

**OneCare Connect Cal MediConnect Plan
(Medicare-Medicaid Plan)
2021 List of Covered Drugs
(Formulary)**

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

This formulary was updated on 11/22/2021. For more recent information or other questions, please call OneCare Connect at **1-855-705-8823** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit **www.caloptima.org/onecareconnect**.

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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) | 2021 List of Covered Drugs (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 OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by OneCare Connect. Key terms and their definitions appear in the last chapter of the Member Handbook.

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A. Disclaimers

This is a list of drugs that members can get in OneCare Connect.

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

You can always check OneCare Connect's up-to-date List of Covered Drugs online at www.caloptima.org/onecareconnect or by calling **1-855-705-8823 (TTY 711)**.

OneCare Connect complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

You can get this document for free in other formats, such as large print, braille, or audio. Call OneCare Connect Customer Service at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. This call is free.

You can also make a standing request to get materials in Spanish, Vietnamese, Korean, Farsi, Arabic or Chinese. Call **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. This call is free.

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. This call is free.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-705-8823 (TTY 711)**, las 24 horas al día, los 7 días de la semana. Esta llamada es gratuita.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-705-8823 (TTY 711)**。一周7天，一天24小時。此通電話免費。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-705-8823 (TTY 711)**, 24 giờ một ngày, 7 ngày một tuần. Cuộc gọi này hoàn toàn miễn phí.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 주 7일, 하루 24시간 운영되는 **1-855-705-8823 (TTY 711)** 번으로 전화해 주십시오. 통화는 무료입니다.

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. لطفاً طی 24 ساعت شبانه روز و 7 روز هفته با شماره **1-855-705-8823 (TTY 711)** تماس بگیرید. این تماس رایگان است.

If you have questions, please call OneCare Connect at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. For more information, visit www.caloptima.org/onecareconnect.



Arabic:

ملحوظة: إذا كنت تتحدث بلغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل على الرقم **1-855-705-8823** وعلى (TTY 711)، على مدار 24 ساعة في اليوم و 7 أيام في الأسبوع. هذه المكالمات مجانية

If you have questions, please call OneCare Connect at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.



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 Drug List are the drugs covered by OneCare Connect. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- OneCare Connect will cover all medically necessary drugs on the Drug List if:
 - o your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - o you fill the prescription at a OneCare Connect network pharmacy.
- In some cases, you have to do something before you can get a drug (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at www.caloptima.org/onecareconnect or call Customer Service at **1-855-705-8823** (TTY **711**).

B2. Does the Drug List ever change?

Yes, and OneCare Connect must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior approval for a drug. (Prior approval is permission from OneCare Connect 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, see 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 on the market that works as well as a drug on the Drug List now, **or**

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- 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 OneCare Connect's up-to-date Drug List online at **www.caloptima.org/onecareconnect**.
- You can also call Customer Service to check the current Drug List at **1-855-705-8823** (TTY **711**).

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - o We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - o 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 see 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 the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will also tell your doctor or other prescriber about this change.
 - o You can work with your doctor or other prescriber to find another drug for your condition. Please contact your doctor or other prescriber if you need help finding another drug.
 - o You can also call Customer Service for help at **1-855-705-8823** (TTY **711**).

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 add a generic drug that is not new to the market **and**

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- o Replace a brand name drug currently on the Drug List **or**
- o 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, see question B10.

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from OneCare Connect before you fill your prescription. OneCare Connect may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes OneCare Connect limits the amount of a drug you can get.
- **Step therapy:** Sometimes OneCare Connect 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.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 14. You can also get more information by visiting our website at **www.caloptima.org/onecareconnect**. 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 see questions B10–B12 for more information about exceptions.

If you have questions, please call OneCare Connect at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **www.caloptima.org/onecareconnect**.



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

The List of Covered Drugs on page 13 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it starting on page I-1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 14. 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, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

If you don’t see your drug on the Drug List, call Customer Service at **1-855-705-8823 (TTY 711)** and ask about it. If you learn that OneCare Connect will not cover the drug, you can do one of these things:

- Ask Customer Service 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 OneCare Connect to make an exception to cover your drug. Please see questions B10–B12 for more information about exceptions.

If you have questions, please call OneCare Connect at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.



B9. What if you are a new OneCare Connect member and can't find your drug on the Drug List or have a problem getting your 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 OneCare Connect. 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 refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- You are taking a drug that is not on our Drug List, **or**
- Health plan rules do not let you get the amount ordered by your prescriber, **or**
- The drug requires prior approval by OneCare Connect, **or**
- You are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new OneCare Connect member.
- This is in addition to the temporary supply during the first 90 days you are a member of OneCare Connect.

If you are a current member moving from one treatment setting to another, this is called a Level of Care Change. Examples include:

- Entering a long-term care facility from an acute-care hospital
- Discharge from hospital to home
- Ending a Part A skilled nursing stay with reversion to Part D coverage
- Giving up hospice status to revert to standard Part A and Part B benefits
- Ending a long-term care facility stay and returning to the community
- Discharge from a psychiatric hospital.

If you have a Level of Care Change, for each of your drugs that is not on our Drug List, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply when you go to a



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network pharmacy. After your first 30-day supply, we will not pay for these drugs. In these instances, you have two options:

- Ask Customer Service 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 OneCare Connect to make an exception to cover your drug. Please see question B10 for more information about exceptions

B10. Can you ask for an exception to cover your drug?

Yes. You can ask OneCare Connect 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, OneCare Connect may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can you ask for an exception?

To ask for an exception, call Customer Service. Customer Service 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?

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

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 ingredients as brand name drugs. They usually cost less than the brand name drug and their names are less commonly known. Generic drugs are approved by the Food and Drug Administration (FDA).

OneCare Connect covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

If you have questions, please call OneCare Connect at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.



OTC stands for “over-the-counter.” OneCare Connect covers some OTC drugs when they are written as prescriptions by your provider.

You can read the OneCare Connect Drug List to see what OTC drugs are covered.

B15. Does OneCare Connect cover non-drug OTC products?

OneCare Connect covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include blood glucose test strips, lancets and inhaler assistive devices.

You can read the OneCare Connect Drug List to see what non-drug OTC products are covered.

B16. What is your co-pay?

You can read the OneCare Connect Drug List to learn about the co-pay for each drug. OneCare Connect members living in nursing homes or other long-term care facilities will have no co-pays. Some members getting long-term care in the community will also have no co-pays.

Co-pays are listed by tiers. Tiers are groups of drugs with the same co-pay.

- Tier 1 drugs are generic drugs. The co-pay will be \$0.
- Tier 2 drugs are brand-name drugs. The co-pay will be \$0, \$4 or \$9.20, depending on your level of Extra Help. You can read Chapter 6 of the Member Handbook to learn more about your share of drug costs.
- Tier 3 drugs are non-Medicare drugs that are covered by Medi-Cal. The co-pay will be \$0.



If you have questions, please call OneCare Connect at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by OneCare Connect. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page I-1. The Index alphabetically lists all drugs covered by OneCare Connect.

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

The information in the “Necessary actions, restrictions, or limits on use” column tells you if OneCare Connect has any rules for covering your drug.

Note: The asterisk (*) next to a drug means the drug is not a “Part D drug.” You will not be required to pay a co-pay for these drugs. These drugs also have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medi-Cal.
- If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Customer Service at **1-855-705-8823** (TTY **711**). You can also read Chapter 9 of the Member Handbook to learn how to appeal a decision.



If you have questions, please call OneCare Connect at **1-855-705-8823** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

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, Cardiovascular Agents. 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:

Code	Meaning
LA	This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-855-705-8823 (TTY 711), 24 hours a day, 7 days a week
PA	You (or your physician) are required to get prior authorization from OneCare Connect before you fill your prescription for this drug. Without prior approval, OneCare Connect may not cover this drug.
PA BvD	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from OneCare Connect to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, OneCare Connect may not cover this drug.
PA-HRM	This drug has been deemed by the Centers for Medicare & Medicaid Services (CMS) to be potentially harmful and, therefore, a High-Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from OneCare Connect before filling a prescription for this drug. Without prior approval, OneCare Connect may not cover this drug.
PA NSO	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from OneCare Connect before you fill your prescription for this drug. Without prior approval, OneCare Connect may not cover this drug.
QL	OneCare Connect limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Before OneCare Connect will provide coverage for this drug, you must first try other drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
*	This drug is a non-Part D drug, or an over-the-counter (OTC) drug or product.

If you have questions, please call OneCare Connect at **1-855-705-8823** (TTY **711**), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
Analgesics		
<i>acetaminophen 325 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	\$0 (Tier 1)	QL (5000 per 30 days)
<i>aspirin 325 mg tablet*</i>	\$0 (Tier 3)	QL (100 per 30 days)
<i>aspirin 325 mg tablet dr*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>aspirin 81 mg tab chew*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>aspirin 81 mg tablet dr*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>butalbital-acetaminophen-caffeine 50-325-40 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	\$0 (Tier 1)	QL (120 per 30 days)
<i>fentanyl 12 mcg/hr patch</i>	\$0 (Tier 1)	QL (10 per 30 days)
<i>hydrocodone-acetaminophen (5-325 mg, 10-325 mg)</i>	\$0 (Tier 1)	QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to List of Abbreviations on page 14.

If you have questions, please call OneCare Connect at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
<i>hydrocodone-acetaminophen 10-325mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>hydrocodone-acetaminophen 5-325mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>hydrocodone-acetaminophen 7.5-325mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>hydrocodone-ibuprofen 7.5-200</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>ibuprofen 200 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 7.5-325)</i>	\$0 (Tier 1)	QL (120 per 30 days)
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>celecoxib 400 mg capsule</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>diclofenac 1% gel rx</i>	\$0 (Tier 1)	
<i>diclofenac epolamine 1.3% ptch</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to List of Abbreviations on page 14.

If you have questions, please call OneCare Connect at **1-855-705-8823 (TTY 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
<i>diclofenac sodium 100 mg tab</i>	\$0 (Tier 1)	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	\$0 (Tier 1)	
<i>diclofenac sodium 3% gel</i>	\$0 (Tier 1)	PA
<i>ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	\$0 (Tier 1)	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
IBU (600 MG TABLET, 800 MG TABLET)	\$0 (Tier 1)	
<i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	\$0 (Tier 1)	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	\$0 (Tier 1)	PA-HRM
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	\$0 (Tier 1)	
<i>nabumetone (500 mg tablet, 750 mg tablet)</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
Analgesics		
<i>naproxen (125 mg/5 ml suspen, 250 mg tablet, 375 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	\$0 (Tier 1)	
PENNSAID (2% PUMP, 2% SOLUTION PACKET)	\$0-\$9.20 (Tier 2)	PA, QL (224 per 28 days)
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	\$0 (Tier 1)	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	QL (28 per 14 days)
Opioid Analgesics, Long-acting		
<i>fentanyl (25 patch, 50 patch, 75 patch, 100 patch)</i>	\$0 (Tier 1)	QL (10 per 30 days)
<i>levorphanol tartrate (2 mg tablet, 3 mg tablet)</i>	\$0 (Tier 1)	
<i>methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, hcl 10 mg tablet)</i>	\$0 (Tier 1)	PA NSO
<i>morphine sulf 20 mg/5 ml soln</i>	\$0 (Tier 1)	
<i>morphine sulfate er (sulf er 100 mg tablet, sulf er 200 mg tablet, sulfate er 100 mg cap, sulfate er 120 mg cap)</i>	\$0 (Tier 1)	PA NSO, 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
Analgesics		
<i>morphine sulfate er (sulf er 15 mg tablet, sulf er 30 mg tablet, sulf er 60 mg tablet, sulfate er 10 mg cap, sulfate er 20 mg cap, sulfate er 30 mg cap, sulfate er 45 mg cap, sulfate er 50 mg cap, sulfate er 60 mg cap, sulfate er 75 mg cap, sulfate er 80 mg cap, sulfate er 90 mg cap)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxycodone hcl er (er 10 mg tablet, er 15 mg tablet, er 20 mg tablet, er 30 mg tablet, er 40 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxycodone hcl er (er 60 mg tablet, er 80 mg tablet)</i>	\$0 (Tier 1)	PA NSO, QL (60 per 30 days)
<i>oxymorphone hcl er (er 5 mg tablet, er 10 mg tab, er 15 mg tab, er 20 mg tab, er 30 mg tab, er 40 mg tab)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxymorphone hcl er 7.5 mg tab</i>	\$0 (Tier 1)	
Opioid Analgesics, Short-acting		
<i>codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)</i>	\$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
Analgesics		
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>	\$0 (Tier 1)	PA, QL (180 per 30 days)
<i>hydromorphone hcl (1 mg/ml solution, 2 mg tablet, 4 mg tablet, 5 mg/5 ml soln, 8 mg tablet)</i>	\$0 (Tier 1)	
<i>meperidine hcl (25 mg/ml vial, 50 mg/5 ml solution, 50 mg/ml vial, 100 mg/ml vial)</i>	\$0 (Tier 1)	PA
<i>morphine sulfate (10 mg/5 ml soln, 100 mg/5 ml conc)</i>	\$0 (Tier 1)	
<i>morphine sulfate (ir 15 mg tab, ir 30 mg tab)</i>	\$0-\$9.20 (Tier 2)	
<i>oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, 5 mg tablet, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, 15 mg tablet, (ir) 20 mg tab, 20 mg tablet, (ir) 30 mg tab, 30 mg tablet, 100 mg/5 ml conc)</i>	\$0 (Tier 1)	
<i>oxymorphone hcl (5 mg tablet, 10 mg tablet)</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
Analgesics		
<i>tramadol hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>tramadol hcl 50 mg tablet</i>	\$0 (Tier 1)	QL (240 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anesthetics		
Local Anesthetics		
<i>lidocaine 2% viscous soln</i>	\$0 (Tier 1)	
<i>lidocaine 5% patch</i>	\$0 (Tier 1)	PA, QL (90 per 30 days)
<i>lidocaine hcl 4% solution</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine cream</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calc dr 333 mg tab</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
Anti-Addiction/Substance Abuse Treatment Agents		
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>naltrexone 50 mg tablet</i>	\$0 (Tier 1)	
Opioid Dependence Treatments		
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>buprenorphine-naloxone 2-0.5mg sl tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>buprenorphine-naloxone 8-2mg sl tablet</i>	\$0 (Tier 1)	QL (90 per 30 days)
LUCEMYRA 0.18 MG TABLET	\$0-\$9.20 (Tier 2)	PA
NARCAN 4 MG NASAL SPRAY	\$0-\$9.20 (Tier 2)	QL (2 per 30 days)
VIVITROL (380 MG VIAL, 380 MG VIAL-DILUENT)	\$0-\$9.20 (Tier 2)	
Opioid Reversal Agents		
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	\$0 (Tier 1)	
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-Addiction/Substance Abuse Treatment Agents		
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
CHANTIX STARTING MONTH BOX	\$0-\$9.20 (Tier 2)	QL (53 per 28 days)
<i>nicotine 14mg/24hr patch td24*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>nicotine 21 mg/24hr patch td24*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>nicotine 21-14-7mg patch dysq*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>nicotine 7mg/24hr patch td24*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>nicotine polacrilex 2 mg gum*</i>	\$0 (Tier 3)	QL (360 per 30 days)
<i>nicotine polacrilex 2 mg lozenge*</i>	\$0 (Tier 3)	QL (360 per 30 days)
<i>nicotine polacrilex 4 mg gum*</i>	\$0 (Tier 3)	QL (360 per 30 days)
<i>nicotine polacrilex 4 mg lozenge*</i>	\$0 (Tier 3)	QL (360 per 30 days)
NICOTROL CARTRIDGE INHALER	\$0-\$9.20 (Tier 2)	QL (504 per 30 days)
NICOTROL NS 10 MG/ML SPRAY	\$0-\$9.20 (Tier 2)	QL (120 per 30 days)
<i>varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antibacterials		
Aminoglycosides		
<i>amikacin sulf 500 mg/2 ml vial</i>	\$0 (Tier 1)	
ARIKAYCE 590 MG/8.4 ML VIAL	\$0-\$9.20 (Tier 2)	PA, QL (252 per 30 days)
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, 0.3% eye drop, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate in ns (60 mg/ns 50 ml pb, iso 100 mg/100 ml, isoton 60 mg/50 ml, 80 mg/ns 100 ml pb, 80 mg/ns 50 ml pb, isoton 80 mg/100 ml, isoton 80 mg/50 ml, 100 mg/ns 100 ml)</i>	\$0 (Tier 1)	
<i>neomycin 500 mg tablet</i>	\$0 (Tier 1)	
<i>paramomycin 250 mg capsule</i>	\$0 (Tier 1)	
<i>streptomycin sulf 1 gm vial</i>	\$0 (Tier 1)	
TOBRADEX EYE OINTMENT	\$0-\$9.20 (Tier 2)	QL (7 per 30 days)
TOBRADEX ST 0.3-0.05% EYE DROP	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antibacterials		
<i>tobramycin 0.3% eye drop</i>	\$0 (Tier 1)	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	\$0 (Tier 1)	
TOBREX 0.3% EYE OINTMENT	\$0-\$9.20 (Tier 2)	
Antibacterials		
<i>amoxicillin 250 mg/5 ml susp</i>	\$0 (Tier 1)	
<i>azithromycin (500 mg add-van vl, 500 mg tablet, i.v. 500 mg vial)</i>	\$0 (Tier 1)	
<i>azithromycin 500 mg tablet (dose pack)</i>	\$0 (Tier 1)	
<i>cefotetan (1 gm vial, 2 gm vial)</i>	\$0 (Tier 1)	
<i>ceftriaxone (2 gm add vial, 2 gm vial)</i>	\$0 (Tier 1)	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate (ph 9 g/60 ml vial, 150 mg/ml addvan, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl)</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
Antibacterials		
<i>colistimethate 150 mg vial</i>	\$0 (Tier 1)	
<i>daptomycin (350 mg vial, 500 mg vial)</i>	\$0 (Tier 1)	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 75 mg tablet)</i>	\$0 (Tier 1)	
ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	\$0-\$9.20 (Tier 2)	
<i>imipenem-cilastatin 500 mg vl</i>	\$0 (Tier 1)	
<i>linezolid 600 mg/300 ml-d5w</i>	\$0 (Tier 1)	PA
<i>piperacillin-tazobactam (13.5 gm vl, 40.5 gram)</i>	\$0 (Tier 1)	
<i>vancomycin hcl (500 mg a-v vial, 500 mg add-van vial, 500 mg vial)</i>	\$0 (Tier 1)	
<i>vancomycin hcl 250 mg vial</i>	\$0-\$9.20 (Tier 2)	
Antibacterials, Other		
<i>acetic acid 2% ear solution</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
Antibacterials		
AEMCOLO DR 194 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (12 per 3 days)
<i>bacitracin 500 unit/gm ophth</i>	\$0 (Tier 1)	
<i>benznidazole 100 mg tablet</i>	\$0 (Tier 1)	PA
<i>benznidazole 12.5 mg tablet</i>	\$0-\$9.20 (Tier 2)	PA
CLEOCIN 100 MG VAGINAL OVULE	\$0-\$9.20 (Tier 2)	
<i>clindamycin (pedi) 75 mg/5 ml</i>	\$0 (Tier 1)	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	\$0 (Tier 1)	
<i>clindamycin pediater 75 mg/5 ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate (ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, 600 mg/4 ml addvan, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion, phosphate 1% gel, 150 mg/ml addvan)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate-d5w (clindamycin-d5w 300 mg/50 ml, clindamycin-d5w 600 mg/50 ml, clindamycin-d5w 900 mg/50 ml)</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
Antibacterials		
DALVANCE 500 MG VIAL	\$0-\$9.20 (Tier 2)	PA
<i>fosfomycin 3 gm sachet</i>	\$0 (Tier 1)	
<i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>	\$0 (Tier 1)	PA
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel, vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	\$0 (Tier 1)	
<i>mupirocin (2% cream, 2% ointment)</i>	\$0 (Tier 1)	
<i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)</i>	\$0 (Tier 1)	
<i>nitrofurantoin mono-mcr 100 mg</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate vial</i>	\$0 (Tier 1)	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	\$0-\$9.20 (Tier 2)	PA, QL (6 per 30 days)
SOLOSEC 2 GM GRANULE PACKET	\$0-\$9.20 (Tier 2)	PA
SULFAMYLON 8.5% CREAM	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antibacterials		
<i>tigecycline 50 mg vial</i>	\$0 (Tier 1)	PA
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>trimethoprim 100 mg tablet</i>	\$0 (Tier 1)	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 10 gm vial, hcl 100 gm smartpak)</i>	\$0 (Tier 1)	
<i>vancomycin hcl 125 mg capsule</i>	\$0 (Tier 1)	PA, QL (160 per 30 days)
XIFAXAN (200 MG TABLET, 550 MG TABLET)	\$0-\$9.20 (Tier 2)	PA
Beta-lactam, Cephalosporins		
AVYCAZ 2.5 GRAM VIAL	\$0-\$9.20 (Tier 2)	PA
<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	\$0 (Tier 1)	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	\$0 (Tier 1)	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</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
Antibacterials		
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	\$0 (Tier 1)	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	\$0 (Tier 1)	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i>	\$0 (Tier 1)	
<i>cefoxitin (1 gm vial, 2 gm vial, 10 gm vial)</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>	\$0 (Tier 1)	
<i>ceftriaxone (1 gm add-vant vial, 1 gm vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	\$0 (Tier 1)	
<i>cefuroxime (250 mg tab, 500 mg tab)</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
Antibacterials		
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)</i>	\$0 (Tier 1)	
TEFLARO (400 MG VIAL, 600 MG VIAL)	\$0-\$9.20 (Tier 2)	PA
ZERBAXA 1.5 GRAM VIAL	\$0-\$9.20 (Tier 2)	PA
Beta-lactam, Other		
AZACTAM 2 GM VIAL	\$0 (Tier 1)	
<i>aztreonam 1 gm vial</i>	\$0 (Tier 1)	
<i>ertapenem 1 gram vial</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin 250 mg vl</i>	\$0 (Tier 1)	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	\$0 (Tier 1)	
VABOMERE 2 GRAM VIAL	\$0-\$9.20 (Tier 2)	PA
Beta-lactam, Penicillins		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</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
Antibacterials		
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	\$0 (Tier 1)	
<i>ampicillin 500 mg capsule</i>	\$0 (Tier 1)	
<i>ampicillin sodium (1 gm advantage vl, 1 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial)</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm vl)</i>	\$0 (Tier 1)	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	\$0-\$9.20 (Tier 2)	
BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS)	\$0-\$9.20 (Tier 2)	
<i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</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
Antibacterials		
<i>naftillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial)</i>	\$0 (Tier 1)	
<i>oxacillin 1 gm/ 50 ml inj</i>	\$0-\$9.20 (Tier 2)	
<i>oxacillin 2 gm/ 50 ml inj</i>	\$0 (Tier 1)	
<i>oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm vial)</i>	\$0 (Tier 1)	
<i>pen g 1.2 million unit/2 ml</i>	\$0 (Tier 1)	
<i>penicillin g na 5 million unit</i>	\$0 (Tier 1)	
<i>penicillin g potassium (5 million, 20 million)</i>	\$0 (Tier 1)	
<i>penicillin gk-iso-osm dextrose (pen g 1 million unit/50 ml, pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)</i>	\$0 (Tier 1)	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</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
Antibacterials		
Macrolides		
AZASITE 1% EYE DROPS	\$0-\$9.20 (Tier 2)	
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>azithromycin 250 mg tablet (dose pack)</i>	\$0 (Tier 1)	
<i>azithromycin 500 mg tablet (dose pack)</i>	\$0 (Tier 1)	
<i>azithromycin 600 mg tablet</i>	\$0 (Tier 1)	PA
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>erythromycin (0.5% eye ointment, 2% gel, 2% solution, 250 mg filmtab, 500 mg filmtab)</i>	\$0 (Tier 1)	
Quinolones		
BAXDELA (300 MG VIAL, 450 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (28 per 14 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antibacterials		
BESIVANCE 0.6% SUSP	\$0-\$9.20 (Tier 2)	PA, QL (5 per 30 days)
CILOXAN 0.3% OINTMENT	\$0-\$9.20 (Tier 2)	PA
<i>ciprofloxacin 200 mg/100ml-d5w</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl (0.3% eye drop, hcl 500 mg tab, hcl 750 mg tab)</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>gatifloxacin 0.5% eye drops</i>	\$0 (Tier 1)	
<i>levofloxacin (0.5% eye drops, 25 mg/ml solution, 250 mg tablet, 250 mg/10 ml soln, 500 mg tablet, 500 mg/20 ml soln, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	\$0 (Tier 1)	
<i>levofloxacin-d5w (500 mg/100 ml-d5w, 750 mg/150 ml-d5w)</i>	\$0 (Tier 1)	
<i>moxifloxacin 0.5% eye drops</i>	\$0 (Tier 1)	
<i>ofloxacin (0.3% ear drops, 0.3% eye drops, 300 mg tablet, 400 mg tablet)</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
Antibacterials		
Sulfonamides		
SILVADENE 1% CREAM	\$0 (Tier 1)	
<i>silver sulfadiazine 1% cream</i>	\$0 (Tier 1)	
<i>sodium sulfacetamide 10% lot</i>	\$0 (Tier 1)	
SSD 1% CREAM	\$0 (Tier 1)	
<i>sulfacetamide sodium (10% eye drops, 10% eye ointment, sod 10% top susp, sodium 10% lotn)</i>	\$0 (Tier 1)	
<i>sulfadiazine 500 mg tablet</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet, susp)</i>	\$0 (Tier 1)	
Tetracyclines		
<i>demeclocycline hcl (150 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	PA
DOXY 100 VIAL	\$0 (Tier 1)	
<i>doxycycline monohydrate (50 mg tablet, 100 mg cap, 100 mg tablet)</i>	\$0 (Tier 1)	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</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
Antibacterials		
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	\$0 (Tier 1)	PA
VIBRAMYCIN 50 MG/5 ML SYRUP	\$0-\$9.20 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLN	\$0-\$9.20 (Tier 2)	PA NSO, QL (600 per 30 days)
EPIDIOLEX 100 MG/ML SOLUTION	\$0-\$9.20 (Tier 2)	PA NSO
FINTEPLA 2.2 MG/ML SOLUTION	\$0-\$9.20 (Tier 2)	PA NSO, QL (360 per 30 days)
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1000 mg/10 ml)</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
Anticonvulsants		
<i>levetiracetam er 500 mg tablet</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>levetiracetam er 750 mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	\$0-\$9.20 (Tier 2)	
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	\$0-\$9.20 (Tier 2)	PA NSO, QL (28 per 28 days)
XCOPRI (150 MG TABLET, 200 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)	\$0-\$9.20 (Tier 2)	PA NSO, QL (56 per 28 days)
XCOPRI (50 MG TABLET, 100 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
Calcium Channel Modifying Agents		
CELONTIN 300 MG KAPSEAL	\$0-\$9.20 (Tier 2)	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	\$0 (Tier 1)	
<i>pregabalin (150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticonvulsants		
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin 20 mg/ml solution</i>	\$0 (Tier 1)	QL (960 per 30 days)
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	\$0 (Tier 1)	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	PA NSO
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt, 2 mg odt)</i>	\$0 (Tier 1)	
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>clonazepam 2 mg tablet</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>	\$0 (Tier 1)	QL (180 per 30 days)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	\$0-\$9.20 (Tier 2)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticonvulsants		
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	\$0 (Tier 1)	
<i>divalproex sodium (dr 125 mg cap sprnk, dr 125 mg cp(sprnk), sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)</i>	\$0 (Tier 1)	
<i>divalproex sodium er (er 250 mg tab, er 500 mg tab)</i>	\$0 (Tier 1)	
<i>gabapentin (100 mg capsule, 300 mg capsule, 600 mg tablet)</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)</i>	\$0 (Tier 1)	QL (2400 per 30 days)
<i>gabapentin 400 mg capsule</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>gabapentin 800 mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
NAYZILAM 5 MG NASAL SPRAY	\$0-\$9.20 (Tier 2)	PA NSO, QL (10 per 28 days)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml sol, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml soln, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticonvulsants		
<i>primidone (50 mg tablet, 250 mg tablet)</i>	\$0 (Tier 1)	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	\$0 (Tier 1)	
<i>valproic acid (250 mg capsule, 250 mg/5 ml soln, 500 mg/10 ml sol)</i>	\$0 (Tier 1)	
VALTOCO (5 MG NASAL SPRAY, 10 MG NASAL SPRAY, 15 MG NASAL SPRAY, 20 MG NASAL SPRAY)	\$0-\$9.20 (Tier 2)	PA NSO, QL (10 per 28 days)
<i>vigabatrin 500 mg powder packt</i>	\$0 (Tier 1)	PA NSO
<i>vigabatrin 500 mg tablet</i>	\$0 (Tier 1)	
Glutamate Reducing Agents		
EPRONTIA 25 MG/ML SOLUTION	\$0-\$9.20 (Tier 2)	PA NSO, QL (473 per 30 days)
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)</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
Anticonvulsants		
FYCOMPA (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
FYCOMPA 0.5 MG/ML ORAL SUSP	\$0-\$9.20 (Tier 2)	QL (680 per 28 days)
FYCOMPA 2 MG TABLET	\$0-\$9.20 (Tier 2)	QL (180 per 30 days)
FYCOMPA 4 MG TABLET	\$0-\$9.20 (Tier 2)	QL (120 per 30 days)
FYCOMPA 6 MG TABLET	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 25 mg tb start kit, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>lamotrigine tab start kit-blue</i>	\$0 (Tier 1)	
<i>lamotrigine tab start kt-green</i>	\$0 (Tier 1)	
<i>lamotrigine tab start kt-orang</i>	\$0 (Tier 1)	
<i>topiramate (15 mg cap, 25 mg cap)</i>	\$0 (Tier 1)	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticonvulsants		
Sodium Channel Agents		
APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
APTIOM 800 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
BANZEL (200 MG TABLET, 400 MG TABLET)	\$0-\$9.20 (Tier 2)	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	\$0 (Tier 1)	
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	\$0 (Tier 1)	
DILANTIN 125 MG/5 ML SUSP	\$0 (Tier 1)	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)</i>	\$0 (Tier 1)	
PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE)	\$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
Anticonvulsants		
<i>phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>	\$0 (Tier 1)	
<i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>	\$0 (Tier 1)	
VIMPAT (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
VIMPAT 10 MG/ML SOLUTION	\$0-\$9.20 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates 1 mg tab</i>	\$0 (Tier 1)	PA
Cholinesterase Inhibitors		
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	\$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
Antidementia Agents		
<i>donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine 4 mg/ml oral soln</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>galantamine er (er 8 mg capsule, er 16 mg capsule)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine er 24 mg capsule</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	\$0 (Tier 1)	QL (30 per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl (5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>memantine hcl 2 mg/ml solution</i>	\$0 (Tier 1)	QL (480 per 30 days)
<i>memantine hcl er (er 14 mg capsule, er 21 mg capsule, er 28 mg capsule)</i>	\$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
Antidementia Agents		
<i>memantine hcl er 7 mg capsule</i>	\$0 (Tier 1)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidepressants		
Antidepressants		
<i>olanzapine-fluoxetine hcl (3-25 mg, 6-25 mg, 6-50 mg, 12-25 mg, 12-50 mg)</i>	\$0 (Tier 1)	
<i>perphenazine-amitriptyline (2 mg-10 mg tab, 2 mg-25 mg tab, 4 mg-10 mg tab, 4 mg-25 mg tab, 4 mg-50 mg tab)</i>	\$0 (Tier 1)	PA NSO
Antidepressants, Other		
<i>bupropion hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>bupropion hcl 75 mg tablet</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	\$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
Antidepressants		
<i>mirtazapine (7.5 mg tablet, 15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
Monoamine Oxidase Inhibitors		
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	\$0-\$9.20 (Tier 2)	PA NSO
MARPLAN 10 MG TABLET	\$0-\$9.20 (Tier 2)	
<i>phenelzine sulfate 15 mg tab</i>	\$0 (Tier 1)	
<i>tranylcypromine sulf 10 mg tab</i>	\$0 (Tier 1)	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml sol)</i>	\$0 (Tier 1)	QL (600 per 30 days)
<i>desvenlafaxine er (er 50 mg tab, er 50 mg tablet)</i>	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>desvenlafaxine er 100 mg tab</i>	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antidepressants		
<i>desvenlafaxine succinate er (er 25 mg, er 50 mg)</i>	\$0 (Tier 1)	PA NSO, QL (30 per 30 days)
<i>desvenlafaxine succnt er 100mg</i>	\$0 (Tier 1)	PA NSO, QL (120 per 30 days)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>escitalopram oxalate 5 mg/5 ml</i>	\$0 (Tier 1)	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
FETZIMA 20-40 MG TITRATION PAK	\$0-\$9.20 (Tier 2)	PA NSO, QL (28 per 28 days)
<i>fluoxetine 20 mg/5 ml solution</i>	\$0 (Tier 1)	QL (600 per 30 days)
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet, 40 mg capsule)</i>	\$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
Antidepressants		
<i>fluoxetine hcl (20 mg capsule, 20 mg tablet)</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluvoxamine maleate 100 mg tab</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	PA NSO, QL (30 per 30 days)
<i>paroxetine hcl 10 mg/5 ml susp</i>	\$0 (Tier 1)	PA NSO
<i>paroxetine hcl 30 mg tablet</i>	\$0 (Tier 1)	PA NSO, QL (60 per 30 days)
PAXIL 10 MG/5 ML SUSPENSION	\$0-\$9.20 (Tier 2)	PA NSO
<i>pmdd fluoxetine 10mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>pmdd fluoxetine 20mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>sertraline 20 mg/ml oral conc</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>sertraline hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidepressants		
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab)</i>	\$0 (Tier 1)	ST, QL (30 per 30 days)
<i>venlafaxine hcl er 150 mg tab</i>	\$0 (Tier 1)	ST, QL (60 per 30 days)
<i>venlafaxine hcl er 225 mg tab</i>	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
Tricyclics		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	\$0 (Tier 1)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidepressants		
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0 (Tier 1)	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	\$0 (Tier 1)	PA NSO
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0 (Tier 1)	PA NSO
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	\$0 (Tier 1)	PA NSO
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	PA NSO
<i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, 20 mg/10 ml soln, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	\$0 (Tier 1)	PA NSO
<i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antidepressants		
<i>trimipramine maleate (25 mg cap, 50 mg cap)</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>trimipramine maleate 100 mg cp</i>	\$0 (Tier 1)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiemetics		
Antiemetics, Other		
<i>diphenhydramine 50 mg/ml vial</i>	\$0 (Tier 1)	PA-HRM
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml sol)</i>	\$0 (Tier 1)	
<i>prochlorperazine 25 mg supp</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>	\$0 (Tier 1)	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	PA-HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiemetics		
<i>scopolamine 1 mg/3 day patch</i>	\$0 (Tier 1)	PA-HRM, QL (10 per 30 days)
<i>trimethobenzamide 300 mg cap</i>	\$0 (Tier 1)	PA-HRM
Emetogenic Therapy Adjuncts		
<i>aprepitant (80 mg capsule, 125 mg capsule)</i>	\$0 (Tier 1)	PA, QL (12 per 30 days)
<i>aprepitant 125-80-80 mg pack</i>	\$0 (Tier 1)	PA
<i>aprepitant 40 mg capsule</i>	\$0 (Tier 1)	PA, QL (10 per 30 days)
<i>dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0 (Tier 1)	PA
<i>fosaprepitant 150 mg vial</i>	\$0 (Tier 1)	PA
<i>granisetron hcl 1 mg tablet</i>	\$0 (Tier 1)	PA
<i>ondansetron 4 mg/5 ml solution</i>	\$0 (Tier 1)	
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ondansetron hcl 24 mg tablet</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
SYNDROS 5 MG/ML SOLUTION	\$0-\$9.20 (Tier 2)	PA, QL (120 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antifungals		
Antifungals		
ABELCET 100 MG/20 ML VIAL	\$0-\$9.20 (Tier 2)	PA
AMBISOME 50 MG VIAL	\$0-\$9.20 (Tier 2)	PA
<i>amphotericin b 50 mg vial</i>	\$0 (Tier 1)	PA
<i>caspofungin acetate (50 mg vial, 70 mg vial)</i>	\$0 (Tier 1)	PA
<i>ciclopirox (0.77% cream, 0.77% topical susp, 8% solution)</i>	\$0 (Tier 1)	
<i>clotrimazole (1% topical cream, 10 mg troche)</i>	\$0 (Tier 1)	
<i>econazole nitrate 1% cream</i>	\$0 (Tier 1)	
ERAXIS (WATER DILUENT) (DIL) 50 MG VIAL, DIL) 100 MG VIAL)	\$0-\$9.20 (Tier 2)	PA
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>fluconazole 150 mg tablet</i>	\$0 (Tier 1)	QL (4 per 30 days)
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</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
Antifungals		
<i>fluconazole-ns 200 mg/100 ml</i>	\$0 (Tier 1)	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	\$0 (Tier 1)	PA
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	\$0 (Tier 1)	
<i>itraconazole (10 mg/ml solution, 100 mg capsule)</i>	\$0 (Tier 1)	
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>micafungin (50 mg vial, 100 mg vial)</i>	\$0 (Tier 1)	
<i>miconazole 3 200 mg vag supp</i>	\$0 (Tier 1)	
<i>naftifine hcl (1% cream, 2% cream)</i>	\$0 (Tier 1)	
NATACYN 5% EYE DROPS	\$0-\$9.20 (Tier 2)	
NOXAFIL 40 MG/ML SUSPENSION	\$0-\$9.20 (Tier 2)	PA
NYAMYC 100,000 UNIT/GM POWDER	\$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
Antifungals		
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus)</i>	\$0 (Tier 1)	
<i>nystatin-triamcinolone (cream, ointm)</i>	\$0 (Tier 1)	
NYSTOP 100,000 UNIT/GM POWDER	\$0 (Tier 1)	
<i>oxiconazole nitrate 1% cream</i>	\$0 (Tier 1)	
OXISTAT 1% LOTION	\$0-\$9.20 (Tier 2)	
<i>posaconazole dr 100 mg tablet</i>	\$0 (Tier 1)	PA
<i>terbinafine hcl 250 mg tablet</i>	\$0 (Tier 1)	
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	\$0 (Tier 1)	
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antigout Agents		
Antigout Agents		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	\$0 (Tier 1)	
<i>probenecid 500 mg tablet</i>	\$0 (Tier 1)	
<i>probenecid-colchicine tablet</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine 4 mg/ml spray</i>	\$0 (Tier 1)	PA
MIGERGOT (, 2-100 MG)	\$0 (Tier 1)	QL (24 per 30 days)
Prophylactic		
AIMOVIG AUTOINJECTOR (70 MG/ML, 140 MG/ML)	\$0-\$9.20 (Tier 2)	PA, QL (1 per 28 days)
AJOVY 225 MG/1.5 ML AUTOINJECT	\$0-\$9.20 (Tier 2)	PA, QL (1.5 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
Antimigraine Agents		
AJOVY 225 MG/1.5 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA, QL (1.5 per 28 days)
EMGALITY 120 MG/ML PEN	\$0-\$9.20 (Tier 2)	PA, QL (2 per 28 days)
EMGALITY 120 MG/ML SYRINGE	\$0-\$9.20 (Tier 2)	PA, QL (2 per 28 days)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	\$0-\$9.20 (Tier 2)	PA, QL (3 per 28 days)
Serotonin (5-HT) 1b/1d Receptor Agonists		
<i>naratriptan (1 mg tablet, 2.5 mg tablet)</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)</i>	\$0 (Tier 1)	QL (18 per 28 days)
<i>sumatriptan (5 mg nasal spray, 20 mg nasal spray)</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	QL (9 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
Antimigraine Agents		
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml inject, 6 mg/0.5 ml vial)</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	QL (6 per 30 days)
<i>zolmitriptan odt (2.5 mg odt, 5 mg odt)</i>	\$0 (Tier 1)	QL (6 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide (br 30 mg tablet, 60 mg/5 ml soln, br 60 mg tablet)</i>	\$0 (Tier 1)	
<i>pyridostigmine er 180 mg tab</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
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
PASER GRANULES 4 GM PACKET	\$0 (Tier 1)	
<i>rifabutin 150 mg capsule</i>	\$0 (Tier 1)	
Antituberculars		
<i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>	\$0 (Tier 1)	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	
PRIFTIN 150 MG TABLET	\$0-\$9.20 (Tier 2)	
<i>pyrazinamide 500 mg tablet</i>	\$0 (Tier 1)	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	\$0 (Tier 1)	
SIRTURO (20 MG TABLET, 100 MG TABLET)	\$0-\$9.20 (Tier 2)	PA
TRECATOR 250 MG TABLET	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	\$0-\$9.20 (Tier 2)	PA NSO
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	PA NSO
LEUKERAN 2 MG TABLET	\$0-\$9.20 (Tier 2)	
MATULANE 50 MG CAPSULE	\$0-\$9.20 (Tier 2)	
VALCHLOR 0.016% GEL	\$0-\$9.20 (Tier 2)	PA NSO
Antiandrogens		
<i>abiraterone 500 mg tablet</i>	\$0 (Tier 1)	PA NSO, QL (60 per 30 days)
<i>abiraterone acetate 250 mg tab</i>	\$0 (Tier 1)	PA NSO, QL (120 per 30 days)
<i>bicalutamide 50 mg tablet</i>	\$0 (Tier 1)	
ERLEADA 60 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
<i>flutamide 125 mg capsule</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
Antineoplastics		
<i>nilutamide 150 mg tablet</i>	\$0 (Tier 1)	
XTANDI (40 MG CAPSULE, 40 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
XTANDI 80 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (90 per 30 days)
YONSA 125 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
Antiangiogenic Agents		
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, LA
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO
Antiestrogens/Modifiers		
EMCYT 140 MG CAPSULE	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antineoplastics		
SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML SOLN)	\$0-\$9.20 (Tier 2)	
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
<i>toremifene citrate 60 mg tab</i>	\$0 (Tier 1)	PA NSO
Antimetabolites		
DROXIA (200 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE)	\$0-\$9.20 (Tier 2)	
<i>hydroxyurea 500 mg capsule</i>	\$0 (Tier 1)	
<i>mercaptopurine 50 mg tablet</i>	\$0 (Tier 1)	
ONUREG (200 MG TABLET, 300 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO
PURIXAN 20 MG/ML ORAL SUSP	\$0-\$9.20 (Tier 2)	
TABLOID 40 MG TABLET	\$0-\$9.20 (Tier 2)	
Antineoplastics		
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antineoplastics		
BALVERSA 3 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (90 per 30 days)
BALVERSA 4 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
BALVERSA 5 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>bcg vaccine (tice strain) vial</i>	\$0-\$9.20 (Tier 2)	PA NSO
BRAFTOVI 75 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (180 per 30 days)
BRUKINSA 80 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO
CALQUENCE 100 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
EXKIVITY 40 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
<i>fluorouracil (1 gram/20 ml vial, 5 gram/100 ml vial, 500 mg/10 ml vial)</i>	\$0 (Tier 1)	PA BvD
IDHIFA (50 MG TABLET, 100 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antineoplastics		
KISQALI 200 MG DAILY DOSE	\$0-\$9.20 (Tier 2)	PA NSO, QL (21 per 28 days)
KISQALI 400 MG DAILY DOSE	\$0-\$9.20 (Tier 2)	PA NSO, QL (42 per 28 days)
KISQALI 600 MG DAILY DOSE	\$0-\$9.20 (Tier 2)	PA NSO, QL (63 per 28 days)
LORBRENA 100 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
LORBRENA 25 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (90 per 30 days)
LUMAKRAS 120 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (240 per 30 days)
MEKTOVI 15 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (180 per 30 days)
NERLYNX 40 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (180 per 30 days)
NUBEQA 300 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
<i>oxaliplatin 100 mg/20 ml vial</i>	\$0 (Tier 1)	PA NSO
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (14 per 21 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antineoplastics		
ROZLYTREK 100 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (150 per 30 days)
ROZLYTREK 200 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (90 per 30 days)
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
RYLAZE 10 MG/0.5 ML VIAL	\$0-\$9.20 (Tier 2)	PA NSO
SCEMBLIX (20 MG TABLET, 40 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO
SYNRIBO 3.5 MG/ML VIAL	\$0-\$9.20 (Tier 2)	PA NSO
TALZENNA 0.25 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (90 per 30 days)
TALZENNA 1 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
TAZVERIK 200 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (240 per 30 days)
TIBSOVO 250 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
TRAZIMERA 150 MG VIAL	\$0-\$9.20 (Tier 2)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antineoplastics		
TRUSELTIQ (50 MG DAILY PK, 125 MG DAILY PK)	\$0-\$9.20 (Tier 2)	PA NSO, QL (42 per 21 days)
TRUSELTIQ 100 MG DAILY DOSE PK	\$0-\$9.20 (Tier 2)	PA NSO, QL (21 per 21 days)
TRUSELTIQ 75 MG DAILY DOSE PK	\$0-\$9.20 (Tier 2)	PA NSO, QL (63 per 21 days)
TURALIO 200 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
VITRAKVI 100 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
VITRAKVI 20 MG/ML SOLUTION	\$0-\$9.20 (Tier 2)	PA NSO, QL (300 per 30 days)
VITRAKVI 25 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (180 per 30 days)
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
WELIREG 40 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antineoplastics		
XPOVIO (40 MG, 60 MG)	\$0-\$9.20 (Tier 2)	PA NSO, QL (4 per 28 days)
XPOVIO 60 MG TWICE WEEKLY DOSE	\$0-\$9.20 (Tier 2)	PA NSO, QL (24 per 28 days)
XPOVIO 80 MG TWICE WEEKLY DOSE	\$0-\$9.20 (Tier 2)	PA NSO, QL (32 per 28 days)
Antineoplastics, Other		
INQOVI 35 MG-100 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (5 per 28 days)
KISQALI FEMARA 200 MG CO-PACK	\$0-\$9.20 (Tier 2)	PA NSO, QL (49 per 28 days)
KISQALI FEMARA 400 MG CO-PACK	\$0-\$9.20 (Tier 2)	PA NSO, QL (70 per 28 days)
KISQALI FEMARA 600 MG CO-PACK	\$0-\$9.20 (Tier 2)	PA NSO, QL (91 per 28 days)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	\$0 (Tier 1)	
<i>leucovorin calcium 500 mg v1</i>	\$0 (Tier 1)	PA NSO
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antineoplastics		
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, QL (3 per 28 days)
TABRECTA (150 MG TABLET, 200 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
TEPMETKO 225 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
ZOLINZA 100 MG CAPSULE	\$0-\$9.20 (Tier 2)	
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole 1 mg tablet</i>	\$0 (Tier 1)	
<i>exemestane 25 mg tablet</i>	\$0 (Tier 1)	
<i>letrozole 2.5 mg tablet</i>	\$0 (Tier 1)	
Molecular Target Inhibitors		
AFINITOR 10 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET, 5 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO
ALECENSA 150 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antineoplastics		
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
ALUNBRIG 30 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (180 per 30 days)
BOSULIF (400 MG TABLET, 500 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
BOSULIF 100 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (180 per 30 days)
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
CAPRELSA 100 MG TABLET	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
CAPRELSA 300 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	\$0-\$9.20 (Tier 2)	PA NSO
COTELLIC 20 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (63 per 21 days)
DAURISMO 100 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antineoplastics		
DAURISMO 25 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
ERIVEDGE 150 MG CAPSULE	\$0-\$9.20 (Tier 2)	
<i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0 (Tier 1)	PA NSO, QL (30 per 30 days)
<i>everolimus (2 mg tab for susp, 2.5 mg tablet, 3 mg tab for susp, 5 mg tab for susp, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA NSO
FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, QL (6 per 21 days)
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, QL (21 per 21 days)
GAVRETO 100 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (21 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
Antineoplastics		
ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>imatinib mesylate (100 mg tab, 400 mg tab)</i>	\$0 (Tier 1)	PA NSO
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
IMBRUVICA 140 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
INLYTA 1 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO
INLYTA 5 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
INREBIC 100 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
IRESSA 250 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antineoplastics		
KOSELUGO 10 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (240 per 30 days)
KOSELUGO 25 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
<i>lapatinib 250 mg tablet</i>	\$0 (Tier 1)	PA NSO
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	\$0-\$9.20 (Tier 2)	PA NSO, QL (90 per 30 days)
LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 20 MG DAILY DOSE)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
LENVIMA 14 MG DAILY DOSE	\$0-\$9.20 (Tier 2)	PA NSO
LYNPARZA (100 MG TABLET, 150 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO
NEXAVAR 200 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
ODOMZO 200 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
PIQRAY (250 MG DAILY, 300 MG DAILY)	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antineoplastics		
PIQRAY 200 MG DAILY DOSE	\$0-\$9.20 (Tier 2)	PA NSO, QL (28 per 28 days)
QINLOCK 50 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (90 per 30 days)
RETEVMO 40 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (180 per 30 days)
RETEVMO 80 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
RYDAPT 25 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (240 per 30 days)
SPRYCEL (20 MG TABLET, 50 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
SPRYCEL 70 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
STIVARGA 40 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (84 per 28 days)
<i>sunitinib malate (12.5 mg cap, 25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	\$0 (Tier 1)	PA NSO, QL (30 per 30 days)
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antineoplastics		
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO
TAGRISSO (40 MG TABLET, 80 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
TUKYSA 150 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
TUKYSA 50 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (300 per 30 days)
UKONIQ 200 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
VENCLEXTA 10 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
VENCLEXTA 100 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (120 per 30 days)
VENCLEXTA 50 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
VENCLEXTA STARTING PACK	\$0-\$9.20 (Tier 2)	PA NSO, QL (42 per 28 days)
VOTRIENT 200 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, 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
Antineoplastics		
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
XOSPATA 40 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (90 per 30 days)
ZEJULA 100 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (90 per 30 days)
ZELBORAF 240 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (240 per 30 days)
ZYDELIG (100 MG TABLET, 150 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
ZYKADIA 150 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO
Monoclonal Antibody/Antibody-Drug Conjugate		
RIABNI (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	\$0-\$9.20 (Tier 2)	PA NSO
RITUXAN (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	\$0-\$9.20 (Tier 2)	PA NSO
RUXIENCE (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	\$0-\$9.20 (Tier 2)	PA NSO
TECENTRIQ 1,200 MG/20 ML VIAL	\$0-\$9.20 (Tier 2)	PA NSO, QL (20 per 21 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antineoplastics		
TRUXIMA (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	\$0-\$9.20 (Tier 2)	PA NSO
Retinoids		
<i>bexarotene 75 mg capsule</i>	\$0 (Tier 1)	
PANRETIN 0.1% GEL	\$0-\$9.20 (Tier 2)	
TARGRETIN 1% GEL	\$0-\$9.20 (Tier 2)	PA NSO
<i>tretinoin 10 mg capsule</i>	\$0 (Tier 1)	
Treatment Adjuncts		
MESNEX 400 MG TABLET	\$0-\$9.20 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiparasitics		
Anthelmintics		
<i>albendazole 200 mg tablet</i>	\$0 (Tier 1)	
<i>ivermectin 3 mg tablet</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
Antiparasitics		
<i>praziquantel 600 mg tablet</i>	\$0 (Tier 1)	
<i>pyrantel pamoate 50 mg/ml oral susp*</i>	\$0 (Tier 3)	QL (12 per 30 days)
Antiprotozoals		
<i>atovaquone 750 mg/5 ml susp</i>	\$0 (Tier 1)	PA
<i>atovaquone-proguanil hcl (62.5-25, 250-100)</i>	\$0 (Tier 1)	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
COARTEM TABLETS	\$0-\$9.20 (Tier 2)	QL (24 per 3 days)
<i>hydroxychloroquine 200 mg tab</i>	\$0 (Tier 1)	
KRINTAFEL 150 MG TABLET	\$0-\$9.20 (Tier 2)	QL (4 per 30 days)
<i>mefloquine hcl 250 mg tablet</i>	\$0 (Tier 1)	
<i>nitazoxanide 500 mg tablet</i>	\$0 (Tier 1)	
<i>pentamidine isethionate (300 mg inhal powdr, 300 mg vial)</i>	\$0 (Tier 1)	
<i>primaquine 26.3 mg tablet</i>	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiparasitics		
<i>pyrimethamine 25 mg tablet</i>	\$0 (Tier 1)	PA
<i>quinine sulfate 324 mg capsule</i>	\$0 (Tier 1)	PA
Pediculicides/Scabicides		
<i>malathion 0.5% lotion</i>	\$0 (Tier 1)	
<i>permethrin 1 % liquid*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>permethrin 5% cream</i>	\$0 (Tier 1)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
Antiparkinson Agents		
<i>carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)</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
Antiparkinson Agents		
<i>selegiline hcl 5 mg tablet</i>	\$0 (Tier 1)	
Antiparkinson Agents, Other		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg/10 ml soln)</i>	\$0 (Tier 1)	
<i>entacapone 200 mg tablet</i>	\$0 (Tier 1)	QL (240 per 30 days)
ONGENTYS (25 MG CAPSULE, 50 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
<i>tolcapone 100 mg tablet</i>	\$0 (Tier 1)	PA
Dopamine Agonists		
<i>amantadine 100 mg tablet</i>	\$0 (Tier 1)	
APOKYN 30 MG/3 ML CARTRIDGE	\$0-\$9.20 (Tier 2)	PA
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	\$0 (Tier 1)	
KYNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)	\$0-\$9.20 (Tier 2)	PA
NEUPRO (1 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 8 MG/24 HR PATCH)	\$0-\$9.20 (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
Antiparkinson Agents		
NEUPRO (2 MG/24 HR PATCH, 6 MG/24 HR PATCH)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
<i>pramipexole 0.75 mg tablet</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa 25 mg tablet</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg odt, carbidopa-levodopa 25-100 mg odt, carbidopa-levodopa 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</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
Antiparkinson Agents		
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	\$0 (Tier 1)	
<i>selegiline hcl 5 mg capsule</i>	\$0 (Tier 1)	
ZELAPAR 1.25 MG ODT TABLET	\$0-\$9.20 (Tier 2)	PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>fluphenazine dec 125 mg/5 ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</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
Antipsychotics		
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
<i>haloperidol dec 100 mg/ml amp</i>	\$0 (Tier 1)	
<i>haloperidol decanoate (dec 50 mg/ml vial, dec 100 mg/ml amp, dec 100 mg/ml vial, dec 250 mg/5 ml vl, dec 500 mg/5 ml vl, decan 50 mg/ml amp)</i>	\$0 (Tier 1)	
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)</i>	\$0 (Tier 1)	
<i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	\$0 (Tier 1)	
<i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>	\$0 (Tier 1)	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	\$0 (Tier 1)	
<i>pimozide (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antipsychotics		
<i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0 (Tier 1)	
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
2nd Generation/Atypical		
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	\$0-\$9.20 (Tier 2)	QL (1 per 28 days)
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole 1 mg/ml solution</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
ARISTADA ER 1064 MG/3.9 ML SYR	\$0-\$9.20 (Tier 2)	QL (3.9 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
Antipsychotics		
ARISTADA ER 441 MG/1.6 ML SYRN	\$0-\$9.20 (Tier 2)	QL (1.6 per 28 days)
ARISTADA ER 662 MG/2.4 ML SYRN	\$0-\$9.20 (Tier 2)	QL (2.4 per 28 days)
ARISTADA ER 882 MG/3.2 ML SYRN	\$0-\$9.20 (Tier 2)	QL (3.2 per 28 days)
ARISTADA INITIO ER 675 MG/2.4	\$0-\$9.20 (Tier 2)	QL (2.4 per 28 days)
<i>asenapine maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA NSO, QL (60 per 30 days)
CAPLYTA 42 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
FANAPT TITRATION PACK	\$0-\$9.20 (Tier 2)	PA NSO
INVEGA HAFYERA (1,092 MG/3.5 ML, 1,560 MG/5 ML)	\$0-\$9.20 (Tier 2)	
INVEGA SUSTENNA (39 MG/0.25 ML, 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antipsychotics		
INVEGA TRINZA (273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML)	\$0-\$9.20 (Tier 2)	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
LATUDA 80 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 10 mg vial, 15 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone er 6 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antipsychotics		
PERSERIS (ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	\$0-\$9.20 (Tier 2)	PA NSO, QL (1 per 28 days)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL, 50 MG VIAL)	\$0-\$9.20 (Tier 2)	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone 1 mg/ml solution</i>	\$0 (Tier 1)	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
Antipsychotics		
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)</i>	\$0 (Tier 1)	QL (60 per 30 days)
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	\$0-\$9.20 (Tier 2)	PA NSO, QL (7 per 7 days)
<i>ziprasidone 20 mg/ml vial</i>	\$0 (Tier 1)	
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)</i>	\$0 (Tier 1)	QL (60 per 30 days)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	\$0-\$9.20 (Tier 2)	QL (2 per 28 days)
Treatment-Resistant		
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</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
Antipsychotics		
VERSACLOZ 50 MG/ML SUSPENSION	\$0-\$9.20 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	\$0 (Tier 1)	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
GENVOYA TABLET	\$0-\$9.20 (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
Antivirals		
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW)	\$0-\$9.20 (Tier 2)	
ISENTRESS 400 MG TABLET	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
ISENTRESS HD 600 MG TABLET	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
STRIBILD TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
TIVICAY (10 MG TABLET, 25 MG TABLET, 50 MG TABLET)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
TIVICAY PD 5 MG TAB FOR SUSP	\$0-\$9.20 (Tier 2)	QL (180 per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
EDURANT 25 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
<i>efavir-emtri-tenof 600-200-300</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</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
Antivirals		
<i>etravirine (100 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	QL (120 per 30 days)
INTELENCE (25 MG TABLET, 100 MG TABLET, 200 MG TABLET)	\$0-\$9.20 (Tier 2)	QL (120 per 30 days)
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>nevirapine er (er 100 mg tablet, er 400 mg tablet)</i>	\$0 (Tier 1)	
ODEFSEY TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
PIFELTRO 100 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
VIRAMUNE 50 MG/5 ML SUSP	\$0 (Tier 1)	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir 20 mg/ml solution</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>abacavir 300 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>abacavir-lamivudine-zidov tab</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>emtricitabine 200 mg capsule</i>	\$0 (Tier 1)	
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	\$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
Antivirals		
<i>emtricitabine-tenofv 200-300mg</i>	\$0 (Tier 1)	
EMTRIVA 10 MG/ML SOLUTION	\$0-\$9.20 (Tier 2)	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	
<i>lamivudine-zidovudine tablet</i>	\$0 (Tier 1)	
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET)	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	\$0 (Tier 1)	
Anti-HIV Agents, Other		
BIKTARVY 50-200-25 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
CIMDUO 300-300 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
DELSTRIGO 100-300-300 MG TAB	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
DESCOVY 200-25 MG TABLET	\$0-\$9.20 (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
Antivirals		
DOVATO 50-300 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
<i>efavirenz-lamivu-tenofovir disoproxil fumarate</i> (400-300-300, 600-300-300)	\$0 (Tier 1)	QL (30 per 30 days)
FUZEON 90 MG VIAL	\$0-\$9.20 (Tier 2)	
JULUCA 50-25 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
RUKOBIA ER 600 MG TABLET	\$0-\$9.20 (Tier 2)	
SELZENTRY (75 MG TABLET, 150 MG TABLET)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLN	\$0-\$9.20 (Tier 2)	QL (1840 per 30 days)
SELZENTRY 25 MG TABLET	\$0-\$9.20 (Tier 2)	QL (240 per 30 days)
SELZENTRY 300 MG TABLET	\$0-\$9.20 (Tier 2)	QL (120 per 30 days)
SYMTUZA 800-150-200-10 MG TAB	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
TEMIXYS 300-300 MG TABLET	\$0-\$9.20 (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
Antivirals		
TYBOST 150 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	\$0-\$9.20 (Tier 2)	
<i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>	\$0 (Tier 1)	
EVOTAZ 300 MG-150 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
<i>fosamprenavir 700 mg tablet</i>	\$0 (Tier 1)	
INVIRASE 500 MG TABLET	\$0-\$9.20 (Tier 2)	
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	\$0-\$9.20 (Tier 2)	
LEXIVA 50 MG/ML SUSPENSION	\$0-\$9.20 (Tier 2)	
<i>lopinavir-ritonavir (100-25mg tb, 200-50mg tb)</i>	\$0 (Tier 1)	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antivirals		
PREZCOBIX 800 MG-150 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	\$0-\$9.20 (Tier 2)	
REYATAZ 50 MG POWDER PACKET	\$0-\$9.20 (Tier 2)	
<i>ritonavir 100 mg tablet</i>	\$0 (Tier 1)	
VIRACEPT (250 MG TABLET, 625 MG TABLET)	\$0-\$9.20 (Tier 2)	
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS (240 MG TABLET, 480 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
<i>valganciclovir 450 mg tablet</i>	\$0 (Tier 1)	PA NSO, QL (102 per 30 days)
ZIRGAN 0.15% OPHTHALMIC GEL	\$0-\$9.20 (Tier 2)	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil 10 mg tab</i>	\$0 (Tier 1)	PA
BARACLUDE 0.05 MG/ML SOLUTION	\$0-\$9.20 (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
Antivirals		
<i>entecavir (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	PA
EPIVIR HBV 25 MG/5 ML SOLN	\$0-\$9.20 (Tier 2)	PA NSO
INTRON A 18 MILLION UNITS VIAL	\$0-\$9.20 (Tier 2)	PA NSO
<i>lamivudine 100 mg tablet</i>	\$0 (Tier 1)	PA NSO
<i>lamivudine hbv 100 mg tablet</i>	\$0 (Tier 1)	PA NSO
<i>tenofovir disop fum 300 mg tb</i>	\$0 (Tier 1)	QL (30 per 30 days)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
VIREAD POWDER	\$0-\$9.20 (Tier 2)	QL (240 per 30 days)
Anti-hepatitis C (HCV) Agents, Other		
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	\$0-\$9.20 (Tier 2)	PA NSO
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	\$0-\$9.20 (Tier 2)	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antivirals		
SYLATRON (200 MCG KIT, 300 MCG KIT)	\$0-\$9.20 (Tier 2)	PA NSO
Anti-hepatitis C (HCV) Direct Acting Agents		
EPCLUSA 200 MG-50 MG TABLET	\$0 (Tier 1)	PA, QL (28 per 28 days)
<i>ledipasvir-sofosbuvir 90-400mg</i>	\$0 (Tier 1)	PA, QL (28 per 28 days)
MAVYRET 100-40 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (84 per 28 days)
<i>sofosbuvir-velpatasvir 400-100</i>	\$0 (Tier 1)	PA, QL (28 per 28 days)
SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 400 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (28 per 28 days)
VIEKIRA PAK	\$0-\$9.20 (Tier 2)	PA, QL (112 per 28 days)
VOSEVI 400-100-100 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (28 per 28 days)
ZEPATIER 50-100 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
Anti-influenza Agents		
RELENZA 5 MG DISKHALER	\$0-\$9.20 (Tier 2)	QL (60 per 180 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antivirals		
<i>rimantadine hcl 100 mg tablet</i>	\$0 (Tier 1)	
Antiherpetic Agents		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	\$0 (Tier 1)	
<i>acyclovir 5% cream</i>	\$0 (Tier 1)	PA, QL (5 per 30 days)
<i>acyclovir 5% ointment</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	\$0 (Tier 1)	PA
DENAVIR 1% CREAM	\$0-\$9.20 (Tier 2)	PA, QL (5 per 30 days)
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>trifluridine 1% eye drops</i>	\$0 (Tier 1)	
<i>valacyclovir (1 gram tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
Antivirals		
<i>abacavir-lamivudine 600-300 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lopinavir-ritonavir 80-20mg/ml</i>	\$0 (Tier 1)	
<i>oseltamivir 6 mg/ml suspension</i>	\$0 (Tier 1)	QL (525 per 180 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antivirals		
<i>oseltamivir phos 30 mg capsule</i>	\$0 (Tier 1)	QL (84 per 180 days)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	\$0 (Tier 1)	QL (42 per 180 days)
TRIUMEQ 600-50-300 MG TABLET	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
<i>valganciclovir hcl 50 mg/ml</i>	\$0 (Tier 1)	
VEMLIDY 25 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml syrup, hcl 50 mg tablet)</i>	\$0 (Tier 1)	PA-HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anxiolytics		
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	\$0 (Tier 1)	PA-HRM
<i>meprobamate (200 mg tablet, 400 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
Benzodiazepines		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>alprazolam 2 mg tablet</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule, 25 mg capsule)</i>	\$0 (Tier 1)	PA-HRM, QL (120 per 30 days)
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA NSO, QL (120 per 30 days)
<i>diazepam (5 mg/5 ml solution, 5 mg/ml oral conc)</i>	\$0 (Tier 1)	PA NSO
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>lorazepam 2 mg tablet</i>	\$0 (Tier 1)	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML	\$0 (Tier 1)	
<i>oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)</i>	\$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
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	\$0 (Tier 1)	
<i>lithium carbonate er (er 300 mg tb, er 450 mg tb)</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>alogliptin (6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	\$0 (Tier 1)	ST, QL (30 per 30 days)
BYDUREON BCISE 2 MG AUTOINJECT	\$0-\$9.20 (Tier 2)	ST, QL (3.4 per 28 days)
BYETTA 10 MCG DOSE PEN INJ	\$0-\$9.20 (Tier 2)	ST, QL (2.4 per 30 days)
BYETTA 5 MCG DOSE PEN INJ	\$0-\$9.20 (Tier 2)	ST, QL (1.2 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
Blood Glucose Regulators		
<i>colesevelam hcl 3.75 g packet</i>	\$0 (Tier 1)	
<i>glimepiride (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	PA-HRM, QL (30 per 30 days)
<i>glimepiride 4 mg tablet</i>	\$0 (Tier 1)	PA-HRM, QL (60 per 30 days)
<i>glipizide 10 mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>glipizide 5 mg tablet</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glipizide er (er 2.5 mg tablet, er 5 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>glipizide er 10 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide xl (2.5 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>glipizide xl 10 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>glyburide (1.25 mg tablet, 2.5 mg tablet)</i>	\$0 (Tier 1)	PA-HRM, QL (120 per 30 days)
<i>glyburide 5 mg tablet</i>	\$0 (Tier 1)	PA-HRM, QL (240 per 30 days)
INVOKANA (100 MG TABLET, 300 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, 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
Blood Glucose Regulators		
<i>metformin hcl 1,000 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>metformin hcl 500 mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin hcl 850 mg tablet</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>metformin hcl er 500 mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nateglinide (60 mg tablet, 120 mg tablet)</i>	\$0 (Tier 1)	QL (90 per 30 days)
OZEMPIC (1 (2 MG/1.5ML), 1 (4 MG/3 ML))	\$0-\$9.20 (Tier 2)	ST, QL (3 per 28 days)
OZEMPIC 0.25-0.5 MG/DOSE PEN	\$0-\$9.20 (Tier 2)	ST, QL (1.5 per 28 days)
<i>pioglitazone hcl (15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>repaglinide (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>repaglinide 0.5 mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
SYMLINPEN 120 PEN INJECTOR	\$0-\$9.20 (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
Blood Glucose Regulators		
SYMLINPEN 60 PEN INJECTOR	\$0-\$9.20 (Tier 2)	PA
TRADJENTA 5 MG TABLET	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	\$0-\$9.20 (Tier 2)	ST, QL (4 per 28 days)
VICTOZA 2-PAK 18 MG/3 ML PEN	\$0-\$9.20 (Tier 2)	ST, QL (9 per 30 days)
VICTOZA 3-PAK 18 MG/3 ML PEN	\$0-\$9.20 (Tier 2)	ST, QL (9 per 30 days)
Blood Glucose Regulators		
<i>alogliptin-metformin (12.5-1000, 12.5-500)</i>	\$0 (Tier 1)	ST, QL (60 per 30 days)
BASAGLAR 100 UNIT/ML KWIKPEN	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>glipizide-metformin 2.5-250 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>glyburid-metformin 1.25-250 mg</i>	\$0 (Tier 1)	PA-HRM, 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
Blood Glucose Regulators		
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	\$0 (Tier 1)	PA-HRM, QL (120 per 30 days)
GLYXAMBI (10 MG-5 MG TABLET, 25 MG-5 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-1,000 MG TAB, 150-500 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
SOLIQUA 100 UNIT-33 MCG/ML PEN	\$0-\$9.20 (Tier 2)	PA NSO, QL (18 per 30 days)
SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Blood Glucose Regulators		
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
Glycemic Agents		
BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)	\$0-\$9.20 (Tier 2)	QL (4 per 28 days)
<i>diazoxide 50 mg/ml oral susp</i>	\$0 (Tier 1)	PA
GLUCAGON EMERGENCY KIT (1 MG EMERGENCY KIT, 1 MG VIAL)	\$0-\$9.20 (Tier 2)	QL (4 per 28 days)
Insulins		
HUMALOG (100 CARTRIDGE, 100 VIAL)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMALOG 100 UNIT/ML KWIKPEN	\$0-\$9.20 (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
Blood Glucose Regulators		
HUMALOG 200 UNIT/ML KWIKPEN	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMALOG JR 100 UNIT/ML KWIKPEN	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 50-50 VIAL	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 75-25 VIAL	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMULIN 70-30 (70-30 VIAL, RELION 70-30 VIAL)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMULIN 70/30 KWIKPEN	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMULIN N (N 100 VIAL, RELION N 100)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMULIN N 100 UNIT/ML KWIKPEN	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
HUMULIN R 100 UNIT/ML VIAL	\$0-\$9.20 (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
Blood Glucose Regulators		
<i>insulin aspart 100 unit/ml crt</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>insulin aspart 100 unit/ml pen</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>insulin aspart 100 unit/ml vl</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>insulin aspart prot mix 70-30 (mix70-30 pn, mix70-30 vl)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>insulin lispro 100 unit/ml pen</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>insulin lispro 100 unit/ml vl</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>insulin lispro jr 100 unit/ml</i>	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
<i>insulin lispro mix 75-25 kwkpn</i>	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
LANTUS 100 UNIT/ML VIAL	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
LANTUS SOLOSTAR 100 UNIT/ML	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
LEVEMIR 100 UNIT/ML VIAL	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
LEVEMIR FLEXTOUCH 100 UNIT/ML	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
LYUMJEV 100 UNIT/ML KWIKPEN	\$0-\$9.20 (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
Blood Glucose Regulators		
LYUMJEV 100 UNIT/ML VIAL	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
LYUMJEV 200 UNIT/ML KWIKPEN	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
NOVOLIN 70-30 (70-30 100 UNIT/ML VIAL, RELION 70-30 VIAL)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
NOVOLIN 70-30 FLEXPEN (70-30, RELION 70-30)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
NOVOLIN N (N 100 VIAL, RELION N 100)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
NOVOLIN N FLEXPEN (N 100 UNIT/ML, RELION N U-100)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
NOVOLIN R 100 UNIT/ML VIAL	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
NOVOLIN R FLEXPEN (R 100 UNIT/ML, RELION R U-100)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
NOVOLOG (100 CARTRIDGE, 100 VIAL, RELION 100 VL)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
NOVOLOG FLEXPEN (100 UNIT/ML, RELION U-100)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
NOVOLOG MIX 70-30 (70-30 VIAL, RELION 70-30 VIAL)	\$0-\$9.20 (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
Blood Glucose Regulators		
NOVOLOG MIX 70-30 FLEXPEN (70-30 FLEXPEN, RELION 70-30 FLXPN)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
SEMGLEE 100 UNIT/ML PEN	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
SEMGLEE 100 UNIT/ML VIAL	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
TOUJEO MAX SOLOSTR 300 UNIT/ML	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
TOUJEO SOLOSTAR 300 UNIT/ML	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
TRESIBA 100 UNIT/ML VIAL	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
TRESIBA FLEXTOUCH 100 UNIT/ML	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
TRESIBA FLEXTOUCH 200 UNIT/ML	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
CABLIVI (11 MG KIT, 11 MG VIAL)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)	\$0-\$9.20 (Tier 2)	
<i>enoxaparin 30 mg/0.3 ml syr</i>	\$0 (Tier 1)	QL (8.4 per 30 days)
<i>enoxaparin 40 mg/0.4 ml syr</i>	\$0 (Tier 1)	QL (11.2 per 30 days)
<i>enoxaparin 60 mg/0.6 ml syr</i>	\$0 (Tier 1)	QL (16.8 per 30 days)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	\$0 (Tier 1)	QL (28 per 30 days)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	\$0 (Tier 1)	QL (22.4 per 30 days)
<i>fondaparinux sodium (2.5 mg/0.5 ml syr, 5 mg/0.4 ml syr, 7.5 mg/0.6 ml syr, 10 mg/0.8 ml syr)</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
Blood Products/Modifiers/Volume Expanders		
<i>heparin sodium (sod 1,000 unit/ml vial, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 20,000 unit/ml vial, 30,000 unit/30 ml vial, 50,000 unit/10 ml vial)</i>	\$0 (Tier 1)	
<i>jantoven (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	\$0-\$9.20 (Tier 2)	
ZONTIVITY 2.08 MG TABLET	\$0-\$9.20 (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
Blood Products/Modifiers/Volume Expanders		
Blood Formation Modifiers		
<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	\$0 (Tier 1)	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
DOPTelet ((10 TAB PK) 20 MG TAB, (15 TAB PK) 20 MG TAB, (30 TAB PK) 20 MG TAB)	\$0-\$9.20 (Tier 2)	PA, QL (15 per 5 days)
EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/2 ML VIAL, 20,000 UNITS/ML VIAL)	\$0-\$9.20 (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
Blood Products/Modifiers/Volume Expanders		
FULPHILA 6 MG/0.6 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
LEUKINE 250 MCG VIAL	\$0-\$9.20 (Tier 2)	PA
NEULASTA 6 MG/0.6 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
NEULASTA ONPRO 6 MG/0.6 ML KIT	\$0-\$9.20 (Tier 2)	PA
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	\$0-\$9.20 (Tier 2)	PA
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	\$0-\$9.20 (Tier 2)	PA
NYVEPRIA 6 MG/0.6 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
PROCRT (2,000 VIAL, 3,000 VIAL, 4,000 VIAL, 10,000 VIAL, 20,000 VIAL, 40,000 VIAL)	\$0-\$9.20 (Tier 2)	PA
PROMACTA (12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 75 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, LA, 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
Blood Products/Modifiers/Volume Expanders		
PROMACTA 12.5 MG SUSPEN PACKET	\$0-\$9.20 (Tier 2)	PA, LA, QL (180 per 30 days)
PROMACTA 50 MG TABLET	\$0-\$9.20 (Tier 2)	PA, LA, QL (30 per 30 days)
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)	\$0-\$9.20 (Tier 2)	PA
UDENYCA 6 MG/0.6 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
Blood Formation Modifiers, Other		
OXBRYTA 500 MG TABLET	\$0-\$9.20 (Tier 2)	PA
Hemostasis Agents		
<i>tranexamic acid 650 mg tablet</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
Blood Products/Modifiers/Volume Expanders		
Platelet Modifying Agents		
<i>aspirin-dipyridam er 25-200 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
BRILINTA (60 MG TABLET, 90 MG TABLET)	\$0-\$9.20 (Tier 2)	
<i>cilostazol (50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
<i>clopidogrel 75 mg tablet</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
<i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine (0.1 patch, 0.2 patch, 0.3 patch)</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</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
Cardiovascular Agents		
<i>droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)</i>	\$0 (Tier 1)	PA, QL (84 per 14 days)
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
<i>methyldopa (250 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA
NORTHERA (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA, QL (84 per 14 days)
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	\$0 (Tier 1)	
<i>phenoxybenzamine hcl 10 mg cap</i>	\$0 (Tier 1)	PA
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	\$0 (Tier 1)	
<i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</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
Cardiovascular Agents		
Angiotensin II Receptor Antagonists		
<i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>benazepril hcl 40 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	\$0 (Tier 1)	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	\$0 (Tier 1)	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	\$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
Cardiovascular Agents		
<i>lisinopril 40 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i>	\$0 (Tier 1)	
<i>perindopril erbumine 2 mg tab</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>perindopril erbumine 4 mg tab</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>perindopril erbumine 8 mg tab</i>	\$0 (Tier 1)	
<i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>ramipril 10 mg capsule</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>trandolapril (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>trandolapril 4 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
Antiarrhythmics		
<i>amiodarone hcl (200 mg tablet, 400 mg tablet)</i>	\$0 (Tier 1)	
<i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</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
Cardiovascular Agents		
<i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>	\$0 (Tier 1)	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	\$0 (Tier 1)	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	\$0 (Tier 1)	
MULTAQ 400 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
<i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i>	\$0 (Tier 1)	
<i>propafenone hcl er (er 225 mg cap, er 325 mg cap, er 425 mg cap)</i>	\$0 (Tier 1)	
<i>quinidine gluc er 324 mg tab</i>	\$0 (Tier 1)	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	\$0 (Tier 1)	
<i>sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	\$0 (Tier 1)	
SOTALOL AF (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	\$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
Cardiovascular Agents		
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	\$0 (Tier 1)	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	\$0 (Tier 1)	
<i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	\$0 (Tier 1)	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	
<i>metoprolol succ er 200 mg tab</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	\$0 (Tier 1)	
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</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
Cardiovascular Agents		
<i>pindolol (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	\$0 (Tier 1)	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i>	\$0 (Tier 1)	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
Calcium Channel Blocking Agents		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	\$0 (Tier 1)	
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	\$0 (Tier 1)	
<i>diltiazem 12hr er (12hr er 120 mg cap, 12hr er 60 mg cap, 12hr er 90 mg cap)</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
Cardiovascular Agents		
<i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap, 24hr er 240 mg cap, 24hr er 300 mg cap, 24hr er 360 mg cap, 24hr er 420 mg cap)</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp, 24h er(cd) 360 mg cp)</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (xr) (24h er(xr) 120 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 240 mg cp)</i>	\$0 (Tier 1)	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	\$0 (Tier 1)	
<i>felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	\$0 (Tier 1)	
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>	\$0 (Tier 1)	PA-HRM
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet)</i>	\$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
Cardiovascular Agents		
<i>nifedipine er 90 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nimodipine 30 mg capsule</i>	\$0 (Tier 1)	
NYMALIZE (30 MG/5 ML ORAL SYRNG, 60 MG/10 ML ORAL SYRN)	\$0-\$9.20 (Tier 2)	PA
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	\$0 (Tier 1)	
TIADYLT ER (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	\$0 (Tier 1)	
<i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet)</i>	\$0 (Tier 1)	
<i>verapamil er pm (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)</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
Cardiovascular Agents		
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	\$0 (Tier 1)	
<i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule, sr 360 mg capsule)</i>	\$0 (Tier 1)	
Cardiovascular Agents		
ALLI 60 MG CAPSULE*	\$0 (Tier 3)	PA, QL (90 per 30 days)
<i>amiloride hcl-hctz 5-50 mg tab</i>	\$0 (Tier 1)	
<i>amiodarone hcl 100 mg tablet</i>	\$0 (Tier 1)	
<i>amlodipine besylate-benazepril (2.5-10, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>amlodipine-atorvastatin (2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>amlodipine-olmesartan (5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)</i>	\$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
Cardiovascular Agents		
<i>amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>atenolol-chlorthalidone (50-25, 100-25)</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)</i>	\$0 (Tier 1)	
DEMSER 250 MG CAPSULE	\$0-\$9.20 (Tier 2)	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)</i>	\$0 (Tier 1)	
<i>ezetimibe 10 mg tablet</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	\$0 (Tier 1)	
<i>furosemide 10 mg/ml solution</i>	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)</i>	\$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
Cardiovascular Agents		
KEVEYIS 50 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (120 per 30 days)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	\$0 (Tier 1)	
<i>metyrosine 250 mg capsule</i>	\$0 (Tier 1)	
NEXLETOL 180 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>nifedipine er 90 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	\$0 (Tier 1)	
<i>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	\$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
Cardiovascular Agents		
<i>omega-3 1,000 mg softgel*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>omega-3 1200mg softgel*</i>	\$0 (Tier 3)	QL (60 per 30 days)
<i>quinapril-hctz 20-25 mg tab</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>spironolactone-hctz 25-25 tab</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	\$0 (Tier 1)	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
Cardiovascular Agents, Other		
<i>aliskiren (150 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLN	\$0-\$9.20 (Tier 2)	PA, QL (560 per 30 days)
DIGITEK (125 MCG TABLET, 250 MCG TABLET)	\$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
Cardiovascular Agents		
DIGOX (125 MCG TABLET, 250 MCG TABLET)	\$0 (Tier 1)	
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	\$0 (Tier 1)	
<i>digoxin 0.05 mg/ml solution</i>	\$0-\$9.20 (Tier 2)	
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>pentoxifylline er 400 mg tab</i>	\$0 (Tier 1)	
<i>ranolazine er (er 500 mg tablet, er 1,000 mg tablet)</i>	\$0 (Tier 1)	PA NSO
VYNDAMAX 61 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA
VYND AQEL 20 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide (125 mg tablet, 250 mg tablet)</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
Cardiovascular Agents		
<i>acetazolamide er 500 mg cap</i>	\$0 (Tier 1)	
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
Diuretics, Loop		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	\$0 (Tier 1)	
<i>furosemide (20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syringe, 100 mg/10 ml vial)</i>	\$0 (Tier 1)	
<i>toremide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
Diuretics, Potassium-sparing		
<i>amiloride hcl 5 mg tablet</i>	\$0 (Tier 1)	
CAROSPIR 25 MG/5 ML SUSPENSION	\$0-\$9.20 (Tier 2)	PA
<i>eplerenone (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	ST

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Cardiovascular Agents		
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
Diuretics, Thiazide		
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
DIURIL 250 MG/5 ML ORAL SUSP	\$0-\$9.20 (Tier 2)	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)</i>	\$0 (Tier 1)	
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	\$0 (Tier 1)	
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (40 mg tablet, 50 mg capsule, 120 mg tablet)</i>	\$0 (Tier 1)	PA NSO, QL (60 per 30 days)
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	\$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
Cardiovascular Agents		
<i>fenofibrate 150 mg capsule</i>	\$0 (Tier 1)	PA NSO, QL (30 per 30 days)
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>gemfibrozil 600 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lovastatin 40 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>simvastatin (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>simvastatin 20 mg tablet</i>	\$0 (Tier 1)	QL (45 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Cardiovascular Agents		
<i>simvastatin 40 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
Dyslipidemics, Other		
<i>cholestyramine (packet, powder)</i>	\$0 (Tier 1)	
<i>cholestyramine light (packet, powder)</i>	\$0 (Tier 1)	
<i>colesevelam 625 mg tablet</i>	\$0 (Tier 1)	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	\$0 (Tier 1)	
<i>icosapent ethyl 1 gram capsule</i>	\$0 (Tier 1)	PA, QL (120 per 30 days)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
JUXTAPID 20 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (90 per 30 days)
JUXTAPID 30 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
NEXLIZET 180-10 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
<i>niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)</i>	\$0 (Tier 1)	PA NSO, 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
Cardiovascular Agents		
<i>omega-3 ethyl esters 1 gm cap</i>	\$0 (Tier 1)	QL (120 per 30 days)
PRALUENT PEN (75 MG/ML PEN, 150 MG/ML PEN)	\$0-\$9.20 (Tier 2)	PA
REPATHA 140 MG/ML SURECLICK	\$0-\$9.20 (Tier 2)	PA
REPATHA 140 MG/ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
REPATHA 420 MG/3.5ML PUSHTRONX	\$0-\$9.20 (Tier 2)	PA
VASCEPA (0.5 GM CAPSULE, 1 GM CAPSULE)	\$0-\$9.20 (Tier 2)	PA, QL (120 per 30 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</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
Cardiovascular Agents		
<i>isosorbide mononitrate er (mn er 60 mg tablet, mononit er 30 mg tb, mononit er 60 mg tb, mononit er 120 mg)</i>	\$0 (Tier 1)	
NITRO-BID 2% OINTMENT	\$0 (Tier 1)	
<i>nitroglycerin (lingual 0.4 mg, 400 mcg spray)</i>	\$0 (Tier 1)	
<i>nitroglycerin patch (0.1 patch, 0.2 patch, 0.4 patch, 0.6 patch)</i>	\$0 (Tier 1)	
NITROSTAT 0.6 MG TABLET SL	\$0 (Tier 1)	
RECTIV 0.4% OINTMENT	\$0-\$9.20 (Tier 2)	QL (30 per 21 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>dextroamp-amphetamin 30 mg tab</i>	\$0 (Tier 1)	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
Central Nervous System Agents		
<i>dextroamphetamine 10 mg tab</i>	\$0 (Tier 1)	PA, QL (180 per 30 days)
<i>dextroamphetamine 5 mg tab</i>	\$0 (Tier 1)	PA, QL (90 per 30 days)
<i>dextroamphetamine er 10 mg cap</i>	\$0 (Tier 1)	PA, QL (150 per 30 days)
<i>dextroamphetamine er 15 mg cap</i>	\$0 (Tier 1)	PA, QL (120 per 30 days)
<i>dextroamphetamine er 5 mg cap</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	\$0 (Tier 1)	PA, QL (90 per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Central Nervous System Agents		
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>clonidine hcl er 0.1 mg tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
DAYTRANA (10 MG/9 HR PATCH, 15 MG/9 HR PATCH, 20 MG/9 HOUR PATCH, 30 MG/9 HOUR PATCH)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
<i>guanfacine hcl er (er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate 10 mg/5 ml sol</i>	\$0 (Tier 1)	PA, QL (900 per 30 days)
<i>methylphenidate 5 mg/5 ml soln</i>	\$0 (Tier 1)	PA, QL (1800 per 30 days)
<i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>	\$0 (Tier 1)	PA, QL (90 per 30 days)
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab, er 72 mg tab)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp, er(la) 40mg cp)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>methylphenidate er 36 mg tab</i>	\$0 (Tier 1)	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
Central Nervous System Agents		
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	PA, QL (90 per 30 days)
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp, er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 60 mg cap)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>methylphenidate sr 20 mg tab</i>	\$0 (Tier 1)	PA, QL (90 per 30 days)
Central Nervous System, Other		
INGREZZA 40 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
INGREZZA 60 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (28 per 28 days)
INGREZZA 80 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
INGREZZA INITIATION PACK	\$0-\$9.20 (Tier 2)	PA, QL (28 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
Central Nervous System Agents		
LYRICA CR (CR 82.5 MG TABLET, CR 165 MG TABLET, CR 330 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>naltrexone/bupropion 8-90 mg tablet*</i>	\$0 (Tier 3)	PA, QL (120 per 30 days)
NUDEXTA 20-10 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
<i>phentermine hcl 15 mg capsule*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>phentermine hcl 30 mg capsule*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>pregabalin er (er 82.5 mg tablet, er 165 mg tablet, er 330 mg tablet)</i>	\$0 (Tier 1)	PA NSO, QL (30 per 30 days)
<i>riluzole 50 mg tablet</i>	\$0 (Tier 1)	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (60 per 30 days)
SAVELLA TITRATION PACK	\$0-\$9.20 (Tier 2)	PA NSO, QL (55 per 28 days)
TEGSEDI 284 MG/1.5 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA, QL (6 per 28 days)
<i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>	\$0 (Tier 1)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Central Nervous System Agents		
TIGLUTIK 50 MG/10 ML SUSP	\$0-\$9.20 (Tier 2)	QL (600 per 30 days)
Multiple Sclerosis Agents		
AUBAGIO (7 MG TABLET, 14 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	\$0-\$9.20 (Tier 2)	PA
AVONEX PEN 30 MCG/0.5 ML KIT	\$0-\$9.20 (Tier 2)	PA
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	\$0-\$9.20 (Tier 2)	PA
<i>dalfampridine er 10 mg tablet</i>	\$0 (Tier 1)	PA
<i>dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
ENSPRYNG 120 MG/ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
GILENYA 0.5 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Central Nervous System Agents		
MAVENCLAD 10 MG X 10 TABLET PK	\$0-\$9.20 (Tier 2)	PA, QL (20 per 322 days)
MAVENCLAD 10 MG X 4 TABLET PK	\$0-\$9.20 (Tier 2)	PA, QL (8 per 322 days)
MAVENCLAD 10 MG X 5 TABLET PK	\$0-\$9.20 (Tier 2)	PA, QL (10 per 322 days)
MAVENCLAD 10 MG X 6 TABLET PK	\$0-\$9.20 (Tier 2)	PA, QL (12 per 322 days)
MAVENCLAD 10 MG X 7 TABLET PK	\$0-\$9.20 (Tier 2)	PA, QL (14 per 322 days)
MAVENCLAD 10 MG X 8 TABLET PK	\$0-\$9.20 (Tier 2)	PA, QL (16 per 322 days)
MAVENCLAD 10 MG X 9 TABLET PK	\$0-\$9.20 (Tier 2)	PA, QL (18 per 322 days)
MAYZENT (0.25 MG STARTER PACK, 0.25 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (120 per 30 days)
MAYZENT 2 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
PLEGRIDY 125 MCG/0.5 ML PEN	\$0-\$9.20 (Tier 2)	PA, QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SYRING	\$0-\$9.20 (Tier 2)	PA, QL (1 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
Central Nervous System Agents		
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE, TITRATION PACK)	\$0-\$9.20 (Tier 2)	PA
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML, TITRATION PACK)	\$0-\$9.20 (Tier 2)	PA
VUMERITY DR 231 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hcl 30 mg capsule</i>	\$0 (Tier 1)	
<i>chlorhexidine 0.12% rinse</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 20 mg tab</i>	\$0 (Tier 1)	
PERIOGARD 0.12% ORAL RINSE	\$0 (Tier 1)	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</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
Dental and Oral Agents		
<i>triamcinolone 0.1% paste</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dermatological Agents		
Dermatological Agents		
ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO
ABSORICA LD (8 MG CAPSULE, 16 MG CAPSULE, 24 MG CAPSULE, 32 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA NSO
ACCUTANE (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	\$0 (Tier 1)	PA NSO
<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	\$0 (Tier 1)	PA
ALA-CORT 1% CREAM	\$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
Dermatological Agents		
<i>amcinonide (0.1% cream, 0.1% lotion, 0.1% ointment)</i>	\$0 (Tier 1)	
<i>ammonium lactate (12% cream, 12% lotion)</i>	\$0 (Tier 1)	PA
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	\$0 (Tier 1)	PA NSO
<i>azelaic acid 15% gel</i>	\$0 (Tier 1)	
<i>bacitracin 500 unit/g oint. (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>bacitracin zinc 500 unit/g oint. (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>benzoyl peroxide 5 % gel (gram)*</i>	\$0 (Tier 3)	QL (60 per 30 days)
<i>betamethasone diprop augmented (0.05% crm, 0.05% gel, 0.05% lot, 0.05% oin)</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate (0.05% crm, 0.05% lot, 0.05% oint, aug 0.05% crm)</i>	\$0 (Tier 1)	
<i>betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm)</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
Dermatological Agents		
<i>calcipotriene (0.005% cream, 0.005% ointment, 0.005% solution)</i>	\$0 (Tier 1)	PA
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	\$0 (Tier 1)	PA NSO
<i>clind ph-benzoyl perox 1.2-5%</i>	\$0 (Tier 1)	
<i>clobetasol emollient 0.05% crm</i>	\$0 (Tier 1)	
<i>clobetasol propionate (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution, 0.05% topical lotn)</i>	\$0 (Tier 1)	
<i>clotrimazole 1 % cream/appl*</i>	\$0 (Tier 3)	QL (45 per 30 days)
<i>clotrimazole 1% solution</i>	\$0 (Tier 1)	
<i>clotrimazole 2 % cream/appl*</i>	\$0 (Tier 3)	QL (45 per 30 days)
<i>clotrimazole-betamethasone (crm, lot)</i>	\$0 (Tier 1)	
COSENTYX 150 MG/ML PEN INJECT	\$0-\$9.20 (Tier 2)	PA
COSENTYX 300 MG DOSE-2 PENS	\$0-\$9.20 (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
Dermatological Agents		
COSENTYX 300 MG DOSE-2 SYRINGE	\$0-\$9.20 (Tier 2)	PA
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
<i>desonide (0.05% cream, 0.05% lotion, 0.05% ointment)</i>	\$0 (Tier 1)	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	\$0 (Tier 1)	
<i>diflorasone diacetate (0.05% cream, 0.05% ointment)</i>	\$0 (Tier 1)	
<i>docosanol 10% cream*</i>	\$0 (Tier 3)	PA, QL (4 per 30 days)
<i>doxepin 5% cream</i>	\$0 (Tier 1)	PA
DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)	\$0-\$9.20 (Tier 2)	PA
DUPIXENT SYRINGE (200 MG/1.14 ML SYRINGE, 300 MG/2 ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
<i>erythromycin-benzoyl gel</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide (0.01% cream, 0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)</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
Dermatological Agents		
<i>fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution)</i>	\$0 (Tier 1)	
<i>fluocinonide-e 0.05% cream</i>	\$0 (Tier 1)	
<i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i>	\$0 (Tier 1)	PA NSO
<i>fluorouracil 0.5% cream</i>	\$0 (Tier 1)	PA
<i>fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)</i>	\$0 (Tier 1)	
<i>halobetasol propionate (0.05% cream, 0.05% ointmnt)</i>	\$0 (Tier 1)	
<i>hydrocortisone (1% cream, 1% ointment, 2.5% cream, 2.5% lotion, 2.5% ointment)</i>	\$0 (Tier 1)	
<i>hydrocortisone 0.5 % cream (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>hydrocortisone butyrate (buty 0.1% cream, butyr 0.1% oint, butyr 0.1% soln)</i>	\$0 (Tier 1)	
<i>hydrocortisone valerate (0.2% cream, 0.2% ointmt)</i>	\$0 (Tier 1)	
<i>imiquimod 5% cream packet</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
Dermatological Agents		
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	PA NSO
<i>methoxsalen (10 mg capsule, 10 mg softgel)</i>	\$0 (Tier 1)	
<i>miconazole nitrate 2 % cream (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>miconazole nitrate 2 % cream/appl*</i>	\$0 (Tier 3)	QL (45 per 30 days)
<i>miconazole nitrate 200 mg-2 % kit*</i>	\$0 (Tier 3)	QL (1 per 30 days)
<i>mometasone furoate (0.1% cream, 0.1% oint, 0.1% soln)</i>	\$0 (Tier 1)	
MYORISAN (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	\$0 (Tier 1)	PA NSO
<i>neomycin/bacitracin/polymyxinb 3.5-400-5k oint. (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>pimecrolimus 1% cream</i>	\$0 (Tier 1)	PA
<i>piperonyl butoxide/pyrethrins 4%-0.33% shampoo*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>podofilox 0.5% topical soln</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
Dermatological Agents		
<i>prednicarbate 0.1% ointment</i>	\$0 (Tier 1)	
PROCTO-MED HC 2.5% CREAM	\$0 (Tier 1)	QL (30 per 30 days)
PROCTOZONE-HC 2.5% CREAM	\$0 (Tier 1)	QL (30 per 30 days)
QBREXZA 2.4% CLOTH	\$0-\$9.20 (Tier 2)	PA
REGRANEX 0.01% GEL	\$0-\$9.20 (Tier 2)	PA
SANTYL OINTMENT	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
<i>selenium sulfide 1 % shampoo*</i>	\$0 (Tier 3)	QL (207 per 30 days)
<i>selenium sulfide 2.5% lotion</i>	\$0 (Tier 1)	
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	\$0 (Tier 1)	PA
TALTZ 80 MG/ML AUTOINJ (2-PK)	\$0-\$9.20 (Tier 2)	PA
TALTZ 80 MG/ML AUTOINJ (3-PK)	\$0-\$9.20 (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
Dermatological Agents		
TALTZ 80 MG/ML AUTOINJECTOR	\$0-\$9.20 (Tier 2)	PA
TALTZ 80 MG/ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
<i>tazarotene 0.1% cream</i>	\$0 (Tier 1)	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	\$0-\$9.20 (Tier 2)	PA
<i>tolnaftate 1% cream*</i>	\$0 (Tier 3)	QL (30 per 60 days)
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	\$0 (Tier 1)	
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	\$0 (Tier 1)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral /Metal Modifiers		
CHEMET 100 MG CAPSULE	\$0-\$9.20 (Tier 2)	
<i>deferasirox (90 mg tablet, 125 mg tb for susp, 180 mg tablet, 250 mg tb for susp, 360 mg tablet, 500 mg tb for susp)</i>	\$0 (Tier 1)	PA
<i>deferiprone 500 mg tablet</i>	\$0 (Tier 1)	PA
FERRIPROX 100 MG/ML SOLUTION	\$0-\$9.20 (Tier 2)	PA
FERRIPROX 1000 MG TABLET	\$0-\$9.20 (Tier 2)	PA
<i>ferrous gluconate 324(38)mg tablet*</i>	\$0 (Tier 3)	QL (90 per 30 days)
<i>ferrous sulfate 15 mg/ml drops*</i>	\$0 (Tier 3)	QL (480 per 30 days)
<i>ferrous sulfate 220 mg/5 ml elixir*</i>	\$0 (Tier 3)	QL (480 per 30 days)
<i>ferrous sulfate 324(65)mg tablet dr*</i>	\$0 (Tier 3)	QL (90 per 30 days)
<i>ferrous sulfate 325(65) mg tablet*</i>	\$0 (Tier 3)	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
Electrolytes/Minerals/Metals/Vitamins		
<i>ferrous sulfate 325(65) mg tablet dr*</i>	\$0 (Tier 3)	QL (90 per 30 days)
INFED 100 MG/2 ML VIAL *	\$0 (Tier 3)	PA, QL (12 per 28 days)
<i>sodium polystyrene sulf powder</i>	\$0 (Tier 1)	
<i>sodium,potassium phosphates 280-250 mg oral powder packets*</i>	\$0 (Tier 3)	QL (120 per 30 days)
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	\$0 (Tier 1)	
<i>trientine hcl 250 mg capsule</i>	\$0 (Tier 1)	PA
VENOFER (50 MG/2.5 ML VIAL, 100 MG/5 ML VIAL, 200 MG/10 ML VIAL) *	\$0 (Tier 3)	PA
Electrolyte/Mineral Replacement		
<i>calcium carbonate 215(500)mg tab chew*</i>	\$0 (Tier 3)	QL (100 per 30 days)
<i>calcium carbonate 260mg(648) tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate 300mg(750) tab chew*</i>	\$0 (Tier 3)	QL (100 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
Electrolytes/Minerals/Metals/Vitamins		
<i>calcium carbonate 500 mg/5ml oral susp*</i>	\$0 (Tier 3)	QL (480 per 30 days)
<i>calcium carbonate 500(1250) tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate 600 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 250 mg-125 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-100 tab chew*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-125 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-200 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-400 tab chew*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-400 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 600 mg-200 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 600 mg-400 tablet*</i>	\$0 (Tier 3)	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
Electrolytes/Minerals/Metals/Vitamins		
<i>calcium carbonate/vitamin d3 600 mg-800 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium citrate 200(950)mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium citrate/vitamin d3 200 mg-250 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium citrate/vitamin d3 315 mg-250 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
CARBAGLU 200 MG DISPER TABLET	\$0-\$9.20 (Tier 2)	PA
<i>dextrose 4 g tab chew*</i>	\$0 (Tier 3)	PA, QL (50 per 30 days)
DOJOLVI LIQUID	\$0-\$9.20 (Tier 2)	PA
<i>electrolytes/dextrose solution*</i>	\$0 (Tier 3)	QL (4000 per 30 days)
ISOLYTE S IV SOLUTION-EXCEL	\$0-\$9.20 (Tier 2)	
K-TAB ER (ER 10 TABLET, ER 20 TABLET)	\$0 (Tier 1)	
K-TAB ER 8 MEQ TABLET	\$0-\$9.20 (Tier 2)	
KLOR-CON 10 MEQ TABLET	\$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
Electrolytes/Minerals/Metals/Vitamins		
KLOR-CON 8 MEQ TABLET	\$0 (Tier 1)	
KLOR-CON M10 TABLET	\$0 (Tier 1)	
KLOR-CON M15 TABLET	\$0 (Tier 1)	
<i>magnesium chloride 70 mg tablet dr*</i>	\$0 (Tier 3)	QL (360 per 30 days)
<i>magnesium oxide 400 mg tablet*</i>	\$0 (Tier 3)	QL (180 per 30 days)
<i>magnesium sulfate 50% syringe</i>	\$0 (Tier 1)	
OSMOPREP TABLET	\$0-\$9.20 (Tier 2)	
PLASMA-LYTE 148 IV SOLUTION	\$0-\$9.20 (Tier 2)	
PLASMA-LYTE A PH 7.4 SOLN.	\$0-\$9.20 (Tier 2)	
<i>potassium chloride (2 meq/ml conc, er 8 meq capsule, er 8 meq tablet, 10 meq/100 ml sol, 10 meq/5 ml conc, 10% (20 meq/15ml), 10% (40 meq/30ml), er 10 meq capsule, er 10 meq tablet, er 15 meq tablet, 20 meq/10 ml conc, 20% (40 meq/15ml), er 20 meq tablet, 30 meq/15 ml conc, 40 meq/20 ml conc, 60 meq/30 ml conc)</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
Electrolytes/Minerals/Metals/Vitamins		
<i>potassium citrate er (er 5 tab, er 10 tb, er 15 tb)</i>	\$0 (Tier 1)	
<i>potassium cl 20 meq-0.45% nacl</i>	\$0 (Tier 1)	
<i>potassium cl 20 meq/1,000ml-ns</i>	\$0 (Tier 1)	
<i>potassium cl 20 meq/10 ml conc</i>	\$0 (Tier 1)	
<i>potassium cl 40 meq/1,000ml-ns</i>	\$0-\$9.20 (Tier 2)	
<i>sodium chloride (0.9% 100 ml, 0.9% 1,000 ml, 0.9% 250 ml, 0.9% 50 ml, 0.9% 500 ml, 0.9% irrig, 0.9% irrig., 0.9% prcss sol, 0.9% sol-excel, 0.9% soln, 0.9% solution, 0.9% vial, 3% iv soln)</i>	\$0 (Tier 1)	
<i>sodium chloride 0.9%-water</i>	\$0 (Tier 1)	
<i>sodium chloride 5% iv soln</i>	\$0-\$9.20 (Tier 2)	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II 15% IV SOLUTION	\$0-\$9.20 (Tier 2)	PA
AMINOSYN-PF 7% IV SOLUTION	\$0-\$9.20 (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
Electrolytes/Minerals/Metals/Vitamins		
<i>ascorbic acid 1000 mg tablet*</i>	\$0 (Tier 3)	PA
<i>calcium gluconate 50 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>cholecalciferol (vitamin d3) 1000 unit capsule*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 1000 unit tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 2000 unit capsule*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 2000 unit tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 400 unit tablet*</i>	\$0 (Tier 3)	QL (90 per 30 days)
<i>cholecalciferol (vitamin d3) 5000 unit capsule*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 50000 unit capsule*</i>	\$0 (Tier 3)	QL (4 per 28 days)
CLINIMIX (4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	\$0-\$9.20 (Tier 2)	PA
CLINIMIX E (2.75%-5% SOLUTION, 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	\$0-\$9.20 (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
Electrolytes/Minerals/Metals/Vitamins		
CLINISOL 15% SOLUTION	\$0 (Tier 1)	PA
<i>cyanocobalamin (vitamin b-12) 1000 mcg tablet*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial*</i>	\$0 (Tier 3)	PA
<i>dextrose 10%-0.2% nacl iv soln</i>	\$0-\$9.20 (Tier 2)	
<i>dextrose 10%-0.45% nacl iv sol</i>	\$0-\$9.20 (Tier 2)	
<i>dextrose 2.5%-0.45% nacl iv</i>	\$0-\$9.20 (Tier 2)	
<i>dextrose 5%-0.2% nacl iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.2% nacl-kcl (10 in d5w-0.2%, 20 in d5w-0.2%)</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.225% nacl iv sol</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.225% nacl-kcl (10 in d5w-0.225%, 20 in d5w-0.225%)</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.45% nacl iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.45% nacl-kcl (10 meq/500ml-d5w-0.45%nacl, 20 meq in d5w-0.45% nacl)</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
Electrolytes/Minerals/Metals/Vitamins		
<i>dextrose 5%-0.9% nacl iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-1/2ns-kcl (d5%-1/2ns-kcl 10 iv sol, d5%-1/2ns-kcl 30 iv sol, d5%-1/2ns-kcl 40 iv sol)</i>	\$0 (Tier 1)	
<i>dextrose 5%-ns-kcl (20 in d5w-ns, 40 in d5w-nacl 0.9%)</i>	\$0 (Tier 1)	
<i>dextrose in water (5%-water 100 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)</i>	\$0 (Tier 1)	
<i>ergocalciferol (vitamin d2) 400 unit tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>ergocalciferol (vitamin d2) 50000 unit capsule*</i>	\$0 (Tier 3)	QL (4 per 28 days)
<i>folic acid 0.4 mg tablet *</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>folic acid 0.8 mg tablet*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>folic acid 1 mg tablet*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>glucose in water (5%-water 100 ml, 5%-water 50 ml)</i>	\$0 (Tier 1)	
<i>hydroxocobalamin 1000mcg/ml vial*</i>	\$0 (Tier 3)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Electrolytes/Minerals/Metals/Vitamins		
INTRALIPID (20% IV EMUL, 30% IV EMUL)	\$0-\$9.20 (Tier 2)	PA
ISOLYTE P-DEXTROSE 5% SOLN	\$0-\$9.20 (Tier 2)	
JYNARQUE (15 MG TABLET, 15 MG-15 MG TABLET, 30 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	\$0-\$9.20 (Tier 2)	PA
<i>kcl 20 meq in d5w-lact ringer</i>	\$0 (Tier 1)	
<i>kcl 20 meq/l in d5w solution</i>	\$0 (Tier 1)	
<i>levocarnitine (1 g/10 ml soln, 330 mg tablet)</i>	\$0 (Tier 1)	
<i>magnesium oxide 400 mg tablet*</i>	\$0 (Tier 3)	QL (180 per 30 days)
<i>magnesium sulfate 50% vial</i>	\$0 (Tier 1)	
<i>niacin 100 mg tablet*</i>	\$0 (Tier 3)	PA, QL (120 per 30 days)
<i>niacin 250 mg tablet er*</i>	\$0 (Tier 3)	PA, QL (120 per 30 days)
<i>niacin 50 mg tablet*</i>	\$0 (Tier 3)	PA, QL (120 per 30 days)
NUTRILIPID 20% IV FAT EMULSION	\$0-\$9.20 (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
Electrolytes/Minerals/Metals/Vitamins		
<i>phytonadione (vit k1) 5 mg tablet*</i>	\$0 (Tier 3)	QL (20 per 30 days)
<i>potassium chloride (er 10 meq tablet, 20 meq/100 ml sol, er 20 meq tablet)</i>	\$0 (Tier 1)	
<i>potassium cl 20meq/100ml-water</i>	\$0 (Tier 1)	
<i>potassium cl 40 meq/100 ml sol</i>	\$0-\$9.20 (Tier 2)	
PREMASOL 10% IV SOLUTION	\$0-\$9.20 (Tier 2)	PA
<i>prenatal tablet*</i>	\$0 (Tier 3)	PA, QL (60 per 30 days)
<i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i>	\$0-\$9.20 (Tier 2)	
PROCALAMINE IV SOLUTION	\$0-\$9.20 (Tier 2)	PA
PROSOL 20% INJECTION	\$0-\$9.20 (Tier 2)	PA
<i>pyridoxine hcl (vitamin b6) 100 mg tablet*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)
<i>pyridoxine hcl (vitamin b6) 50 mg tablet*</i>	\$0 (Tier 3)	PA, QL (100 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
Electrolytes/Minerals/Metals/Vitamins		
<i>riboflavin (vitamin b2) 50 mg tablet*</i>	\$0 (Tier 3)	PA
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln)</i>	\$0 (Tier 1)	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i>	\$0-\$9.20 (Tier 2)	
<i>thiamine hcl 50 mg tablet*</i>	\$0 (Tier 3)	PA
<i>tolvaptan (15 mg tablet, 30 mg tablet)</i>	\$0 (Tier 1)	PA
TPN ELECTROLYTES II IV SOLN	\$0-\$9.20 (Tier 2)	
TPN ELECTROLYTES VIAL	\$0-\$9.20 (Tier 2)	
TRAVASOL 10% SOLN VIAFLEX	\$0-\$9.20 (Tier 2)	PA
TROPHAMINE 10% IV SOLUTION	\$0-\$9.20 (Tier 2)	PA
VIRT-PN DHA SOFTGEL	\$0-\$9.20 (Tier 2)	
VIRT-PN PLUS SOFTGEL	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Electrolytes/Minerals/Metals/Vitamins		
<i>vitamin a 10,000 unit capsule*</i>	\$0 (Tier 3)	PA
<i>vitamin e (dl,tocopheryl acet) 200 unit capsule*</i>	\$0 (Tier 3)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	
Gastrointestinal Agents		
<i>bismuth subsalicylate 262 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>famotidine 10 mg tablet*</i>	\$0 (Tier 3)	QL (60 per 30 days)
GAVILYTE-C SOLUTION	\$0 (Tier 1)	
GAVILYTE-G SOLUTION	\$0 (Tier 1)	
GAVILYTE-N SOLUTION	\$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
Gastrointestinal Agents		
GOLYTELY SOLUTION	\$0 (Tier 1)	
LINZESS 72 MCG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
LITHOSTAT 250 MG TABLET	\$0-\$9.20 (Tier 2)	PA
<i>mag hydrox/aluminum hyd/simeth 200-200-20 oral susp*</i>	\$0 (Tier 3)	QL (480 per 30 days)
<i>mag hydrox/aluminum hyd/simeth 200-200-25 tab chew*</i>	\$0 (Tier 3)	QL (100 per 30 days)
<i>mag hydrox/aluminum hyd/simeth 400-400-40 oral susp*</i>	\$0 (Tier 3)	QL (480 per 30 days)
MYTESI 125 MG DR TABLET	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
<i>peg 3350-electrolyte solution</i>	\$0 (Tier 1)	
<i>peg-3350 and electrolytes soln</i>	\$0 (Tier 1)	
<i>psyllium seed powder*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>simethicone 80 mg tab chew*</i>	\$0 (Tier 3)	QL (90 per 30 days)
<i>sodium bicarbonate 325 mg tablet*</i>	\$0 (Tier 3)	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
Gastrointestinal Agents		
<i>sodium bicarbonate 650 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
Gastrointestinal Agents, Other		
<i>cromolyn 100 mg/5 ml oral conc</i>	\$0 (Tier 1)	
<i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i>	\$0 (Tier 1)	PA-HRM
GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT)	\$0-\$9.20 (Tier 2)	PA
<i>lansoprazol-amoxicil-clarithro</i>	\$0 (Tier 1)	
<i>loperamide 2 mg capsule</i>	\$0 (Tier 1)	
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
MYALEPT 11.3 MG (5 MG/ML) VIAL	\$0-\$9.20 (Tier 2)	PA
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML KIT, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	\$0-\$9.20 (Tier 2)	PA
RELISTOR 150 MG TABLET	\$0-\$9.20 (Tier 2)	PA, 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
Gastrointestinal Agents		
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	\$0-\$9.20 (Tier 2)	PA
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	\$0 (Tier 1)	
XERMELO 250 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (90 per 30 days)
ZORBTIVE 8.8 MG VIAL	\$0-\$9.20 (Tier 2)	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml soln, 800 mg tablet)</i>	\$0 (Tier 1)	
<i>famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)</i>	\$0 (Tier 1)	
<i>nizatidine (15 mg/ml solution, 150 mg capsule, 300 mg capsule)</i>	\$0 (Tier 1)	
Irritable Bowel Syndrome Agents		
<i>alosetron hcl (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Gastrointestinal Agents		
AMITIZA (8 MCG CAPSULE, 24 MCG CAPSULES)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
LINZESS (145 MCG CAPSULE, 290 MCG CAPSULE)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
<i>lubiprostone (8 mcg capsule, 24 mcg capsule)</i>	\$0 (Tier 1)	QL (60 per 30 days)
TRULANCE 3 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
VIBERZI (75 MG TABLET, 100 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
Laxatives		
<i>bisacodyl 10 mg supp.rect*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>bisacodyl 5 mg tablet dr*</i>	\$0 (Tier 3)	QL (60 per 30 days)
CONSTULOSE 10 GM/15 ML SOLN	\$0 (Tier 1)	
<i>docusate calcium 240 mg capsule*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>docusate sodium 100 mg capsule*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>docusate sodium 250 mg capsule*</i>	\$0 (Tier 3)	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
Gastrointestinal Agents		
<i>docusate sodium 283 mg/5ml enema*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>docusate sodium 50 mg/5 ml liquid*</i>	\$0 (Tier 3)	QL (480 per 30 days)
ENULOSE 10 GM/15 ML SOLUTION	\$0 (Tier 1)	
GENERLAC 10 GM/15 ML SOLUTION	\$0 (Tier 1)	
<i>glycerin adult supp.rect*</i>	\$0 (Tier 3)	QL (12 per 30 days)
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	\$0 (Tier 1)	PA
<i>lactulose (10 gm/15 ml solution, 20 gm/30 ml solution)</i>	\$0 (Tier 1)	
<i>lactulose 10 gm packet</i>	\$0 (Tier 1)	PA
<i>magnesium hydroxide 400 mg/5ml oral susp*</i>	\$0 (Tier 3)	QL (480 per 30 days)
<i>peg3350 100-7.5-2.691-1.01-5.9</i>	\$0 (Tier 1)	
<i>sennosides 8.6 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
SUPREP BOWEL PREP KIT	\$0-\$9.20 (Tier 2)	
Protectants		
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	\$0 (Tier 1)	ST

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Gastrointestinal Agents		
<i>sucralfate 1 gm tablet</i>	\$0 (Tier 1)	
Proton Pump Inhibitors		
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>omeprazole dr 20 mg capsule</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>omeprazole magnesium 20 mg capsule dr*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>pantoprazole sod dr 20 mg tab</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>pantoprazole sod dr 40 mg tab</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rabeprazole sod dr 20 mg tab</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	\$0-\$9.20 (Tier 2)	PA
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA
CREON (DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE)	\$0-\$9.20 (Tier 2)	PA
CYSTADANE 1 GRAM/1.7 ML POWDER	\$0-\$9.20 (Tier 2)	PA NSO
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA
CYSTARAN 0.44% EYE DROPS	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
GALAFOLD 123 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (14 per 28 days)
GLASSIA 1 GM/50 ML VIAL	\$0-\$9.20 (Tier 2)	PA
<i>miglustat 100 mg capsule</i>	\$0 (Tier 1)	PA
OICALIVA (5 MG TABLET, 10 MG TABLET)	\$0-\$9.20 (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
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
PALYNZIQ (2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP, DR 21,000 CAP, DR 37,000 CAP)	\$0-\$9.20 (Tier 2)	PA
PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE, DR 16,000 CAPSULE, DR 24,000 CAPSULE)	\$0-\$9.20 (Tier 2)	PA
PLENAMINE 15% SOLUTION	\$0 (Tier 1)	PA
PROLASTIN C 1,000 MG VIAL	\$0-\$9.20 (Tier 2)	PA
PROLASTIN C 1,000 MG VIAL	\$0-\$9.20 (Tier 2)	
RAVICTI 1.1 GRAM/ML LIQUID	\$0-\$9.20 (Tier 2)	PA
<i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate powder</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
VIOKACE (10,440-39,150 UNIT TAB, 10,440-39,150 UNITS TB, 20,880-78,300 UNITS TB)	\$0-\$9.20 (Tier 2)	
ZEMAIRA 1,000 MG VIAL	\$0-\$9.20 (Tier 2)	PA
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 25,000 UNITS CAPSULE, DR 40,000 UNIT CAPSULE)	\$0-\$9.20 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin er (er 7.5 mg tablet, er 15 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</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
Genitourinary Agents		
GELNIQUE (10% GEL PUMP, 10% GEL SACHET, 10% GEL SACHETS)	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, QL (30 per 30 days)
<i>oxybutynin 5 mg tablet</i>	\$0 (Tier 1)	
<i>oxybutynin 5 mg/5 ml syrup</i>	\$0 (Tier 1)	ST
<i>oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
OXYTROL 3.9 MG/24HR PATCH	\$0-\$9.20 (Tier 2)	ST, QL (8 per 28 days)
OXYTROL FOR WOMEN 3.9 MG/24HR*	\$0 (Tier 3)	QL (8 per 30 days)
<i>solifenacin succinate (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	ST, QL (30 per 30 days)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>tolterodine tartrate er (er 2 mg cap, er 4 mg cap)</i>	\$0 (Tier 1)	QL (30 per 30 days)
TOVIAZ (ER 4 MG TABLET, ER 8 MG TABLET)	\$0-\$9.20 (Tier 2)	ST, 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
Genitourinary Agents		
<i>trosium chloride 20 mg tablet</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>trosium chloride er 60 mg cap</i>	\$0 (Tier 1)	QL (30 per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er 10 mg tablet</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride 0.5 mg capsule</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>finasteride 5 mg tablet</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>tamsulosin hcl 0.4 mg capsule</i>	\$0 (Tier 1)	
Genitourinary Agents, Other		
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
ELMIRON 100 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (90 per 30 days)
<i>penicillamine 250 mg tablet</i>	\$0 (Tier 1)	
THIOLA 100 MG TABLET	\$0-\$9.20 (Tier 2)	PA
THIOLA EC (EC 100 MG TABLET, EC 300 MG TABLET)	\$0-\$9.20 (Tier 2)	PA
<i>tiopronin 100 mg tablet</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Genitourinary Agents		
Phosphate Binders		
AURYXIA 210 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (360 per 30 days)
<i>calcium acetate (667 mg capsule, 667 mg gelcap)</i>	\$0 (Tier 1)	
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	\$0-\$9.20 (Tier 2)	PA NSO
<i>lanthanum carbonate (500 mg tab chew, 750 mg tab chew, 1,000 mg tb chw)</i>	\$0 (Tier 1)	PA NSO
<i>sevelamer 2.4 gm powder packet</i>	\$0 (Tier 1)	PA
<i>sevelamer carbonate 800 mg tab</i>	\$0 (Tier 1)	
<i>sevelamer hcl (400 mg tablet, 800 mg tablet)</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
Hormonal Agents, Parathyroid		
Hormonal Agents, Parathyroid		
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet, 90 mg tablet)</i>	\$0 (Tier 1)	PA BvD
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	\$0-\$9.20 (Tier 2)	PA, QL (2 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR GEL 400 UNIT/5 ML VIAL	\$0-\$9.20 (Tier 2)	PA, QL (30 per 28 days)
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	\$0 (Tier 1)	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	\$0-\$9.20 (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
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>fludrocortisone 0.1 mg tablet</i>	\$0 (Tier 1)	
HEMADY 20 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
<i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)</i>	\$0 (Tier 1)	
<i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup)</i>	\$0 (Tier 1)	
<i>prednisolone sodium phos odt (odt 10 mg tablet, odt 15 mg tablet, odt 30 mg tablet)</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	\$0 (Tier 1)	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
PREDNISONE INTENSOL 5 MG/ML	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate (0.01% solution, 0.01% spray, acetate 0.1 mg tb, acetate 0.2 mg tb)</i>	\$0 (Tier 1)	
EGRIFTA 2 MG VIAL	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
EGRIFTA SV 2 MG VIAL	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
GENOTROPIN (MINIQUICK 0.2 MG, MINIQUICK 0.4 MG, MINIQUICK 0.6 MG, MINIQUICK 0.8 MG, MINIQUICK 1 MG, MINIQUICK 1.2 MG, MINIQUICK 1.4 MG, MINIQUICK 1.6 MG, MINIQUICK 1.8 MG, MINIQUICK 2 MG, 5 MG CARTRIDGE, 12 MG CARTRIDGE)	\$0-\$9.20 (Tier 2)	PA
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	\$0-\$9.20 (Tier 2)	PA
INCRELEX 40 MG/4 ML VIAL	\$0-\$9.20 (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
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
NORDITROPIN FLEXPPO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	\$0-\$9.20 (Tier 2)	PA
NUTROPIN AQ NUSPIN (5, 10, 20)	\$0-\$9.20 (Tier 2)	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	\$0-\$9.20 (Tier 2)	PA
SAIZEN (5 MG VIAL, 8.8 MG CLICK.EASY CARTG, 8.8 MG VIAL)	\$0-\$9.20 (Tier 2)	PA
SAIZEN 8.8 MG SAIZENPREP CART	\$0-\$9.20 (Tier 2)	PA
ZOMACTON (5 MG VIAL, 10 MG VIAL)	\$0-\$9.20 (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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone (2.5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA
Androgens		
ANDRODERM (2 MG/24HR PATCH, 4 MG/24HR PATCH)	\$0-\$9.20 (Tier 2)	PA NSO
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	\$0 (Tier 1)	
<i>methyltestosterone 10 mg cap</i>	\$0 (Tier 1)	PA NSO
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 10 mg gel pump, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 30 mg/1.5 ml pump, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	\$0 (Tier 1)	PA NSO
<i>testosterone cypionate (testosteron 1,000 mg/10 ml, testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml, testosterone 500 mg/2.5 ml, testosterone 500 mg/5 ml, testosterone 1,000 mg/5 ml, testosterone 6,000 mg/30ml)</i>	\$0 (Tier 1)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i>	\$0 (Tier 1)	PA NSO
Estrogens		
DEPO-ESTRADIOL 5 MG/ML VIAL	\$0 (Tier 1)	PA-HRM
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	\$0 (Tier 1)	PA-HRM, QL (8 per 28 days)
ESTRACE 0.01% CREAM	\$0 (Tier 1)	
<i>estradiol (0.01% cream, 10 mcg vaginal insrt)</i>	\$0 (Tier 1)	
<i>estradiol (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i>	\$0 (Tier 1)	PA-HRM, QL (8 per 28 days)
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
<i>estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))</i>	\$0 (Tier 1)	PA-HRM, QL (4 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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))</i>	\$0 (Tier 1)	PA-HRM, QL (8 per 28 days)
<i>estradiol 0.05 mg patch (1/wk)</i>	\$0 (Tier 1)	PA-HRM, QL (8 per 28 days)
<i>estradiol valerate (20 mg/ml vl, 40 mg/ml vl, 100 mg/5 ml, 200 mg/5 ml)</i>	\$0 (Tier 1)	
ESTRING 2 MG VAGINAL RING	\$0-\$9.20 (Tier 2)	
FEMRING (0.05 VAG RING, 0.10 VAG RING)	\$0-\$9.20 (Tier 2)	
IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	\$0-\$9.20 (Tier 2)	QL (18 per 28 days)
<i>levonorgestrel 1.5 mg tablet*</i>	\$0 (Tier 3)	QL (1 per 30 days)
LYLLANA (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	\$0 (Tier 1)	PA-HRM, 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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	\$0 (Tier 1)	PA-HRM
MENOSTAR 14 MCG/DAY PATCH	\$0-\$9.20 (Tier 2)	PA-HRM
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	\$0-\$9.20 (Tier 2)	PA-HRM
PREMARIN VAGINAL CREAM-APPL	\$0-\$9.20 (Tier 2)	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ACTIVELLA 1 MG-0.5 MG TABLET	\$0 (Tier 1)	PA-HRM
ALTAVERA-28 TABLET	\$0 (Tier 1)	
ALYACEN 1-35 28 TABLET	\$0 (Tier 1)	
AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	\$0 (Tier 1)	PA-HRM
AMETHIA 0.15-0.03-0.01 MG TAB	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ANGELIQ (0.25 MG-0.5 MG TABLET, 0.5 MG-1 MG TABLET)	\$0-\$9.20 (Tier 2)	PA-HRM
ANNOVERA VAGINAL RING	\$0-\$9.20 (Tier 2)	
APRI 28 DAY TABLET	\$0 (Tier 1)	
ARANELLE 28 TABLET	\$0 (Tier 1)	
ASHLYNA 0.15-0.03-0.01 MG TAB	\$0 (Tier 1)	
AUBRA EQ-28 TABLET	\$0 (Tier 1)	
AUBRA-28 TABLET	\$0 (Tier 1)	
AVIANE-28 TABLET	\$0 (Tier 1)	
BALCOLTRA TABLET	\$0-\$9.20 (Tier 2)	
BALZIVA 28 TABLET	\$0 (Tier 1)	
BEYAZ 28 TABLET	\$0-\$9.20 (Tier 2)	
BLISOVI 24 FE TABLET	\$0 (Tier 1)	
BLISOVI FE 1.5-30 TABLET	\$0 (Tier 1)	
BRIELLYN TABLET	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
CAMRESE LO TABLET	\$0 (Tier 1)	
CAZIAN 28 DAY TABLET	\$0 (Tier 1)	
CLIMARA PRO PATCH	\$0-\$9.20 (Tier 2)	PA-HRM
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)	\$0-\$9.20 (Tier 2)	PA-HRM
CRINONE (4% GEL, 8% GEL)	\$0-\$9.20 (Tier 2)	PA
CRYSSELLE-28 TABLET	\$0 (Tier 1)	
CYCLAFEM (1-35-28 TABLET, 7-7-7-28 TABLET)	\$0 (Tier 1)	
CYRED 28 DAY TABLET	\$0 (Tier 1)	
CYRED EQ 28 DAY TABLET	\$0 (Tier 1)	
<i>desogestr-eth estrad eth estra</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol (desogestrel-ee 0.15-0.03 mg tb, desogestrel-ethinyl estrad tab)</i>	\$0 (Tier 1)	
DOLISHALE 90-20 MCG TABLET	\$0 (Tier 1)	
<i>drosp-ee-levomef 3-0.02-0.451</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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	\$0 (Tier 1)	
ELURYNG VAGINAL RING	\$0 (Tier 1)	
EMOQUETTE 28 DAY TABLET	\$0 (Tier 1)	
ENPRESSE-28 TABLET	\$0 (Tier 1)	
ENSKYCE 28 TABLET	\$0 (Tier 1)	
ESTARYLLA 0.25-0.035 MG TABLET	\$0 (Tier 1)	
<i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i>	\$0 (Tier 1)	PA-HRM
<i>ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)</i>	\$0 (Tier 1)	
<i>etonogestrel-ee vaginal ring</i>	\$0 (Tier 1)	
FALMINA-28 TABLET	\$0 (Tier 1)	
FEMYNOR 28 TABLET	\$0 (Tier 1)	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	\$0 (Tier 1)	PA-HRM
GEMMILY 1 MG-20 MCG CAPSULE	\$0 (Tier 1)	
GENERESS FE CHEWABLE TABLET	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
HAILEY 24 FE 1 MG-20 MCG TAB	\$0 (Tier 1)	
ICLEVIA 0.15 MG-0.03 MG TABLET	\$0 (Tier 1)	
INTRAROSA 6.5 MG VAG INSERT	\$0-\$9.20 (Tier 2)	PA
INTROVALE 0.15-0.03 MG TABLET	\$0 (Tier 1)	
ISIBLOOM 28 DAY TABLET	\$0 (Tier 1)	
JASMIEL 3 MG-0.02 MG TABLET	\$0 (Tier 1)	
JINTELI 1 MG-5 MCG TABLET	\$0 (Tier 1)	PA-HRM
JULEBER 28 DAY TABLET	\$0 (Tier 1)	
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	\$0 (Tier 1)	
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	\$0 (Tier 1)	
JUNEL FE 24 TABLET	\$0 (Tier 1)	
KAITLIB FE 0.8-0.025MG CHEW TB	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
KARIVA 28 DAY TABLET	\$0 (Tier 1)	
KELNOR 1-35 28 TABLET	\$0 (Tier 1)	
KELNOR 1-50 TABLET	\$0 (Tier 1)	
KURVELO-28 TABLET	\$0 (Tier 1)	
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	\$0 (Tier 1)	
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	\$0 (Tier 1)	
LARISSIA-28 TABLET	\$0 (Tier 1)	
LAYOLIS FE CHEWABLE TABLET	\$0 (Tier 1)	
LEENA 28 TABLET	\$0 (Tier 1)	
LESSINA-28 TABLET	\$0 (Tier 1)	
LEVONEST-28 TABLET	\$0 (Tier 1)	
<i>levonorg-eth estrad eth estrad (levono-e estrad 0.15-0.03-0.01, levonor-e estrad 0.1-0.02-0.01, levonorg 0.15mg-ee 20-25-30mcg)</i>	\$0 (Tier 1)	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)</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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
LEVORA-28 TABLET	\$0 (Tier 1)	
LO LOESTRIN FE 1-10 TABLET	\$0-\$9.20 (Tier 2)	
LOESTRIN (21 1-20 TABLET, 21 1.5-30 TABLET)	\$0 (Tier 1)	
LOESTRIN FE (1-20 TABLET, 1.5-30 TABLET)	\$0 (Tier 1)	
LORYNA 3 MG-0.02 MG TABLET	\$0 (Tier 1)	
LOSEASONIQUE TABLET	\$0 (Tier 1)	
LOW-OGESTREL-28 TABLET	\$0 (Tier 1)	
LUTERA-28 TABLET	\$0 (Tier 1)	
MARLISSA-28 TABLET	\$0 (Tier 1)	
MERZEE 1 MG-20 MCG CAPSULE	\$0 (Tier 1)	
MIBELAS 24 FE CHEWABLE TABLET	\$0 (Tier 1)	
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	\$0 (Tier 1)	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
MILI 0.25-0.035 MG TABLET	\$0 (Tier 1)	
MIMVEY 1-0.5 MG TABLET	\$0 (Tier 1)	PA-HRM
MINASTRIN 24 FE CHEWABLE TAB	\$0-\$9.20 (Tier 2)	
NATAZIA 28 TABLET	\$0-\$9.20 (Tier 2)	
NECON 0.5-35-28 TABLET	\$0 (Tier 1)	
NEXTSTELLIS 3-14.2 MG TABLET	\$0-\$9.20 (Tier 2)	
NIKKI 3 MG-0.02 MG TABLET	\$0 (Tier 1)	
<i>norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, norethin-estra-fe 0.8-0.025 mg)</i>	\$0 (Tier 1)	
<i>norethind-eth estrad 1-0.02 mg</i>	\$0 (Tier 1)	
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	\$0 (Tier 1)	PA-HRM
<i>norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1-0.02(24)-75 chw, 1-0.02(24)-75 tab)</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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	\$0 (Tier 1)	
NORTREL (0.5-35-28 TABLET, 1-35 21 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)	\$0 (Tier 1)	
NUVARING VAGINAL RING	\$0-\$9.20 (Tier 2)	
NYLIA 7-7-7-28 TABLET	\$0 (Tier 1)	
NYMYO 0.25-0.035 MG (28) TAB	\$0 (Tier 1)	
OCELLA 3 MG-0.03 MG TABLET	\$0 (Tier 1)	
ORSYTHIA-28 TABLET	\$0 (Tier 1)	
PIMTREA 28 DAY TABLET	\$0 (Tier 1)	
PIRMELLA (1-35 28 TABLET, 1-35-28 TABLET)	\$0 (Tier 1)	
PORTIA-28 TABLET	\$0 (Tier 1)	
PREFEST TABLET	\$0 (Tier 1)	PA-HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
PREMPHASE 0.625-5 MG TABLET	\$0-\$9.20 (Tier 2)	PA-HRM
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-2.5 MG TABLET, 0.625-5 MG TABLET)	\$0-\$9.20 (Tier 2)	PA-HRM
PREVIFEM TABLET	\$0 (Tier 1)	
QUARTETTE TABLET	\$0 (Tier 1)	
RECLIPSEN 28 DAY TABLET	\$0 (Tier 1)	
RIVELSA TABLET	\$0 (Tier 1)	
SAFYRAL TABLET	\$0-\$9.20 (Tier 2)	
SEASONIQUE 0.15-0.03-0.01 TAB	\$0 (Tier 1)	
SETLAKIN 0.15 MG-0.03 MG TAB	\$0 (Tier 1)	
SLYND 4 MG TABLET	\$0-\$9.20 (Tier 2)	
SPRINTEC 28 DAY TABLET	\$0 (Tier 1)	
SRONYX 0.10-0.02 MG TABLET	\$0 (Tier 1)	
SYEDA 28 TABLET	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
TAPERDEX 7 DAY 1.5 MG TAB PACK	\$0 (Tier 1)	
TARINA 24 FE 1 MG-20 MCG TAB	\$0 (Tier 1)	
TARINA FE 1-20 EQ TABLET	\$0 (Tier 1)	
TARINA FE 1-20 TABLET	\$0 (Tier 1)	
TAYSOFY 1 MG-20 MCG CAPSULE	\$0 (Tier 1)	
TILIA FE 28 TABLET	\$0 (Tier 1)	
TRI-ESTARYLLA TABLET	\$0 (Tier 1)	
TRI-LEGEST FE-28 DAY TABLET	\$0 (Tier 1)	
TRI-LO-ESTARYLLA TABLET	\$0 (Tier 1)	
TRI-LO-SPRINTEC TABLET	\$0 (Tier 1)	
TRI-MILI 28 TABLET	\$0 (Tier 1)	
TRI-NYMYO 28 TABLET	\$0 (Tier 1)	
TRI-PREVIFEM TABLET	\$0 (Tier 1)	
TRI-SPRINTEC TABLET	\$0 (Tier 1)	
TRI-VYLIBRA 28 TABLET	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
TRI-VYLIBRA LO TABLET	\$0 (Tier 1)	
TRIVORA-28 TABLET	\$0 (Tier 1)	
TYDEMY 3-0.03-0.451 MG TABLET	\$0 (Tier 1)	
VELIVET 28 DAY TABLET	\$0 (Tier 1)	
VESTURA 3 MG-0.02 MG TABLET	\$0 (Tier 1)	
VIENVA-28 TABLET	\$0 (Tier 1)	
VYFEMLA 0.4 MG-0.035 MG TABLET	\$0 (Tier 1)	
VYLIBRA 28 TABLET	\$0 (Tier 1)	
WYMZYA FE (0.4-0.035 MG CHEW TB, CHEWABLE TABLET)	\$0 (Tier 1)	
XULANE 150-35 MCG/DAY PATCH	\$0 (Tier 1)	
YASMIN 28 TABLET	\$0 (Tier 1)	
YAZ 28 TABLET	\$0 (Tier 1)	
YUVAFEM (10 MCG INSERT, 10 MCG TABLET)	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ZAFEMY 150-35 MCG/DAY PATCH	\$0 (Tier 1)	
ZARAH TABLET	\$0 (Tier 1)	
ZOVIA 1-35 TABLET	\$0 (Tier 1)	
ZOVIA 1-35E TABLET	\$0 (Tier 1)	
Progestins		
CAMILA 0.35 MG TABLET	\$0 (Tier 1)	
DEBLITANE 0.35 MG TABLET	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104 SYRINGE	\$0-\$9.20 (Tier 2)	
ERRIN 0.35 MG TABLET	\$0 (Tier 1)	
INCASSIA 0.35 MG TABLET	\$0 (Tier 1)	
LYLEQ 0.35 MG TABLET	\$0 (Tier 1)	
LYZA 0.35 MG TABLET	\$0 (Tier 1)	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	\$0 (Tier 1)	
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>megestrol acetate (40 mg/ml susp, 400 mg/10 ml)</i>	\$0 (Tier 1)	PA
NORA-BE TABLET	\$0 (Tier 1)	
<i>norethindrn 5 mg tb (lupaneta)</i>	\$0 (Tier 1)	
<i>norethindrone 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>norethindrone 5 mg tablet</i>	\$0 (Tier 1)	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	\$0 (Tier 1)	
SHAROBEL 0.35 MG TABLET	\$0 (Tier 1)	
Selective Estrogen Receptor Modifying Agents		
DUAVEE 0.45-20 MG TABLET	\$0-\$9.20 (Tier 2)	PA-HRM
<i>raloxifene hcl 60 mg tablet</i>	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	\$0 (Tier 1)	
LEVO-T (25 MCG TABLET, 50 MCG TABLET, 88 MCG TABLET, 112 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	\$0-\$9.20 (Tier 2)	
LEVO-T (75 MCG TABLET, 100 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET)	\$0 (Tier 1)	
<i>levothyroxine (13 mcg capsule, 25 mcg capsule, 50 mcg capsule, 75 mcg capsule, 88 mcg capsule, 100 mcg capsule, 112 mcg capsule, 125 mcg capsule, 137 mcg capsule, 150 mcg capsule, 175 mcg capsule, 200 mcg capsule)</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
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	\$0 (Tier 1)	
LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	\$0 (Tier 1)	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	\$0 (Tier 1)	
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	\$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
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
THYQUIDITY 100 MCG/5 ML SOLN	\$0-\$9.20 (Tier 2)	
TIROSINT-SOL (13 MCG/ML SOLN, 25 MCG/ML SOLN, 37.5 MCG/ML SOLN, 44 MCG/ML SOLN, 50 MCG/ML SOLN, 62.5 MCG/ML SOLN, 75 MCG/ML SOLN, 88 MCG/ML SOLN, 100 MCG/ML SOLN, 112 MCG/ML SOLN, 125 MCG/ML SOLN, 137 MCG/ML SOLN, 150 MCG/ML SOLN, 175 MCG/ML SOLN, 200 MCG/ML SOLN)	\$0-\$9.20 (Tier 2)	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	\$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
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
KORLYM 300 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (120 per 30 days)
LYSODREN 500 MG TABLET	\$0-\$9.20 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline 0.5 mg tablet</i>	\$0 (Tier 1)	
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT)	\$0-\$9.20 (Tier 2)	PA NSO
FIRMAGON (2 X 120 MG KIT, 2 X 120 MG VIALS, 80 MG KIT, 80 MG VIAL, 120 MG VIAL)	\$0-\$9.20 (Tier 2)	PA NSO
ISTURISA (1 MG TABLET, 5 MG TABLET, 10 MG TABLET)	\$0-\$9.20 (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
Hormonal Agents, Suppressant (Pituitary)		
<i>leuprolide acetate (1 mg/0.2 ml vial, 2wk 1 mg/0.2 ml kit, 2wk 14 mg/2.8 ml kt, 2wk 14 mg/2.8 ml v)</i>	\$0 (Tier 1)	PA NSO
LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 11.25 MG 3MO KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	\$0-\$9.20 (Tier 2)	PA NSO
LUPRON DEPOT (LUPANETA) (DEPO 11.25MG (LUPANETA), DEPOT 3.75MG (LUPANETA))	\$0-\$9.20 (Tier 2)	PA NSO
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT, 30 MG 3MO KIT)	\$0-\$9.20 (Tier 2)	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO)	\$0-\$9.20 (Tier 2)	PA NSO
<i>octreotide acetate (acet 0.05 mg/ml v, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml v, acet 200 mcg/ml v, acet 500 mcg/ml amp, acet 500 mcg/ml v, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Suppressant (Pituitary)		
ORGOVYX 120 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (32 per 30 days)
ORIAHNN 300-1-0.5MG/300MG CAPS	\$0-\$9.20 (Tier 2)	PA
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	\$0-\$9.20 (Tier 2)	PA
SYNAREL 2 MG/ML NASAL SPRAY	\$0-\$9.20 (Tier 2)	PA
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	\$0-\$9.20 (Tier 2)	PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole (5 mg tablet, 10 mg tablet)</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
Hormonal Agents, Suppressant (Thyroid)		
<i>propylthiouracil 50 mg tablet</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Immunological Agents		
Angioedema Agents		
CINRYZE (500 VIAL, 500 VIAL-DILUENT)	\$0-\$9.20 (Tier 2)	PA
HAEGARDA (2,000 VIAL, 3,000 VIAL)	\$0-\$9.20 (Tier 2)	PA
<i>icatibant 30 mg/3 ml syringe</i>	\$0 (Tier 1)	PA NSO
ORLADEYO (110 MG CAPSULE, 150 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA
TAKHZYRO 300 MG/2 ML VIAL	\$0-\$9.20 (Tier 2)	PA
Immune Suppressants		
AZASAN (75 MG TABLET, 100 MG TABLET)	\$0 (Tier 1)	PA BvD
<i>azathioprine (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	PA BvD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Immunological Agents		
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	\$0 (Tier 1)	PA BvD
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT)	\$0-\$9.20 (Tier 2)	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	\$0 (Tier 1)	PA BvD
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
ENBREL 50 MG/ML MINI CARTRIDGE	\$0-\$9.20 (Tier 2)	PA
ENBREL 50 MG/ML SURECLICK	\$0-\$9.20 (Tier 2)	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	\$0 (Tier 1)	PA BvD
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	\$0 (Tier 1)	PA BvD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Immunological Agents		
HUMIRA 40 MG/0.8 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
HUMIRA PEN 40 MG/0.8 ML	\$0-\$9.20 (Tier 2)	PA
HUMIRA PEN CROHN-UC-HS 40 MG	\$0-\$9.20 (Tier 2)	PA
HUMIRA PEN PS-UV-ADOL HS 40 MG	\$0-\$9.20 (Tier 2)	PA
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING)	\$0-\$9.20 (Tier 2)	PA
HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8)	\$0-\$9.20 (Tier 2)	PA
HUMIRA(CF) PEN (HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML)	\$0-\$9.20 (Tier 2)	PA
HUMIRA(CF) PEN CRHN-UC-HS 80MG	\$0-\$9.20 (Tier 2)	PA
HUMIRA(CF) PEN PEDI UC 80 MG	\$0-\$9.20 (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
Immunological Agents		
HUMIRA(CF) PEN PS-UV-AHS 80-40	\$0-\$9.20 (Tier 2)	PA
ILUMYA 100 MG/ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA, QL (1.14 per 14 days)
KINERET 100 MG/0.67 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
LUPKYNIS 7.9 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA, QL (180 per 30 days)
<i>methotrexate 2.5 mg tablet</i>	\$0 (Tier 1)	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	\$0 (Tier 1)	PA BvD
<i>mycophenolic acid (dr 180 mg tb, dr 360 mg tb)</i>	\$0 (Tier 1)	PA BvD
MYFORTIC (180 MG TABLET, 360 MG TABLET)	\$0 (Tier 1)	PA BvD
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	\$0 (Tier 1)	PA BvD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Immunological Agents		
OLUMIANT (1 MG TABLET, 2 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	\$0-\$9.20 (Tier 2)	PA
ORENCIA CLICKJECT 125 MG/ML	\$0-\$9.20 (Tier 2)	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)	\$0 (Tier 1)	PA BvD
RAPAMUNE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	\$0 (Tier 1)	PA BvD
RAPAMUNE 1 MG/ML ORAL SOLN	\$0-\$9.20 (Tier 2)	PA BvD
REMICADE 100 MG VIAL	\$0-\$9.20 (Tier 2)	PA
REZUROCK 200 MG TABLET	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
RINVOQ ER 15 MG TABLET	\$0-\$9.20 (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
Immunological Agents		
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	\$0 (Tier 1)	PA BvD
SANDIMMUNE 100 MG/ML SOLN	\$0-\$9.20 (Tier 2)	PA BvD
SILIQ 210 MG/1.5 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA, QL (1 per 28 days)
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	\$0 (Tier 1)	PA BvD
SKYRIZI (75 MG/0.83 ML SYRINGE, 150 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
SKYRIZI 150 MG DOSE KIT-2 SYRN	\$0-\$9.20 (Tier 2)	PA
SKYRIZI 150 MG/ML PEN	\$0-\$9.20 (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
Immunological Agents		
<i>tacrolimus (0.5 mg capsule, 0.5 mg capsule (ir), 1 mg capsule, 1 mg capsule (ir), 5 mg capsule, 5 mg capsule (ir))</i>	\$0 (Tier 1)	PA BvD
TAVALISSE (100 MG TABLET, 150 MG TABLET)	\$0-\$9.20 (Tier 2)	PA
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	\$0-\$9.20 (Tier 2)	
XELJANZ (5 MG TABLET, 10 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
XELJANZ XR (11 MG TABLET, 22 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (30 per 30 days)
ZORTRESS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	\$0-\$9.20 (Tier 2)	PA BvD
Immunological Agents		
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA NSO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Immunological Agents		
BIVIGAM (5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL, LIQUID 10% VIAL)	\$0-\$9.20 (Tier 2)	PA
FLEBOGAMMA DIF 10% VIAL	\$0-\$9.20 (Tier 2)	PA
GAMMAGARD LIQUID 10% VIAL	\$0-\$9.20 (Tier 2)	PA
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	\$0-\$9.20 (Tier 2)	PA
GAMMAKED 1 GRAM/10 ML VIAL	\$0-\$9.20 (Tier 2)	PA
GAMMAPLEX (2.5 GRAM/50 ML VIAL, 5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	\$0-\$9.20 (Tier 2)	PA
GAMUNEX-C 1 GRAM/10 ML VIAL	\$0-\$9.20 (Tier 2)	PA
GRASTEK 2,800 BAU SL TABLET	\$0-\$9.20 (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
Immunological Agents		
KINRIX TIP-LOK SYRINGE	\$0-\$9.20 (Tier 2)	
<i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i>	\$0 (Tier 1)	
<i>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 100 mg/4 ml vial, 200 mg/8 ml vial, 250 mg/10 ml vial)</i>	\$0 (Tier 1)	
OCTAGAM (5% VIAL, 10% VIAL)	\$0-\$9.20 (Tier 2)	PA
ODACTRA 12 SQ-HDM SL TABLET	\$0-\$9.20 (Tier 2)	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	\$0-\$9.20 (Tier 2)	PA
PANZYGA (10% (1 G/10 ML) VIAL, 10% (10 G/100 ML) VIAL, 10% (2.5 G/25 ML) VIAL, 10% (20 G/200 ML) VIAL, 10% (30 G/300 ML) VIAL, 10% (5 G/50 ML) VIAL)	\$0-\$9.20 (Tier 2)	PA
PEDIARIX 0.5 ML SYRINGE	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Immunological Agents		
PRIVIGEN 10% VIAL	\$0-\$9.20 (Tier 2)	PA
RECOMBIVAX HB 10 MCG/ML VIAL	\$0-\$9.20 (Tier 2)	PA
RENFLEXIS 100 MG VIAL	\$0-\$9.20 (Tier 2)	PA
Immunomodulators		
ACTEMRA 162 MG/0.9 ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
ACTEMRA ACTPEN 162 MG/0.9 ML	\$0-\$9.20 (Tier 2)	PA
ACTIMMUNE 100 MCG/0.5 ML VIAL	\$0-\$9.20 (Tier 2)	PA NSO
ARCALYST 220 MG VIAL	\$0-\$9.20 (Tier 2)	
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
OTEZLA 28 DAY STARTER PACK	\$0-\$9.20 (Tier 2)	PA, QL (55 per 28 days)
OTEZLA 30 MG TABLET	\$0-\$9.20 (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
Immunological Agents		
RIDAURA 3 MG CAPSULE	\$0-\$9.20 (Tier 2)	
Vaccines		
ACTHIB (VIAL, WITH DILUENT)	\$0-\$9.20 (Tier 2)	
ADACEL TDAP (SYRINGE, VIAL)	\$0-\$9.20 (Tier 2)	
BEXSERO PREFILLED SYRINGE	\$0-\$9.20 (Tier 2)	
BOOSTRIX TDAP (SYRINGE, VIAL)	\$0-\$9.20 (Tier 2)	
DAPTACEL DTAP VACCINE	\$0-\$9.20 (Tier 2)	
<i>diphtheria-tetanus toxoids-ped</i>	\$0-\$9.20 (Tier 2)	
ENGRIX-B 20 MCG/ML SYRN	\$0-\$9.20 (Tier 2)	PA
ENGRIX-B PEDI 10 MCG/0.5 SYRN	\$0-\$9.20 (Tier 2)	PA
GARDASIL 9 (9 SYRINGE, 9 VIAL)	\$0-\$9.20 (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
Immunological Agents		
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML SYRINGE)	\$0-\$9.20 (Tier 2)	
HIBERIX (VIAL, WITH DILUENT)	\$0-\$9.20 (Tier 2)	
IMOVAX RABIES VACCINE VIAL	\$0-\$9.20 (Tier 2)	
INFANRIX DTAP SYRINGE	\$0-\$9.20 (Tier 2)	
IPOL VIAL	\$0-\$9.20 (Tier 2)	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	\$0-\$9.20 (Tier 2)	
M-M-R II VACCINE VIAL	\$0-\$9.20 (Tier 2)	
MENACTRA VIAL	\$0-\$9.20 (Tier 2)	
MENQUADFI VIAL	\$0-\$9.20 (Tier 2)	
MENVEO A-C-Y-W-135-DIP VIAL KT	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Immunological Agents		
PEDVAXHIB VACCINE VIAL	\$0-\$9.20 (Tier 2)	
PROQUAD VIAL	\$0-\$9.20 (Tier 2)	
QUADRACEL DTAP-IPV VIAL	\$0-\$9.20 (Tier 2)	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	\$0-\$9.20 (Tier 2)	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML SYR, 40 MCG/ML VIAL)	\$0-\$9.20 (Tier 2)	PA
ROTARIX VACCINE SUSPENSION	\$0-\$9.20 (Tier 2)	
ROTATEQ VACCINE	\$0-\$9.20 (Tier 2)	
SHINGRIX VIAL KIT	\$0-\$9.20 (Tier 2)	QL (2 per 365 days)
<i>tdvax vial</i>	\$0-\$9.20 (Tier 2)	
TENIVAC SYRINGE	\$0-\$9.20 (Tier 2)	
TICOVAC 2.4 MCG/0.5 ML SYRINGE	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Immunological Agents		
TRUMENBA 120 MCG/0.5 ML VACCIN	\$0-\$9.20 (Tier 2)	
TWINRIX VACCINE SYRINGE	\$0-\$9.20 (Tier 2)	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	\$0-\$9.20 (Tier 2)	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	\$0-\$9.20 (Tier 2)	
VARIVAX VACCINE (VIAL, WITH DILUENT)	\$0-\$9.20 (Tier 2)	
VARIZIG 125 UNIT/1.2 ML VIAL	\$0-\$9.20 (Tier 2)	PA NSO
YF-VAX (1 VIAL, 5 VIAL)	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium 750 mg cp</i>	\$0 (Tier 1)	
DIPENTUM 250 MG CAPSULE	\$0-\$9.20 (Tier 2)	
<i>mesalamine (4 gm/60 ml enema, 800 mg dr tablet, 1,000 mg supp)</i>	\$0 (Tier 1)	
<i>mesalamine dr 1.2 gm tablet</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>mesalamine dr 400 mg capsule</i>	\$0 (Tier 1)	
PENTASA 250 MG CAPSULE	\$0-\$9.20 (Tier 2)	QL (120 per 30 days)
PENTASA 500 MG CAPSULE	\$0-\$9.20 (Tier 2)	QL (240 per 30 days)
<i>sulfasalazine 500 mg tablet</i>	\$0 (Tier 1)	
<i>sulfasalazine dr 500 mg tab</i>	\$0 (Tier 1)	
Glucocorticoids		
ALA-CORT 2.5% CREAM	\$0 (Tier 1)	
ANUSOL-HC 2.5% CREAM	\$0 (Tier 1)	QL (30 per 30 days)
<i>budesonide ec 3 mg capsule</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
Inflammatory Bowel Disease Agents		
<i>hydrocortisone 100 mg/60 ml</i>	\$0 (Tier 1)	
UCERIS 2 MG RECTAL FOAM	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sod 70 mg/75 ml</i>	\$0 (Tier 1)	
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>alendronate sodium 10 mg tab</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>calcitonin-salmon 200 units sp</i>	\$0 (Tier 1)	
<i>calcitonin-salmon 400 unit/2ml</i>	\$0 (Tier 1)	PA
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	\$0 (Tier 1)	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	\$0 (Tier 1)	
FORTEO 600 MCG/2.4 ML PEN INJ	\$0-\$9.20 (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
Metabolic Bone Disease Agents		
<i>ibandronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 per 28 days)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	\$0 (Tier 1)	PA
PROLIA 60 MG/ML SYRINGE	\$0-\$9.20 (Tier 2)	PA NSO
RAYALDEE ER 30 MCG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO
TYMLOS 80 MCG DOSE PEN INJECTR	\$0-\$9.20 (Tier 2)	PA, QL (2 per 30 days)
XGEVA 120 MG/1.7 ML VIAL	\$0-\$9.20 (Tier 2)	PA
<i>zoledronic acid (4 mg vial, 4 mg/5 ml vial, 5 mg/100 ml)</i>	\$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Agents		
Ophthalmic Agents		
<i>atropine 1% eye drops</i>	\$0 (Tier 1)	PA
<i>bacitracin-polymyxin eye oint</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
Ophthalmic Agents		
BLEPHAMIDE EYE DROPS	\$0-\$9.20 (Tier 2)	
BLEPHAMIDE EYE OINTMENT	\$0 (Tier 1)	
COMBIGAN 0.2%-0.5% EYE DROPS	\$0-\$9.20 (Tier 2)	
<i>dorzolamide-timolol eye drops</i>	\$0 (Tier 1)	
LASTACFT 0.25% EYE DROPS	\$0-\$9.20 (Tier 2)	ST
<i>neo-bacit-poly-hc eye ointment</i>	\$0 (Tier 1)	
<i>neomyc-bacit-polymix eye oint</i>	\$0 (Tier 1)	
<i>neomyc-polym-gramicid eye drop</i>	\$0 (Tier 1)	
<i>neomycin-poly-hc eye drops</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	\$0 (Tier 1)	
<i>polymyxin b-tmp eye drops</i>	\$0 (Tier 1)	
<i>polyvinyl alcohol 1.4 % ophthalmic drops*</i>	\$0 (Tier 3)	PA, QL (15 per 30 days)
PRED-G 1% EYE DROPS	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Agents		
<i>propylene glycol/peg 400 0.3 %-0.4% eye drops*</i>	\$0 (Tier 3)	PA
<i>sodium chloride 5 % drops*</i>	\$0 (Tier 3)	PA, QL (15 per 30 days)
<i>sulf-pred 10-0.23% eye drops</i>	\$0 (Tier 1)	
<i>tobramycin-dexameth ophth susp</i>	\$0 (Tier 1)	
XIIDRA 5% EYE DROPS	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
Ophthalmic Agents, Other		
<i>artificial tears (glycerin 0.3%/propylene glycol 1%)*</i>	\$0 (Tier 3)	
<i>carboxymethylcellulose sodium 0.5 % dropperette*</i>	\$0 (Tier 3)	PA
<i>carboxymethylcellulose sodium 0.5 % ophthalmic drops*</i>	\$0 (Tier 3)	PA, QL (15 per 30 days)
<i>carboxymethylcellulose sodium 1 % ophthalmic dropper gel*</i>	\$0 (Tier 3)	PA, QL (15 per 30 days)
EYSUVIS 0.25% EYE DROPS	\$0-\$9.20 (Tier 2)	PA
LACRISERT 5 MG EYE INSERT	\$0-\$9.20 (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
Ophthalmic Agents		
<i>lanolin/mineral oil/petrolatum ophthalmic ointment. (g)*</i>	\$0 (Tier 3)	QL (4 per 30 days)
OXERVATE 0.002% EYE DROP	\$0-\$9.20 (Tier 2)	PA
RESTASIS 0.05% EYE EMULSION	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05% EYE	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
Ophthalmic Anti-allergy Agents		
ALOCRIIL 2% EYE DROPS	\$0-\$9.20 (Tier 2)	ST
ALOMIDE 0.1% EYE DROPS	\$0-\$9.20 (Tier 2)	ST
<i>azelastine hcl 0.05% drops</i>	\$0 (Tier 1)	
<i>cromolyn 4% eye drops</i>	\$0 (Tier 1)	
<i>ketotifen fumarate 0.025 % drops*</i>	\$0 (Tier 3)	QL (5 per 30 days)
<i>olopatadine hcl 0.1% eye drops</i>	\$0 (Tier 1)	ST, QL (5 per 30 days)
<i>olopatadine hcl 0.2% eye drop</i>	\$0 (Tier 1)	ST
Ophthalmic Anti-inflammatories		
ALREX 0.2% EYE DROPS	\$0-\$9.20 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Agents		
<i>dexamethasone 0.1% eye drop</i>	\$0 (Tier 1)	
<i>diclofenac 0.1% eye drops</i>	\$0 (Tier 1)	
<i>difluprednate 0.05% eye drop</i>	\$0 (Tier 1)	
DUREZOL 0.05% EYE DROPS	\$0-\$9.20 (Tier 2)	
FLAREX 0.1% EYE DROPS	\$0-\$9.20 (Tier 2)	
<i>fluorometholone 0.1% drops</i>	\$0 (Tier 1)	
<i>flurbiprofen 0.03% eye drop</i>	\$0 (Tier 1)	
FML FORTE 0.25% EYE DROPS	\$0-\$9.20 (Tier 2)	
FML S.O.P. 0.1% OINTMENT	\$0-\$9.20 (Tier 2)	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	\$0 (Tier 1)	
LOTEMAX (0.5% EYE OINTMENT, 0.5% OPTHALMIC GEL)	\$0-\$9.20 (Tier 2)	QL (10 per 180 days)
LOTEMAX 0.5% EYE DROPS	\$0-\$9.20 (Tier 2)	
LOTEMAX SM 0.38% OPHTH GEL	\$0-\$9.20 (Tier 2)	QL (10 per 180 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Agents		
<i>loteprednol 0.5% ophthalmic gel</i>	\$0 (Tier 1)	QL (10 per 180 days)
<i>loteprednol etabonate 0.5% drp</i>	\$0 (Tier 1)	
NEVANAC 0.1% DROPTAINER	\$0-\$9.20 (Tier 2)	QL (6 per 180 days)
PRED MILD 0.12% EYE DROPS	\$0-\$9.20 (Tier 2)	
<i>prednisolone ac 1% eye drop</i>	\$0 (Tier 1)	
<i>prednisolone sod 1% eye drop</i>	\$0 (Tier 1)	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P 0.1% DROPS	\$0-\$9.20 (Tier 2)	
<i>apraclonidine hcl 0.5% drops</i>	\$0 (Tier 1)	
AZOPT 1% EYE DROPS	\$0-\$9.20 (Tier 2)	
<i>betaxolol hcl 0.5% eye drop</i>	\$0 (Tier 1)	
BETOPTIC S 0.25% EYE DROPS	\$0-\$9.20 (Tier 2)	
<i>brimonidine tartrate (tartrate 0.15% drp, 0.2% eye drop)</i>	\$0 (Tier 1)	
<i>carteolol hcl 1% eye drops</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
Ophthalmic Agents		
<i>dorzolamide hcl 2% eye drops</i>	\$0 (Tier 1)	
IOPIDINE 1% EYE DROPS	\$0-\$9.20 (Tier 2)	
<i>levobunolol 0.5% eye drops</i>	\$0 (Tier 1)	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	\$0 (Tier 1)	
<i>timolol maleate (0.25% gel-solution, 0.25% gfs gel-solution, maleate 0.25% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drops)</i>	\$0 (Tier 1)	
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost 0.03% eye drops</i>	\$0 (Tier 1)	ST
<i>latanoprost 0.005% eye drops</i>	\$0 (Tier 1)	
LUMIGAN 0.01% EYE DROPS	\$0-\$9.20 (Tier 2)	ST
<i>travoprost 0.004% eye drop</i>	\$0 (Tier 1)	ST

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Otic Agents		
Otic Agents		
<i>carbamide peroxide 6.5 % drops*</i>	\$0 (Tier 3)	QL (15 per 30 days)
CIPRO HC OTIC SUSPENSION	\$0-\$9.20 (Tier 2)	
CIPRODEX OTIC SUSPENSION	\$0-\$9.20 (Tier 2)	
<i>ciproflox-dexameth otic susp</i>	\$0 (Tier 1)	
<i>fluocinolone oil 0.01% ear drp</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ear soln</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ear susp</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	\$0-\$9.20 (Tier 2)	QL (4 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
Respiratory Tract/Pulmonary Agents		
ASMANEX HFA (HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER)	\$0-\$9.20 (Tier 2)	QL (13 per 30 days)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	\$0 (Tier 1)	
FLOVENT DISKUS (50 MCG, 100 MCG, 250 MCG)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER)	\$0-\$9.20 (Tier 2)	QL (12 per 30 days)
FLOVENT HFA 220 MCG INHALER	\$0-\$9.20 (Tier 2)	QL (24 per 30 days)
PULMICORT FLEXHALER (90 MCG, 180 MCG)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
QVAR REDIHALER (40 MCG, 80 MCG)	\$0-\$9.20 (Tier 2)	
<i>triamcinolone acetonide 55 mcg spray*</i>	\$0 (Tier 3)	QL (17 per 30 days)
Antihistamines		
<i>brompheniramin/pseudoephedrine 1-15mg/5ml liquid*</i>	\$0 (Tier 3)	QL (480 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
Respiratory Tract/Pulmonary Agents		
<i>cetirizine hcl 10 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cetirizine hcl 5 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>chlorpheniramine maleate 4 mg tablet*</i>	\$0 (Tier 3)	PA-HRM, QL (90 per 30 days)
<i>cypheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syr)</i>	\$0 (Tier 1)	PA-HRM
<i>desloratadine 5 mg tablet</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>dimenhydrinate 50 mg tablet*</i>	\$0 (Tier 3)	PA-HRM, QL (24 per 30 days)
<i>diphenhydramine hcl 25 mg capsule*</i>	\$0 (Tier 3)	PA-HRM, QL (120 per 30 days)
<i>fexofenadine hcl 180 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>fexofenadine hcl 60 mg tablet*</i>	\$0 (Tier 3)	QL (60 per 30 days)
<i>levocetirizine 2.5 mg/5 ml sol</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>levocetirizine 5 mg tablet</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>loratadine 10 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>loratadine 5 mg/5 ml solution*</i>	\$0 (Tier 3)	QL (240 per 30 days)
<i>triprolidine/pseudoephedrine 2.5mg-60mg tablet*</i>	\$0 (Tier 3)	PA-HRM, 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
Respiratory Tract/Pulmonary Agents		
Antileukotrienes		
<i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zafirlukast (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	QL (60 per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT 17 MCG HFA INHALER	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
INCRUSE ELLIPTA 62.5 MCG INH	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
<i>ipratropium br 0.02% soln</i>	\$0 (Tier 1)	
SPIRIVA 18 MCG CP-HANDIHALER	\$0-\$9.20 (Tier 2)	QL (30 per 30 days)
SPIRIVA RESPIMAT (1.25 MCG, 2.5 MCG)	\$0-\$9.20 (Tier 2)	QL (4 per 30 days)
TUDORZA PRESSAIR 400 MCG INH (30 ACTUATIONS)	\$0-\$9.20 (Tier 2)	QL (1 per 30 days)
TUDORZA PRESSAIR 400 MCG INH (60 ACTUATIONS)	\$0-\$9.20 (Tier 2)	QL (1 per 30 days)
Bronchodilators, Sympathomimetic		

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<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, sul 2.5 mg/3 ml soln, sulf 2 mg/5 ml syrup, 2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 100 mg/20 ml soln)</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
Respiratory Tract/Pulmonary Agents		
<i>arformoterol 15 mcg/2 ml soln</i>	\$0 (Tier 1)	PA NSO
BROVANA 15 MCG/2 ML SOLUTION	\$0-\$9.20 (Tier 2)	PA NSO
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	\$0 (Tier 1)	QL (2 per 30 days)
<i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)</i>	\$0 (Tier 1)	PA NSO
SEREVENT DISKUS 50 MCG	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
STRIVERDI RESPIMAT INHAL SPRAY	\$0-\$9.20 (Tier 2)	QL (4 per 30 days)
Cystic Fibrosis Agents		
BRONCHITOL 40 MG INHALE CAP	\$0-\$9.20 (Tier 2)	PA
CAYSTON 75 MG INHAL SOLUTION	\$0-\$9.20 (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
Respiratory Tract/Pulmonary Agents		
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	\$0-\$9.20 (Tier 2)	PA, QL (56 per 28 days)
ORKAMBI 200 MG-125 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (112 per 28 days)
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS)	\$0-\$9.20 (Tier 2)	PA
TOBI PODHALER 28 MG INHALE CAP	\$0-\$9.20 (Tier 2)	PA
<i>tobramycin 300 mg/4 ml ampule</i>	\$0 (Tier 1)	
<i>tobramycin 300 mg/5 ml ampule</i>	\$0 (Tier 1)	PA
TRIKAFTA 100-50-75 MG/150 MG	\$0-\$9.20 (Tier 2)	PA, QL (90 per 30 days)
TRIKAFTA 50-25-37.5 MG/75 MG	\$0-\$9.20 (Tier 2)	PA, QL (84 per 28 days)
Mast Cell Stabilizers		
<i>cromolyn 20 mg/2 ml neb soln</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
Respiratory Tract/Pulmonary Agents		
<i>cromolyn sodium 5.2 mg spray/pump*</i>	\$0 (Tier 3)	QL (26 per 30 days)
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP (250 MCG TABLET, 500 MCG TABLET)	\$0-\$9.20 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>theophylline (80 mg/15 ml soln, er 400 mg tablet, er 600 mg tablet)</i>	\$0 (Tier 1)	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	\$0 (Tier 1)	
Pulmonary Antihypertensives		
ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, LA
ALYQ 20 MG TABLET	\$0 (Tier 1)	PA, QL (60 per 30 days)
<i>ambrisentan (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	\$0 (Tier 1)	PA, LA, QL (60 per 30 days)
OPSUMIT 10 MG TABLET	\$0-\$9.20 (Tier 2)	PA, LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Respiratory Tract/Pulmonary Agents		
ORENITRAM ER (ER 0.125 MG TABLET, ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	\$0-\$9.20 (Tier 2)	PA
<i>sildenafil 20 mg tablet</i>	\$0 (Tier 1)	PA
<i>sildenafil citrate (10 mg/ml oral susp, 20 mg tablet)</i>	\$0 (Tier 1)	PA
<i>tadalafil 20mg tablet (adcirca generic)</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSP	\$0-\$9.20 (Tier 2)	PA, LA, QL (120 per 30 days)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	\$0-\$9.20 (Tier 2)	PA
Pulmonary Fibrosis Agents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	\$0-\$9.20 (Tier 2)	PA, QL (270 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
Respiratory Tract/Pulmonary Agents		
ESBRIET 801 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (90 per 30 days)
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	\$0-\$9.20 (Tier 2)	PA, QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine (10% vial, 20% vial)</i>	\$0 (Tier 1)	
ADVAIR HFA (HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER)	\$0-\$9.20 (Tier 2)	QL (12 per 30 days)
ANORO ELLIPTA 62.5-25 MCG INH	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
<i>benzonatate 100 mg capsule*</i>	\$0 (Tier 3)	QL (60 per 30 days)
<i>benzonatate 200 mg capsule*</i>	\$0 (Tier 3)	QL (60 per 30 days)
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	\$0-\$9.20 (Tier 2)	QL (60 per 30 days)
<i>budesonide-formoterol fumarate (80-4.5, 160-4.5)</i>	\$0 (Tier 1)	QL (11 per 30 days)
<i>codeine phosphate/guaifenesin 10-100mg/5 liquid*</i>	\$0 (Tier 3)	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
Respiratory Tract/Pulmonary Agents		
DULERA (50 MCG-5 MCG INHALER, 100 MCG-5 MCG INHALER, 200 MCG-5 MCG INHALER)	\$0-\$9.20 (Tier 2)	QL (13 per 30 days)
FASENRA 30 MG/ML SYRINGE	\$0-\$9.20 (Tier 2)	PA
FASENRA PEN 30 MG/ML	\$0-\$9.20 (Tier 2)	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	\$0 (Tier 1)	QL (1 per 30 days)
GUAIFENESIN 100 MG/ 5ML LIQUID*	\$0 (Tier 3)	QL (480 per 365 days)
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA, QL (3 per 28 days)
<i>promethazine hcl/codeine 6.25-10/5 syrup*</i>	\$0 (Tier 3)	PA-HRM, QL (180 per 30 days)
<i>promethazine/dextromethorphan 6.25-15/5 syrup*</i>	\$0 (Tier 3)	PA-HRM, QL (480 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
Respiratory Tract/Pulmonary Agents		
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup*</i>	\$0 (Tier 3)	PA-HRM, QL (180 per 30 days)
<i>sodium chloride 0.65 % spray*</i>	\$0 (Tier 3)	QL (120 per 30 days)
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	\$0-\$9.20 (Tier 2)	ST, QL (60 per 30 days)
WIXELA INHUB (100-50, 250-50, 500-50)	\$0 (Tier 1)	QL (60 per 30 days)
Respiratory Tract/Pulmonary Agents		
<i>albuterol sulfate hfa 90 mcg inhaler (proair generic)</i>	\$0 (Tier 1)	QL (17 per 30 days)
<i>albuterol sulfate hfa 90 mcg inhaler (proventil generic)</i>	\$0 (Tier 1)	QL (17 per 30 days)
<i>albuterol sulfate hfa 90 mcg inhaler (ventolin generic)</i>	\$0 (Tier 1)	QL (36 per 30 days)
<i>azelastine hcl (0.1% (137 mcg) spray, 0.15% nasal spray)</i>	\$0 (Tier 1)	QL (60 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG	\$0-\$9.20 (Tier 2)	QL (4 per 30 days)
<i>epinephrine 0.3 mg auto-inject</i>	\$0 (Tier 1)	QL (2 per 30 days)
<i>flunisolide 0.025% spray</i>	\$0 (Tier 1)	ST, 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
Respiratory Tract/Pulmonary Agents		
<i>fluticasone prop 50 mcg spray</i>	\$0 (Tier 1)	QL (16 per 30 days)
<i>hydrocodone-homatropine 5-1.5 mg/5 ml syrup*</i>	\$0 (Tier 3)	QL (1920 per 365 days)
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	\$0 (Tier 1)	
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>levalbuterol 1.25 mg/3 ml sol</i>	\$0 (Tier 1)	PA NSO
<i>levalbuterol conc 1.25 mg/0.5</i>	\$0 (Tier 1)	PA NSO
<i>levalbuterol tar hfa 45mcg inh</i>	\$0 (Tier 1)	QL (30 per 30 days)
ORKAMBI 100 MG-125 MG TABLET	\$0-\$9.20 (Tier 2)	PA, QL (112 per 28 days)
<i>pseudoephedrine hcl 30 mg tablet*</i>	\$0 (Tier 3)	QL (60 per 30 days)
<i>pseudoephedrine hcl 60 mg tablet*</i>	\$0 (Tier 3)	QL (60 per 30 days)
PULMOZYME 1 MG/ML AMPUL	\$0-\$9.20 (Tier 2)	PA NSO
STIOLTO RESPIMAT INHAL SPRAY	\$0-\$9.20 (Tier 2)	QL (4 per 30 days)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	\$0 (Tier 1)	QL (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
Respiratory Tract/Pulmonary Agents		
XOFLUZA 80 MG TABLET	\$0-\$9.20 (Tier 2)	QL (1 per 30 days)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)	\$0-\$9.20 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol 350 mg tablet</i>	\$0 (Tier 1)	PA-HRM, QL (120 per 30 days)
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA-HRM, QL (90 per 30 days)
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	\$0 (Tier 1)	PA-HRM
<i>orphenadrine er 100 mg tablet</i>	\$0 (Tier 1)	PA-HRM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Sleep Disorder Agents		
GABA Receptor Modulators		
<i>eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	\$0 (Tier 1)	PA-HRM, QL (30 per 30 days)
<i>flurazepam hcl (15 mg capsule, 30 mg capsule)</i>	\$0 (Tier 1)	PA-HRM, QL (30 per 30 days)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>triazolam (0.125 mg tablet, 0.25 mg tablet)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zaleplon (5 mg capsule, 10 mg capsule)</i>	\$0 (Tier 1)	PA-HRM, QL (30 per 30 days)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA-HRM, QL (30 per 30 days)
<i>zolpidem tartrate er (er 6.25 mg tab, er 12.5 mg tab)</i>	\$0 (Tier 1)	PA-HRM, QL (30 per 30 days)
Sleep Disorders, Other		
<i>armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
HETLIOZ 20 MG CAPSULE	\$0-\$9.20 (Tier 2)	PA NSO, 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
Sleep Disorder Agents		
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>ramelteon 8 mg tablet</i>	\$0 (Tier 1)	QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION	\$0-\$9.20 (Tier 2)	PA, LA
XYWAV 0.5 GM/ML ORAL SOLUTION	\$0-\$9.20 (Tier 2)	PA, LA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Supplies		
Supplies		
<i>blood sugar diagnostic strip*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)
<i>condoms, latex, lubricated*</i>	\$0 (Tier 3)	QL (24 per 30 days)
<i>gauze pads & dressings - pads 2 x 2</i>	\$0 (Tier 1)	
GYNOL II 3% GEL*	\$0 (Tier 3)	QL (81 per 30 days)
<i>inhaler, assist devices*</i>	\$0 (Tier 3)	QL (1 per 365 days)
<i>insulin pen needle</i>	\$0 (Tier 1)	QL (200 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
Supplies		
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>insulin syringe (disp) u-100 1/2 ml</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>insulin syringe (disp) u-100 1ml</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	\$0 (Tier 1)	
<i>lancets*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)
<i>needles, insulin disp., safety</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>urine glucose-acet test strip*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)

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FAX	1-714-246-8711
WRITE	OneCare Connect Attention: Customer Service 505 City Parkway West Orange, CA 92868
EMAIL	OneCareConnectCS@caloptima.org
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Multi-Language Insert

Multi-language Interpreter Services

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Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-705-8823 (TTY 711)まで、お電話にてご連絡ください。24 時間年中無休のフリーダイヤルです。

Arabic:

ملحوظة: إذا كنت تتحدث بلغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل على الرقم **1-855-705-8823** وعلى (TTY 711)، على مدار 24 ساعة في اليوم و 7 أيام في الأسبوع. هذه المكالمات مجانية.

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ **1-855-705-8823** (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਕਾਲ ਮੁਫਤ ਹੈ।

Cambodian: សំខាន់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺមានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-855-705-8823** (TTY 711) 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍។ ការហៅទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។

Hmong: LUS QHIA: Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau **1-855-705-8823** (TTY 711) 24 teev tuaj ib hnuv, 7 hnuv tuaj ib lub lim tiam. Hu tau tus xovtooj no dawb xwb.

Hindi: ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। दिन के 24 घंटे, सप्ताह के सातों दिन, **1-855-705-8823** (TTY 711) पर कॉल करें। यह कॉल मुफ्त है।

Thai: โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรฟรี **1-855-705-8823** (TTY 711) ตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์.

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣຟຣີ **1-855-705-8823** (TTY 711), ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ມື້ຕໍ່ອາທິດ.