate</i> 30 mg, 60 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
<i>isosorbide-hydralazine</i> 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)
<i>labetalol</i> 100 mg, 200 mg, 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>labetalol</i> 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>lisinopril</i> 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>lisinopril</i> 30 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide</i> 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>losartan</i> 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>losartan-hydrochlorothiazide</i> 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>lovastatin</i> 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>methyldopa</i> 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>methyldopa-hydrochlorothiazide</i> 250-15 mg, 250-25 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>metolazone</i> 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>metoprolol succinate</i> 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
<i>metoprolol succinate</i> 200 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
<i>metoprolol ta-hydrochlorothiaz</i> 100-25 mg, 100-50 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>metoprolol tartrate</i> 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>metoprolol tartrate</i> 37.5 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>metoprolol tartrate</i> 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>metyrosine</i> 250 mg CAPSULE ^{DL}	\$0 (Tier 1)	
<i>midodrine</i> 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>minoxidil</i> 10 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>moexipril</i> 15 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
MULTAQ 400 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
<i>nebivolol</i> 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>nebivolol</i> 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>nebivolol</i> 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>niacin</i> 500 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>niacor</i> 500 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>nifedipine</i> 30 mg, 60 mg, 90 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>nifedipine</i> 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>nimodipine</i> 30 mg CAPSULE ^{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
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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
torseמידe 10 mg, 100 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
torseמידe 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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
dextroamphetamine sulfate 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
dextroamphetamine sulfate 2.5 mg, 20 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
dextroamphetamine-amphetamine 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. ^{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
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC ^{MO}	\$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)
duloxetine 20 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
fingolimod 0.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
glatiramer 20 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
glatiramer 40 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(12 per 28 days)
glatopa 20 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. ^{MO}	\$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)
methylphenidate hcl 10 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
NUJEDXTA 20-10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
pregabalin 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(900 per 30 days)
pregabalin 200 mg, 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
pregabalin 225 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
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)
riluzole 50 mg TABLET ^{MO}	\$0 (Tier 1)	
teriflunomide 14 mg, 7 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET ^{MO}	\$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)

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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>amnesteem 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)
<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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<i>hydrocortisone 2.5 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>hydrocortisone 2.5 % LOTION^{MO}</i>	\$0 (Tier 1)	QL (236 per 30 days)
<i>HYFTOR 0.2 % GEL^{DL}</i>	\$0 (Tier 2)	PA
<i>imiquimod 5 % CREAM IN PACKET^{MO}</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>isotretinoin 10 mg, 20 mg, 30 mg, 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>lindane 1 % SHAMPOO^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>LOCOID LIPOCREAM 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>malathion 0.5 % LOTION^{MO}</i>	\$0 (Tier 1)	
<i>mometasone 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>mometasone 0.1 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>mometasone 0.1 % SOLUTION^{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>mupirocin 2 % OINTMENT^{MO}</i>	\$0 (Tier 1)	
<i>permethrin 5 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>pimecrolimus 1 % CREAM^{MO}</i>	\$0 (Tier 1)	PA,QL(100 per 30 days)
<i>podofilox 0.5 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(7 per 30 days)
<i>procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>SANTYL 250 UNIT/GRAM OINTMENT^{MO}</i>	\$0 (Tier 2)	PA,QL(180 per 30 days)
<i>silver sulfadiazine 1 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>SSD 1 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>tacrolimus 0.03 %, 0.1 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL(200 per 30 days)
<i>tazarotene 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>tretinoin 0.01 %, 0.025 %, 0.05 % GEL^{MO}</i>	\$0 (Tier 1)	PA,QL(45 per 30 days)
<i>tretinoin 0.025 %, 0.05 %, 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	PA,QL(45 per 30 days)
<i>zenatane 10 mg, 20 mg, 30 mg, 40 mg CAPSULE^{MO}</i>	\$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
<i>AMINOSYN 10 % 10 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN II 10 % 10 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN II 7 % 7 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP^{MO}</i>	\$0 (Tier 1)	
<i>c-nate dha 28 mg iron-1 mg -200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>carglumic acid 200 mg TABLET, DISPERSIBLE^{DL}</i>	\$0 (Tier 1)	PA
<i>CHEMET 100 MG CAPSULE^{DL}</i>	\$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
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
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>electrolyte-a PARENTERAL SOLUTION</i> ^{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
<i>kionex (with sorbitol) 15-20 gram/60 ml SUSPENSION</i> ^{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)	
<i>klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS</i> ^{MO}	\$0 (Tier 1)	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
<i>klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS</i> ^{MO}	\$0 (Tier 1)	
<i>lactated ringers PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>levocarnitine 330 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>levocarnitine (with sugar) 100 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
LOKELMA 10 GRAM, 5 GRAM POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
<i>m-natal plus 27 mg iron- 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>magnesium sulfate 500 mg/ml (50 %) SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>magnesium sulfate 500 mg/ml (50 %) SYRINGE</i> ^{MO}	\$0 (Tier 1)	
<i>magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>neo-vital rx 27 mg iron- 1 mg TABLET</i> ^{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)	
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
<i>penicillamine 250 mg TABLET</i> ^{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)	
<i>potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>potassium chloride 10 meq CAPSULE, ER</i> ^{MO}	\$0 (Tier 1)	
<i>potassium chloride 10 meq, 20 meq TABLET ER</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>potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 15 meq, 8 meq TABLET ER^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 2 meq/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 20 meq/15 ml, 40 meq/15 ml LIQUID^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride 8 meq CAPSULE, ER^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride in 5 % dex 10 meq/l, 20 meq/l, 30 meq/l PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>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}</i>	\$0 (Tier 1)	
<i>potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER^{MO}</i>	\$0 (Tier 1)	
<i>pr natal 400 29-1-400 mg COMBO PACK^{MO}</i>	\$0 (Tier 1)	
<i>pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP^{MO}</i>	\$0 (Tier 1)	
<i>pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK^{MO}</i>	\$0 (Tier 1)	
<i>pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP^{MO}</i>	\$0 (Tier 1)	
<i>PREMASOL 10 % 10 % PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET^{MO}</i>	\$0 (Tier 1)	
<i>PRENATABS FA 29-1 MG TABLET^{MO}</i>	\$0 (Tier 1)	
<i>prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>PRENATE ELITE 26 MG IRON- 1 MG TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ringer's PARENTERAL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET^{MO}</i>	\$0 (Tier 1)	
<i>SMOFLIPID 20 % EMULSION^{MO}</i>	\$0 (Tier 2)	BvsD
<i>sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE^{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
sodium chloride 2.5 meq/ml SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % PIGGYBACK ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium polystyrene sulfonate POWDER ^{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
trientine 250 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
trientine 500 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET ^{MO}	\$0 (Tier 1)	
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
wesnatal dha complete 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
westab plus 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	

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
alosetron 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	
cimetidine hcl 300 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
constulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dicyclomine 10 mg CAPSULE ^{MO}	\$0 (Tier 1)	
dicyclomine 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dicyclomine 20 mg TABLET ^{MO}	\$0 (Tier 1)	
diphenoxylate-atropine 2.5-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
enulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
esomeprazole magnesium 20 mg CAPSULE, DR/EC ^{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
esomeprazole magnesium 40 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
famotidine 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
famotidine 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
famotidine (pf) 20 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
gavilyte-n 420 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
generlac 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
glycopyrrolate 0.2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
glycopyrrolate 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
lactulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG CAPSULE ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
loperamide 2 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lubiprostone 24 mcg, 8 mcg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
misoprostol 100 mcg, 200 mcg TABLET ^{MO}	\$0 (Tier 1)	
MOVANTI ^K 12.5 MG, 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
omeprazole 10 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
pantoprazole 40 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
pantoprazole in 0.9% sod chlor 40 mg/100 ml (0.4 mg/ml), 40 mg/50 ml (0.8 mg/ml), 80 mg/100 ml (0.8 mg/ml) PIGGYBACK ^{MO}	\$0 (Tier 2)	
PANTOPRAZOLE IN 0.9% SOD CHLOR 40 MG/50 ML (0.8 MG/ML) PIGGYBACK ^{MO}	\$0 (Tier 2)	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
peg-electrolyte soln 420 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
sucralfate 1 gram TABLET ^{MO}	\$0 (Tier 1)	
sucralfate 100 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	
SUFLAVE 178.7-7.3-0.5 GRAM RECON 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
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)	
ursodiol 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ursodiol 300 mg CAPSULE ^{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
betaine 1 gram/scoop POWDER ^{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
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE ^{DL}	\$0 (Tier 1)	
sapropterin 100 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA
sodium phenylbutyrate 0.94 gram/gram POWDER ^{DL}	\$0 (Tier 1)	
sodium phenylbutyrate 500 mg TABLET ^{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
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

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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)
trospium 20 mg TABLET ^{MO}	\$0 (Tier 1)	

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)	

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

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
<i>CHORIONIC GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION</i> ^{MO}	\$0 (Tier 2)	PA
<i>desmopressin 0.1 mg, 0.2 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>EGRIFTA SV 2 MG RECON SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>INCRELEX 10 MG/ML SOLUTION</i> ^{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
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</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>altavera</i> (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>alyacen</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>alyacen</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>amabelz</i> 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>apri</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>aranelle</i> (28) 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>abra</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>abra eq</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela fe</i> 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>aviane</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>ayuna</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>azurette</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi fe</i> 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>camila</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>camrese lo</i> 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
<i>chateal eq</i> (28) 0.15-0.03 mg TABLET ^{MO}	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cryselle</i> (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>cyred</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>cyred eq</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>danazol</i> 100 mg, 200 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>dasetta</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>dasetta</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>deblitane</i> 0.35 mg TABLET ^{MO}	\$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</i> 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>dotti</i> 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)
<i>drospirenone-ethinyl estradiol</i> 3-0.02 mg, 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
DUAVEE 0.45-20 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>elinest</i> 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>eluryng</i> 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL(1 per 28 days)
<i>emzahh</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>enilloring</i> 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL(1 per 28 days)
<i>enpresse</i> 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
<i>enskyce</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>errin</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>estarylla</i> 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>estradiol</i> 0.01 % (0.1 mg/gram) CREAM ^{MO}	\$0 (Tier 1)	
<i>estradiol</i> 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}	\$0 (Tier 1)	QL(4 per 28 days)
<i>estradiol</i> 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)
<i>estradiol</i> 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>estradiol valerate</i> 10 mg/ml, 20 mg/ml, 40 mg/ml OIL ^{MO}	\$0 (Tier 1)	
<i>estradiol-norethindrone acet</i> 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol</i> 1-35 mg-mcg, 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol</i> 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL(1 per 28 days)
<i>falmina</i> (28) 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>feirza</i> 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7) 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
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
mono-linyah 0.25-35 mg-mcg 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nikki</i> (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
NORA-BE 0.35 MG TABLET ^{MO}	\$0 (Tier 1)	
<i>nora-be</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>norelgestromin-ethin.estradiol</i> 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL (3 per 28 days)
<i>noreth-ethinyl estradiol-iron</i> 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
<i>norethindrone (contraceptive)</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol</i> 1-20 mg-mcg, 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>norethindrone acetate</i> 5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron</i> 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)	
<i>norgestimate-ethinyl estradiol</i> 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nortrel</i> 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nortrel</i> 1/35 (21) 1-35 mg-mcg (21) TABLET ^{MO}	\$0 (Tier 1)	
<i>nortrel</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nortrel</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nylia</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nylia</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>nymyo</i> 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>ocella</i> 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
OSPHENA 60 MG TABLET ^{MO}	\$0 (Tier 2)	PA
<i>oxandrolone</i> 10 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>oxandrolone</i> 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>pimtreea</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>portia</i> 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)	
PREMARIN 0.625 MG/GRAM CREAM ^{MO}	\$0 (Tier 2)	
<i>progesterone</i> 50 mg/ml OIL ^{MO}	\$0 (Tier 1)	
<i>progesterone micronized</i> 100 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>raloxifene</i> 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
<i>reclipsen</i> (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>setlakin</i> 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
<i>sharobel</i> 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
<i>simliya</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>sprintec</i> (28) 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>sronyx</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>syeda</i> 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>tarina</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>tarina fe</i> 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>tarina fe</i> 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>testosterone</i> 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL(37.5 per 30 days)
<i>testosterone</i> 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL(150 per 30 days)
<i>testosterone</i> 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP ^{MO}	\$0 (Tier 1)	PA,QL(150 per 30 days)
<i>testosterone cypionate</i> 100 mg/ml, 200 mg/ml OIL ^{MO}	\$0 (Tier 1)	PA
<i>testosterone enanthate</i> 200 mg/ml OIL ^{MO}	\$0 (Tier 1)	PA,QL(25 per 90 days)
<i>tilia fe</i> 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-estarylla</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-legest fe</i> 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-linyah</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-lo-estarylla</i> 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-lo-marzia</i> 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-lo-mili</i> 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-lo-sprintec</i> 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-mili</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-nymyo</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-sprintec</i> (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-vylibra</i> 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
<i>tri-vylibra lo</i> 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>trivora</i> (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
<i>tulana</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>turqoz</i> (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>valtya</i> 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>velivet triphasic regimen</i> (28) 0.1/.125/.15-25 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>vestura</i> (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>vienva</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>violele</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>volnea</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 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>vylibra</i> 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>wera</i> (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>wymzya fe</i> 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
<i>xulane</i> 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL (3 per 28 days)
<i>zafemy</i> 150-35 mcg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL (3 per 28 days)
<i>zarah</i> 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>zovia</i> 1-35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>zumandimine</i> (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)	
<i>levothyroxine</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>levothyroxine</i> 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)	
<i>liothyronine</i> 10 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>liothyronine</i> 25 mcg, 5 mcg, 50 mcg TABLET ^{MO}	\$0 (Tier 1)	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<i>cabergoline 0.5 mg TABLET^{MO}</i>	\$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
<i>lanreotide 120 mg/0.5 ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA,QL(0.5 per 28 days)
<i>lanreotide 60 mg/0.2 ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA,QL(0.2 per 28 days)
<i>lanreotide 90 mg/0.3 ml SYRINGE^{DL}</i>	\$0 (Tier 1)	PA,QL(0.3 per 28 days)
<i>leuprolide 1 mg/0.2 ml KIT^{MO}</i>	\$0 (Tier 1)	
<i>leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$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)
<i>octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	PA
<i>octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE^{MO}</i>	\$0 (Tier 1)	PA
<i>octreotide,microspheres 20 mg, 30 mg SUSPENSION, ER, RECON^{DL}</i>	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
ABRYSCO (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-ADBM 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
<i>azathioprine 50 mg TABLET</i> ^{MO}	\$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</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
DENGVAIXIA (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)
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 SUSPENSION ^{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</i> ^{MO}	\$0 (Tier 1)	BvsD,QL(60 per 30 days)

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<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)
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)	
IPOL 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
leflunomide 10 mg, 20 mg TABLET ^{MO}	\$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)	
MENQUADEI (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)	
methotrexate sodium 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
methotrexate sodium 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
methotrexate sodium (pf) 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
methotrexate sodium (pf) 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
MRESVIA (PF) 50 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	BvsD
mycophenolate mofetil 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
mycophenolate mofetil 500 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC ^{MO}	\$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-48MCG-62DU -10 MCG/0.5ML 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
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)

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	
<i>sulfasalazine 500 mg TABLET, DR/EC^{MO}</i>	\$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
<i>alendronate 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>alendronate 35 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(4 per 28 days)
<i>alendronate 70 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(4 per 28 days)
<i>calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL^{MO}</i>	\$0 (Tier 1)	QL(3.7 per 28 days)
<i>calcitriol 0.25 mcg, 0.5 mcg CAPSULE^{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
<i>calcitriol 1 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>cinacalcet 30 mg, 60 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>cinacalcet 90 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>doxercalciferol 4 mcg/2 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA, QL (2.4 per 28 days)
<i>ibandronate 150 mg TABLET^{MO}</i>	\$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)
<i>pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (30 per 21 days)
<i>pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (10 per 21 days)
<i>paricalcitol 1 mcg, 2 mcg, 4 mcg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>paricalcitol 2 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (24 per 30 days)
<i>paricalcitol 5 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (48 per 28 days)
PROLIA 60 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (1 per 180 days)
<i>risedronate 35 mg TABLET, DR/EC^{MO}</i>	\$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)
<i>zoledronic ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	QL (300 per 21 days)
<i>zoledronic acid 4 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>zoledronic acid 4 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	QL (15 per 21 days)
<i>zoledronic acid-mannitol-water 4 mg/100 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	QL (300 per 21 days)
<i>zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK^{MO}</i>	\$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
<i>acetylcysteine 200 mg/ml (20 %) SOLUTION^{MO}</i>	\$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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUTOJECT 2 INJECTION DEVICE INSULIN PEN ^{MO}	\$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)	
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)

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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" SYRINGE ^{MO}	\$0 (Tier 1)	
ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{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)	
XDEMVI 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

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THIS FORMULARY WAS UPDATED ON 03/01/2025.

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)	
apraclonidine 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
atropine 1 % DROPS ^{MO}	\$0 (Tier 1)	
ATROPINE SULFATE (PF) 1 % DROPPERETTE ^{MO}	\$0 (Tier 1)	
azelastine 0.05 % DROPS ^{MO}	\$0 (Tier 1)	
bacitracin 500 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
betaxolol 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
brimonidine 0.2 % DROPS ^{MO}	\$0 (Tier 1)	
carteolol 1 % DROPS ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
COMBIGAN 0.2-0.5 % DROPS ^{MO}	\$0 (Tier 2)	QL (5 per 25 days)
cromolyn 4 % DROPS ^{MO}	\$0 (Tier 1)	
cyclosporine 0.05 % DROPPERETTE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
CYSTARAN 0.44 % DROPS ^{DL}	\$0 (Tier 2)	PA,QL (60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS ^{MO}	\$0 (Tier 1)	
diclofenac sodium 0.1 % DROPS ^{MO}	\$0 (Tier 1)	
dorzolamide 2 % DROPS ^{MO}	\$0 (Tier 1)	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
erythromycin 5 mg/gram (0.5 %) OINTMENT ^{MO}	\$0 (Tier 1)	QL (3.5 per 28 days)
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)	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT ^{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
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)	
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)	

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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)
alyq 20 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
ambrisentan 10 mg, 5 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml SOLUTION ^{MO}	\$0 (Tier 1)	
arformoterol 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)
azelastine 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(10.7 per 30 days)
budesonide 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)
cetirizine 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)
cromolyn 100 mg/5 ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
diphenhydramine hcl 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
epinephrine 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)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
fluticasone propion-salmeterol 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)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION ^{MO}	\$0 (Tier 1)	QL(16 per 30 days)
hydroxyzine pamoate 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ipratropium bromide 0.02 % SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(45 per 30 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pirfenidone 267 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(270 per 30 days)
<i>pirfenidone 267 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(270 per 30 days)
<i>pirfenidone 534 mg, 801 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	BvsD
<i>roflumilast 250 mcg TABLET^{MO}</i>	\$0 (Tier 1)	QL(28 per 365 days)
<i>roflumilast 500 mcg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
<i>sildenafil (pulm.hypertension) 20 mg TABLET^{MO}</i>	\$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)
<i>tadalafil (pulm. hypertension) 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR.^{MO}</i>	\$0 (Tier 1)	
<i>theophylline 400 mg, 600 mg TABLET, ER 24 HR.^{MO}</i>	\$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)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(36 per 30 days)
<i>wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE^{MO}</i>	\$0 (Tier 2)	QL(60 per 30 days)
<i>zafirlukast 10 mg, 20 mg TABLET^{MO}</i>	\$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
<i>carisoprodol 350 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>cyclobenzaprine 10 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
<i>methocarbamol 500 mg, 750 mg TABLET^{MO}</i>	\$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
<i>BELSOMRA 10 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>BELSOMRA 15 MG, 20 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (30 per 30 days)
<i>BELSOMRA 5 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (120 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>modafinil 100 mg, 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
<i>sodium oxybate 500 mg/ml SOLUTION^{DL}</i>	\$0 (Tier 2)	PA, QL (540 per 30 days)
<i>tasimelteon 20 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>temazepam 15 mg, 30 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zaleplon 10 mg, 5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zolpidem 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zolpidem 12.5 mg, 6.25 mg TABLET, ER MULTIPHASE^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)

Non-Part D Rx Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE(*)</i>	\$0 (Tier 3)	
<i>ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE(*)</i>	\$0 (Tier 3)	
<i>ORACIT 490-640 MG/5 ML SOLUTION(*)</i>	\$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)	
<i>SODIUM BICARBONATE (BULK) POWDER(*)</i>	\$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)	

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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)	
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)	

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

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

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

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

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

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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 NANO PEN NEEDLE	92	BICNU	32
BD ULTRA-FINE ORIG PEN NEEDLE	92	BIKTARVY	48
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bupropion hcl	26	captopril-hydrochlorothiazide	59
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bupirone	52	carbidopa-levodopa	44
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BUSULFEX	33	carboplatin	33
butalbital-acetaminophen-caff	92	CARETOUCH ALCOHOL PREP PAD	93
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c-nate dha	68	carisoprodol	99
CABENUVA	49	carmustine	33
cabergoline	84	carteolol	95
CABOMETYX	33	cartia xt	59
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calcidol	102	caspofungin	28
calcipotriene	66	CAYSTON	98
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camrese lo	77	cefixime	18
candesartan	59	cefotetan	18
candesartan-hydrochlorothiazid	59	cefoxitin	18
CAPLYTA	45	cefoxitin in dextrose, iso-osm	18

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cefepodoxime	18	chlorhexidine gluconate	66
cefprozil	18	chloroquine phosphate	44
ceftazidime	18	chlorothiazide sodium	59
ceftazidime in d5w	18	chlorpromazine	45
ceftriaxone	18	chlorthalidone	59
cefuroxime axetil	18	chocolate laxative	103
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cephalexin	18, 19	cholestyramine light	59
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child's all day allergy(cetir)	103	cimetidine	72
children's acetaminophen	103	cimetidine hcl	72
children's allergy (diphenhyd)	103	cinacalcet	91
children's allergy relief(lor)	103	ciprofloxacin hcl	19, 95
children's aspirin	103	ciprofloxacin in 5 % dextrose	19
children's cetirizine	103	cisplatin	33
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children's mapap	103	cladribine	33
children's pain reliever	103	claravis	66
children's pain-fever relief	103	clarithromycin	19
children's saline nasal spray	103	clearlax	103
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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	56
clindamycin phosphate	19, 66	clorazepate dipotassium	52
clindamycin-benzoyl peroxide	66, 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	103
CLINIMIX E 5%/D15W SULFIT FREE	69	clozapine	45, 46
CLINIMIX E 5%/D20W SULFIT FREE	69	COARTEM	44
CLINIMIX E 8%-D10W SULFITEFREE	69	COBENFY	93
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CLINIMIX 4.25%/D10W SULF FREE	69	COLACE	103
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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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clobazam	22	COMBIPATCH	77
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COPIKTRA	33	dacarbazine	34
COSENTYX	86	dactinomycin	34
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COSENTYX PEN	86	danazol	78
COSENTYX PEN (2 PENS)	86	dantrolene	48
COSENTYX UNOREADY PEN	86	DANYELZA	34
COSMEGEN	33	DANZITEN	34
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deferasirox	69	dextrose 5%-0.3 % sod.chloride	69
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desvenlafaxine succinate	26	DIFICID	19
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dextrose 5 % in water (d5w)	69	docetaxel	34
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dronabinol	28	efavirenz-emtricitabin-tenofov	49
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EMTRIVA	49	epirubicin	34
emzahh	78	epitol	22
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escitalopram oxalate	26	falmina (28)	78
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estradiol	78	famotidine (pf)	73
estradiol valerate	78	famotidine (pf)-nacl (iso-os)	73
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ethosuximide	22	feirza	78
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etoposide	35	fenofibrate micronized	60
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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	95
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)	104	flurbiprofen	14
fiber-lax	104	flurbiprofen sodium	95
finasteride	75	fluticasone propion-salmeterol	98
fingolimod	65	fluticasone propionate	67, 98
FINTEPLA	22	fluvastatin	60
FIRDAPSE	65	fluvoxamine	26
FIRMAGON	84	FOLIKA-BC	104
FIRMAGON KIT W DILUENT SYRINGE	84	FOLOTYN	35
flecainide	60	FORTEO	91
FLEET ENEMA	104	fosamprenavir	49
FLEET GLYCERIN LAXATIVE	104	fosinopril	60
FLEET PEDIATRIC	104	fosinopril-hydrochlorothiazide	60
fluconazole	29	fosphenytoin	22
fluconazole in nacl (iso-osm)	29	FOTIVDA	35

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FRUZAQLA	35	gentle laxative (bisacodyl)	104
full spectrum b-vitamin c	104	GENVOYA	49
furosemide	60	GILOTRIF	35
FUZEON	49	glatiramer	65
FYARRO	35	glatopa	65
FYCOMPA	23	GLEOSTINE	35
G			
gabapentin	23	glimepiride	53
galantamine	25	glipizide	53
gallifrey	79	glipizide-metformin	53
GAMUNEX-C	87	glucose gel	104
GARDASIL 9 (PF)	87	glyburide	53
GAUZE BANDAGE	93	glyburide micronized	53
GAUZE PAD	93	glyburide-metformin	53
gavilax	104	glycerin (adult)	104
gavilyte-c	73	glycerin (child)	104
gavilyte-g	73	glycopyrrolate	73
gavilyte-n	73	GLYXAMBI	53
GAVRETO	35	GRAFAPEX	35
GAZYVA	35	granisetron hcl	28
gefitinib	35	griseofulvin microsize	29
gemcitabine	35	griseofulvin ultramicrosize	29
gemfibrozil	60	guaifenesin	104
generlac	73	guanfacine	60, 65
gentamicin	20, 95	H	
gentamicin in nacl (iso-osm)	20	HAEGARDA	87
		hailey	79

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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-UEVETS-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)	104	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
HIBERIX (PF)	87	hydrocodone-acetaminophen	14
HUMALOG JUNIOR KWIKPEN U-100	53	hydrocodone-ibuprofen	14
HUMALOG KWIKPEN INSULIN	54	hydrocortisone	67, 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
HUMALOG U-100 INSULIN	54	hydroxyzine hcl	52

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hydroxyzine pamoate	98	INBRIJA	44
HYFTOR	67	incassia	79
I			
ibandronate	91	INCONTROL ALCOHOL PADS	93
IBRANCE	35	INCRELEX	76
ibu	14	indapamide	60
ibuprofen	14, 15, 105	indomethacin	15
icatibant	87	INFANRIX (DTAP) (PF)	87
iclevia	79	infant pain reliever	105
ICLUSIG	35, 36	infant's acetaminophen	105
idarubicin	36	infants' pain and fever	105
IDHIFA	36	INLYTA	36
ifosfamide	36	INQOVI	36
ILEVRO	95	INREBIC	36
imatinib	36	INSULIN LISPRO	54
IMBRUVICA	36	INSULIN SYRINGE	93
IMDELLTRA	36	INSULIN SYRINGE MICROFINE	93
IMFINZI	36	INSULIN SYRINGE-NEEDLE U-100	93
imipenem-cilastatin	20	INSULIN U-500 SYRINGE-NEEDLE	93
imipramine hcl	26	INTELENCE	49
imipramine pamoate	27	INTRALIPID	70
imiquimod	67	INVEGA HAFYERA	46
IMJUDO	36	INVEGA SUSTENNA	46
IMKELDI	36	INVEGA TRINZA	46
IMLYGIC	36	INVOKAMET	54
IMOVAX RABIES VACCINE (PF)	87	INVOKAMET XR	54
		INVOKANA	54

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IONOSOL-B IN D5W	70	IXIARO (PF)	87
IONOSOL-MB IN D5W	70	J	
IPOL	87	JAKAFI	36
ipratropium bromide	98	jantoven	57
ipratropium-albuterol	98	JANUMET	54
irbesartan	60	JANUMET XR	54
irbesartan-hydrochlorothiazide	60	JANUVIA	54
irinotecan	36	JARDIANCE	54
ISENTRESS	49, 50	jasmiel (28)	79
ISENTRESS HD	50	JAYPIRCA	36
isibloom	79	JEMPERLI	36
ISOLYTE-P IN 5 % DEXTROSE	70	jencycla	79
ISOLYTE-S	70	JENTADUETO	54
isoniazid	31	JENTADUETO XR	54
isosorbide dinitrate	60	JEVTANA	36
isosorbide mononitrate	60, 61	juleber	79
isosorbide-hydralazine	61	JULUCA	50
isotretinoin	67	junel fe 1.5/30 (28)	79
ISTODAX	36	junel fe 1/20 (28)	79
ITOVEBI	36	junel fe 24	79
itraconazole	29	junel 1.5/30 (21)	79
IV PREP WIPES	93	junel 1/20 (21)	79
ivermectin	44	JYLAMVO	87
IWILFIN	36	JYNNEOS (PF)	87
IXCHIQ (PF)	87	K	
IXEMPRA	36	KABIVEN	70
		KADCYLA	36

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kalliga	79	L	
KALYDECO	98	l norgest/e.estradiol-e.estrad	79
KANJINTI	36	labetalol	61
kariva (28)	79	lacosamide	23
kelnor 1/35 (28)	79	lactated ringers	70, 94
kelnor 1/50 (28)	79	lactulose	73
KERENDIA	61	lamivudine	50
KESIMPTA PEN	65	lamivudine-zidovudine	50
ketoconazole	29	lamotrigine	23
ketorolac	15, 95	LAMPIT	44
KEYTRUDA	37	lanreotide	84
KIMMTRAK	37	lansoprazole	73
KINRIX (PF)	87	LANTUS SOLOSTAR U-100 INSULIN	54
kionex (with sorbitol)	70	LANTUS U-100 INSULIN	55
KISQALI	37	lapatinib	37
KISQALI FEMARA CO-PACK	37	larin fe 1.5/30 (28)	79
klayesta	29	larin fe 1/20 (28)	79
klor-con m10	70	larin 1.5/30 (21)	79
KLOR-CON M15	70	larin 1/20 (21)	79
klor-con m20	70	larin 24 fe	79
KLOR-CON 10	70	latanoprost	95
KLOR-CON 8	70	laxative (bisacodyl)	105
KOSELUGO	37	laxative (sennosides)	105
KRAZATI	37	LAZCLUZE	37
kurvelo (28)	79	leena 28	79
KYPROLIS	37	leflunomide	88

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lenalidomide	37	LIBTAYO	37
LENVIMA	37	lidocaine	16
lessina	79	lidocaine hcl	16
letrozole	37	lidocaine viscous	16
leucovorin calcium	37	lidocaine-prilocaine	16
leuprolide	84	lincomycin	20
leuprolide (3 month)	84	lindane	67
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	95	LINZESS	73
levocarnitine	70	liothyronine	83
levocarnitine (with sugar)	70	lisinopril	61
levocetirizine	98	lisinopril-hydrochlorothiazide	61
levofloxacin	20	lithium carbonate	53
levofloxacin in d5w	20	lithium citrate	53
levoleucovorin calcium	37	LIVTENCITY	50
levonest (28)	79	lo-zumandimine (28)	80
levonorg-eth estrad triphasic	79	LOCOID LIPOCREAM	67
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
levothyroxine	83	LOESTRIN 1/20 (21)	80
LEVOXYL	83	lojaimiess	80
LEXIVA	50	LOKELMA	70
LIBERVANT	23	LONSURF	37

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loperamide	73, 105	lyleq	80
lopinavir-ritonavir	50	lyllana	80
LOQTORZI	38	LYNPARZA	38
loratadine	105	LYSODREN	38
lorazepam	52	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	46		
lubiprostone	73		
LUMAKRAS	38		
LUMIGAN	95		
LUNSUMIO	38		
LUPRON DEPOT	84		
LUPRON DEPOT (3 MONTH)	84		
LUPRON DEPOT (4 MONTH)	84		
LUPRON DEPOT (6 MONTH)	84		
LUPRON DEPOT-PED	84		
LUPRON DEPOT-PED (3 MONTH)	84		
lurasidone	46		
lutera (28)	80		
LYBALVI	46		
		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	105
		magnesium oxide	105
		magnesium sulfate	70
		magnesium sulfate in d5w	70
		malathion	67
		maraviroc	50
		MARGENZA	38
		marlissa (28)	80
		MARPLAN	27
		MATULANE	38

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meclizine	28, 105	methotrexate sodium	88
medroxyprogesterone	80	methotrexate sodium (pf)	88
mefloquine	44	methsuximide	23
megestrol	80	methyl dopa	61
MEKINIST	38	methyl dopa-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	105
MESNEX	38	miconazole-3	29, 105
metformin	55	miconazole-7	105
methadone	15	microgestin fe 1.5/30 (28)	80
methazolamide	95	microgestin fe 1/20 (28)	80
methenamine hippurate	20	microgestin 1.5/30 (21)	80
methimazole	85	microgestin 1/20 (21)	80
methocarbamol	100	microgestin 24 fe	80

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midodrine	61	motion sickness (meclizine)	106
mifepristone	94	motion sickness relief	106
migraine formula	105	motion sickness relief(mecliz)	106
migraine relief	105	motion-time	106
mili	80	MOUNJARO	55
milk of magnesia	106	MOVANTIK	73
milk of magnesia concentrated	106	moxifloxacin	20, 95
minocycline	20	moxifloxacin-sod.chloride(iso)	20
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	46	mycophenolate sodium	88
mometasone	67	MYLOTARG	38
mondoxyne nl	20	MYRBETRIQ	75
mono-linyah	80		
montelukast	98	N	
morphine	15	nabumetone	15
morphine concentrate	15	nafcilin	21
motion sickness	106	nafcilin in dextrose iso-osm	21
		naloxone	16, 106

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naltrexone	16	NEONATAL COMPLETE	70
NAMZARIC	25	NEONATAL PLUS VITAMIN	70
NANO PEN NEEDLE	94	NEONATAL-DHA	70
NANO 2ND GEN PEN NEEDLE	94	nephro vitamins	106
naproxen	15	NEPHRO-VITE	106
naproxen sodium	15, 106	NEPHRONEX	106
naratriptan	30	NERLYNX.....	38
NARCAN	106	nevirapine	50
nasal decongestant (pseudoeph)	106	new day	106
nasal moisturizing	106	NEXPLANON	80
nasal spray (sodium chloride)	106	niacin	61
nateglinide	55	niacor	61
NATPARA	91	nicotine	106
nausea relief	106	nicotine (polacrilex)	106
NAYZILAM	23	NICOTROL NS	16
nebivolol	61	nifedipine	61
necon 0.5/35 (28)	80	nikki (28).....	81
nefazodone	27	nilutamide	38
nelarabine	38	nimodipine	61, 62
neo-vital rx	70	NINLARO	38
neomycin	21	nitazoxanide	44
neomycin-bacitracin-poly-hc	95	nitisinone	74
neomycin-bacitracin-polymyxin	96	nitrofurantoin macrocrystal	21
neomycin-polymyxin b-dexameth	96	nitrofurantoin monohyd/m-cryst	21
neomycin-polymyxin-gramicidin	96	nitroglycerin	62, 94
neomycin-polymyxin-hc	96, 97	NITROSTAT	62

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NIVESTYM	57	NOVOLOG PENFILL U-100 INSULIN	55
nizatidine	73	NOVOLOG U-100 INSULIN ASPART	55
NORA-BE	81	NOVOPEN ECHO	94
norelgestromin-ethin.estradiol	81	NUBEQA	38
noreth-ethinyl estradiol-iron	81	NUCALA	98
norethindrone (contraceptive)	81	NUEDEXTA	65
norethindrone ac-eth estradiol	81	NUPLAZID	46, 47
norethindrone acetate	81	NUTRILIPID	70
norethindrone-e.estradiol-iron	81	NUTRISOURCE FIBER	106
norgestimate-ethinyl estradiol	81	nyamyc	29
NORMOSOL-M IN 5 % DEXTROSE	70	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
NOVOLIN R REGULAR U100 INSULIN	55	octreotide,microspheres	84
NOVOLIN 70-30 FLEXPEN U-100	55	ODEFSEY	50
NOVOLIN 70/30 U-100 INSULIN	55	ODOMZO	38
NOVOLOG FLEXPEN U-100 INSULIN	55	OFEV	98
NOVOLOG MIX 70-30 U-100 INSULN	55	ofloxacin	21, 96, 97
NOVOLOG MIX 70-30FLEXPEN U-100	55	OGSIVEO	38
		OJEMDA	39

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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	55
ONCASPAR	39	P	
ondansetron	28	PACERONE	62
ondansetron hcl	28	paclitaxel	39
ondansetron hcl (pf)	28	paclitaxel protein-bound	39
ONIVYDE	39	PADCEV	39
ONUREG	39	pain relief (acetaminophen)	106
OPDIVO	39	pain relief es (acetaminophen)	106
OPDIVO QVANTIG	39	pain reliever (acetaminophen)	106
OPDUALAG	39	pain reliever es(acetaminophn)	106
OPIPZA	47	pain reliever plus	107
OPSUMIT	98	paliperidone	47
OPSYNVI	98	pamidronate	91
option-2	106	PANRETIN	39
OPVEE	16	pantoprazole	73
ORACIT	100	pantoprazole in 0.9% sod chlor	73
ORGOVYX	39	paraplatin	39
ORSERDU	39	paricalcitol	91
oseltamivir	50	paromomycin	21

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paroxetine hcl	27	periogard	66
PAXLOVID	50	PERJETA	39
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	73	phenobarbital	23
peg-electrolyte soln	73	PHENYTEK	23
PEGASYS	88	phenytoin	23, 24
PEMAZYRE	39	phenytoin sodium	24
pemetrexed	39	phenytoin sodium extended	24
pemetrexed disodium	39	phytonadione (vitamin k1)	100
PEMRYDI RTU	39	PIFELTRO	50
PEN NEEDLE, DIABETIC	94	pilocarpine hcl	66, 96
PENBRAYA (PF)	88	pimecrolimus	68
penicillamine	70	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
PENTACEL (PF)	88	pioglitazone	55
pentamidine	44	piperacillin-tazobactam	21
pentoxifylline	62	PIQRAY	39, 40
PERIKABIVEN	70	pirfenidone	99
perindopril erbumine	62	piroxicam	15

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PLASMA-LYTE A	70	pr natal 430	71
PLASMA-LYTE 148	70	pr natal 430 ec	71
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	70	prednisone intensol	76
potassium chloride	70, 71	pregabalin	65
potassium chloride in lr-d5	71	PREHEVBRIO (PF)	88
potassium chloride in water	71	PREMARIN	81
potassium chloride in 0.9%nacl	71	PREMASOL 10 %	71
potassium chloride in 5 % dex	71	PRENATA	71
potassium chloride-d5-0.2%nacl	71	PRENATABS FA	71
potassium chloride-d5-0.3%nacl	71	prenatal plus (calcium carb)	71
potassium chloride-d5-0.9%nacl	71	prenatal plus vitamin-mineral	71
potassium chloride-0.45 % nacl	71	PRENATE ELITE	71
potassium citrate	71	prevalite	62
POTELIGEO	40	PREVYMIS	50
pr natal 400	71	PREZCOBIX	50
pr natal 400 ec	71	PREZISTA	50, 51

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PRIFTIN	31	propylthiouracil	85
primaquine	44	PROQUAD (PF)	88
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)	100
prochlorperazine edisylate	28	pyrimethamine	44
prochlorperazine maleate	28		
procto-med hc	68	Q	
proctosol hc	68	QINLOCK	40
proctozone-hc	68	QUADRACEL (PF)	88
progesterone	81	quetiapine	47
progesterone micronized	81	quinapril	62
PROGRAF	88	quinapril-hydrochlorothiazide	62
PROLIA	91	quinidine sulfate	62
PROMACTA	57	quinine sulfate	44
promethazine	28	QULIPTA	30
promethazine-codeine	100	R	
propafenone	62	RABAVERT (PF)	88
propracaine	96	RADICAVA ORS	65
propranolol	62	RADICAVA ORS STARTER KIT SUSP	65
propranolol-hydrochlorothiazid	62	raloxifene	81
		ramipril	62
		ranolazine	62

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rasagiline	45	riluzole	65
ready-to-use enema	107	rimantadine	51
reclipsen (28)	81	ringer's	71, 94
RECOMBIVAX HB (PF)	88	RINVOQ	88, 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
renal vitamin	107	ritonavir	51
reno caps	107	rivastigmine tartrate	25, 26
repaglinide	55	rizatriptan	30, 31
REPATHA PUSHTRONEX	62	ROCKLATAN	96
REPATHA SURECLICK	63	roflumilast	99
REPATHA SYRINGE	63	romidepsin	40
RETACRIT	57	ropinirole	45
RETEVMO	40	rosuvastatin	63
RETROVIR	51	ROTARIX	89
REVUFORJ	40	ROTATEQ VACCINE	89
REXULTI	47	roweepra	24
REYATAZ	51	roweepra xr	24
REZLIDHIA	40	ROZLYTREK	40
RHOPRESSA	96	RUBRACA	40
RIABNI	40	rufinamide	24
ribavirin	51	RUKOBIA	51
rifabutin	31	RUXIENCE	40
rifampin	31	RYBELSUS	55

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RYBREVANT	40	senna leaf extract	107
RYDAPT	40	senna plus	107
RYLAZE	40	senna-s	107
RYTELO	40	senna-time s	107
S		sennosides	107
sajazir	89	sennosides-docusate sodium	107
saline mist	107	SENOKOT	107
saline nasal	107	SENOKOT EXTRA STRENGTH	108
saline nasal mist	107	SENOKOT KIDS	108
saline nose	107	SENOKOT-S	108
SANDIMMUNE	89	sertraline	27
SANDOSTATIN LAR DEPOT	84	setlakin	81
SANTYL	68	sharobel	81
sapropterin	74	SHINGRIX (PF)	89
SARCLISA	40	SIGNIFOR	84
saxagliptin	55	sildenafil (pulm.hypertension)	99
SCEMBLIX	40	silodosin	75
scopolamine base	28	silver sulfadiazine	68
se-natal 19 chewable	71	SIMBRINZA	96
SECUADO	47	simliya (28)	82
selegiline hcl	45	simvastatin	63
SELZENTRY	51	sirolimus	89
senexon-s	107	SIRTURO	31
senna	107	SKYRIZI	89
senna lax	107	SMOFLIPID	71
senna laxative	107	smooth antacid	108

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sodium bicarbonate	71, 108	spironolactone	63
SODIUM BICARBONATE (BULK)	100, 108	sprintec (28)	82
sodium chloride	72, 94	SPRITAM	24
sodium chloride 0.45 %	72	SPRYCEL	40, 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	73	STIVARGA	41
solifenacin	75	stomach relief	108
SOLIQUA 100/33	55	stool softener	108
SOLTAMOX	40	stool softener (docusate cal)	108
SOLU-MEDROL	76	stool softener-laxative	108
SOLU-MEDROL (PF)	76	stool softener-stimulant laxat	108
SOMAVERT	84, 85	STRENSIQ	74
sorafenib	40	streptomycin	21
SORBITOL	108	STRIBILD	51
sorine	63	STRIVERDI RESPIMAT	99
sotalol	63	subvenite	24
sotalol af	63	subvenite starter (blue) kit	24
SPIRIVA RESPIMAT	99	subvenite starter (green) kit	24
SPIRIVA WITH HANDIHALER	99	subvenite starter (orange) kit	24
spironolacton-hydrochlorothiaz	63	sucralfate	73

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sudogest	108	tacrolimus	68, 89
SUFLAVE	73	tadalafil	75
sulfacetamide sodium	21, 96	tadalafil (pulm. hypertension)	99
sulfacetamide-prednisolone	96	TAFINLAR	41
sulfadiazine	21	TAGRISSO	41
sulfamethoxazole-trimethoprim	21	TALICIA	74
sulfasalazine	90	TALVEY	41
sulindac	15	TALZENNA	41
sumatriptan	31	tamoxifen	41
sumatriptan succinate	31	tamsulosin	75
sunitinib malate	41	tarina fe 1-20 eq (28)	82
SUNLENCA	51	tarina fe 1/20 (28)	82
suphedrin	108	tarina 24 fe	82
SURE COMFORT ALCOHOL PREP PADS	94	TASIGNA	41
SURE-PREP ALCOHOL PREP PADS	94	tasimelteon	100
SUTAB	74	tazarotene	68
syeda	82	taztia xt	63
SYMBICORT	99	TAZVERIK	41
SYMPAZAN	24	TDVAX	89
SYMTUZA	51	TECENTRIQ	41
SYNJARDY	56	TECENTRIQ HYBREZA	41
SYNJARDY XR	56	TECVAYLI	41
SYNRIBO	41	TEFLARO	21
SYNTHROID	83	telmisartan	63
		telmisartan-amlodipine	63
		temazepam	100

T

TABRECTA

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temsirolimus	41	tinidazole	21
TENIVAC (PF)	89	tioconazole	108
tenofovir disoproxil fumarate	51	tioconazole-1	108
TEPMETKO	41	TIROSINT-SOL	83
terazosin	63	TIVDAK	41
terbinafine hcl	30	TIVICAY	51
terconazole	30	TIVICAY PD	51
teriflunomide	65	tizanidine	48
testosterone	82	tobramycin	96
testosterone cypionate	82	tobramycin in 0.225 % nacl	21
testosterone enanthate	82	tobramycin sulfate	21
tetrabenazine	65	tobramycin-dexamethasone	96
TEVIMBRA	41	tolterodine	75
THALOMID	41	topiramate	24
theophylline	99	topotecan	41
thiamine hcl (vitamin b1)	100	toremifene	41
thioridazine	47	torpenz	41
thiotepa	41	toremide	63
thiothixene	47	TOUJEO MAX U-300 SOLOSTAR	56
tiadylt er	63	TOUJEO SOLOSTAR U-300 INSULIN	56
tiagabine	24	TPN ELECTROLYTES	72
TIBSOVO	41	TRADJENTA	56
TICOVAC	89	tramadol	16
tigecycline	21	trandolapril	63
tilia fe	82	tranexamic acid	57
timolol maleate	63, 96	tranylcypromine	27

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TRAVASOL 10 %	72	tri-vylibra lo	82
travoprost	96	triamcinolone acetonide	66, 76
TRAZIMERA	41	triamterene-hydrochlorothiazid	63
trazodone	27	triderm	76
TRECTOR	31	trientine	72
TRELEGY ELLIPTA	99	trifluoperazine	47
TRELSTAR	85	trifluridine	96
TREMFYA	89	trihexyphenidyl	45
TREMFYA PEN	89	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	108	TRISENOX	42
tri-estarylla	82	TRIUMEQ	51
tri-legest fe	82	TRIUMEQ PD	51
tri-linyah	82	trivora (28)	82
tri-lo-estarylla	82	TRIZIVIR	51
tri-lo-marzia	82	TRODELVY	42
tri-lo-mili	82	TROGARZO	51
tri-lo-sprintec	82	TROPHAMINE 10 %	72
tri-mili	82	trospium	75
tri-nymyo	82	TRUE COMFORT ALCOHOL PADS	94
tri-sprintec (28)	82	TRUE COMFORT PRO ALCOHOL PADS	94
tri-vylibra	82	trueplus glucose	108

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TRULICITY	56	UNITUXIN	42
TRUMENBA	89	ursodiol	74
TRUQAP	42		
		V	
TUKYSA	42	valacyclovir	51
tulana	82	VALCHLOR	42
TURALIO	42	valganciclovir	51
turqoz (28)	82	valproate sodium	24
tusnel diabetic	108	valproic acid	24
tusnel-ex	108	valproic acid (as sodium salt)	24
tussin dm	108	valsartan	63
tussin dm clear	108	valsartan-hydrochlorothiazide	63
tussin mucus-chest congestion	108	VALTOCO	24
TWINRIX (PF)	89	valtya	82
TYBOST	51	vancomycin	21, 22
TYMLOS	91	VANFLYTA	42
TYPHIM VI	89	VAQTA (PF)	89
		U	
UBRELVY	31	varenicline tartrate	16
UDENYCA	57	VARIVAX (PF)	90
UDENYCA AUTOINJECTOR	57	VASCEPA	63
UDENYCA ONBODY	57	VAXCHORA VACCINE	90
ULTILET ALCOHOL SWAB	94	VECTIBIX	42
ULTRA-FINE INS SYR (HALF UNIT)	94	velivet triphasic regimen (28)	82
ULTRA-FINE INSULIN SYRINGE	94	VEMLIDY	51
ULTRA-FINE PEN NEEDLE	94	VENCLEXTA	42
UNITHROID	84	VENCLEXTA STARTING PACK	42
		venlafaxine	27

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VENTOLIN HFA	99	VOCABRIA	52
verapamil	63, 64	volnea (28)	82
VERQUVO	64	VONJO	42
VERSACLOZ	47	VORANIGO	42
VERZENIO	42	voriconazole	30
vestura (28)	82	VOSEVI	52
vienva	82	VOWST	74
vigabatrin	24	VRAYLAR	47
vigadrone	24	VUMERITY	65
VIGAFYDE	25	vylibra	83
vigpoder	25	VYLOY	42
VIIBRYD	27	VYNDAMAX	74
vilazodone	27	VYVGART	31
vinblastine	42	VYVGART HYTRULO	31
vincasar pfs	42	VYXEOS	42
vincristine	42		
vinorelbine	42		
viorele (28)	82		
VIRACEPT	51		
VIREAD	51		
virt-nate dha	72		
vitamin d2	100		
vitamin k1	100		
VITRAKVI	42		
VIVITROL	17		
VIZIMPRO	42		
		W	
		warfarin	57
		water for irrigation, sterile	94
		WEBCOL	94
		WELIREG	74
		wera (28)	83
		wesnatal dha complete	72
		wesnate dha	72
		westab plus	72
		wixela inhub	99
		women's gentle laxative(bisac)	108

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wymzya fe	83	zarah	83
X		ZARXIO	57, 58
XALKORI	42	ZEGALOGUE AUTOINJECTOR	56
XARELTO	57	ZEGALOGUE SYRINGE	56
XARELTO DVT-PE TREAT 30D START	57	ZEJULA	43
XATMEP	90	ZELBORAF	43
XCOPRI	25	ZEMAIRA	74
XCOPRI MAINTENANCE PACK	25	zenatane	68
XCOPRI TITRATION PACK	25	ZEPZELCA	43
XDEMYVY	94	ZEVALIN (Y-90)	94
XGEVA	91	zidovudine	52
XIFAXAN	74	ZIIHERA	43
XOLAIR	90	ziprasidone hcl	48
XOSPATA	43	ziprasidone mesylate	48
XPOVIO	43	ZIRABEV	43
XTANDI	43	ZIRGAN	52
xulane	83	zoledronic ac-mannitol-0.9nacl	91
Y		zoledronic acid	91
YERVOY	43	zoledronic acid-mannitol-water	91
YF-VAX (PF)	90	ZOLINZA	43
YONDELIS	43	zolpidem	100
Z		ZONISADE	25
zafemy	83	zonisamide	25
zafirlukast	99	zovia 1-35 (28)	83
zaleplon	100	ZTALMY	25
ZALTRAP	43	ZUBSOLV	17
ZANOSAR	43		

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zumandimine (28)	83
ZURZUVAE	27
ZYDELIG	43
ZYKADIA	43
ZYNLONTA	43
ZYNYZ	43
ZYPITAMAG	64
ZYPREXA RELPREVV	48
3-day vaginal	101

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THIS FORMULARY WAS UPDATED ON 03/01/2025.

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
Local pain.....	16	Nervous system conditions.....	64
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.....	72
Depression.....	26	Genetic disorders.....	74
Nausea and vomiting.....	28	Bladder and prostate conditions.....	75
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Gout.....	30	Pituitary hormone replacement.....	76
Migraines.....	30	Sex hormone imbalances.....	77
Myasthenia gravis.....	31	Thyroid hormone replacement.....	83
Tuberculosis.....	31	84
Cancer.....	32	Overactive thyroid conditions.....	85
Parasitic infections.....	43	Immune system conditions and vaccines.....	85
Parkinson's disease.....	44	Crohn's disease and ulcerative colitis.....	90
Mood and psychological conditions.....	45	Bone conditions.....	90
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Viral infections.....	48	Eye conditions.....	95
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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 Italiano 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 03/01/2025. 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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