CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan

2025 List of Covered Drugs (Formulary)

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

This formulary was updated on 10/17/2025.

For more recent information or other questions, contact us at **1-877-412-2734** TTY (**711**) , 24 hours a day, 7 days a week or visit **www.caloptima.org/OneCare**.

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CalOptima Health OneCare Complete (HMO D-SNP), a Medicare Medi-Cal Plan | 2025 *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 are covered by CalOptima Health OneCare Complete. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by CalOptima Health OneCare Complete. 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 CalOptima Health OneCare Complete.

CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, is a Medicare Advantage organization with Medicare and Medi-Cal contracts. Enrollment in CalOptima Health OneCare depends on contract renewal. CalOptima Health OneCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Call CalOptima Health OneCare Customer Service toll-free at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. Visit us at **www.caloptima.org/OneCare**.

- You can always check CalOptima Health OneCare Complete's up-to-date *List of Covered Drugs* online at www.caloptima.org/OneCare or by calling **1-877-412-2734 (**TTY **711)** . 24 hours a day, 7 days a week. This call is free.
- You can get this document for free in other formats, such as large print, braille, or audio. Call **1-877-412-2734 (**TTY **711).** 24 hours a day, 7 days a week The call is free.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call **1-877-412-2734** (TTY **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-877-412-2734** (TTY **711**). These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-877-412-2734**.
(TTY **711**) توفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ **1-877-412-2734** (TTY **711**) . هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-877-412-2734** (TTY **711**): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք **1-877-412-2734** (TTY **711**): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ **1-877-412-2734**
(TTY **711**) ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។
ទូរស័ព្ទមកលេខ **1-877-412-2734** (TTY **711**) ។
សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文 (Simplified Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-877-412-2734** (TTY **711**)。 我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。 请致电 **1-877-412-2734** (TTY **711**)。 这些服务都是免费的。

繁體中文 (Traditional Chinese)

注意: 如果您需要以您的語言獲得幫助， 請致電 **1-877-412-2734** (TTY **711**)。 為殘障人士也提供幫助和服務， 例如盲文和大字體的文件。 致電 **1-877-412-2734** (TTY **711**)。 這些服務是免費的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با **1-877-412-2734** (TTY **711**) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با **1-877-412-2734** (TTY **711**) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમને તમારી ભાષામાં મદદની જરૂર હોય તો આ નંબર પર કૉલ કરો: **1-877-412-2734** (TTY **711**). વિકલાંગ લોકો માટે સહાય અને સેવાઓ, જેમ કે બ્રેઇલ અને મોટી પ્રિન્ટમાં પણ દસ્તાવેજો ઉપલબ્ધ છે. કૉલ કરો: **1-877-412-2734** (TTY **711**). આ સેવા વિનામૂલ્યે ઉપલબ્ધ છે.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-877-412-2734** (TTY **711**) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-877-412-2734** (TTY **711**) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-877-412-2734** (TTY **711**). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-877-412-2734** (TTY **711**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は **1-877-412-2734** (TTY **711**) へお電話ください。
点字の資料や文字 の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。**1-877-412-2734** (TTY **711**) へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-877-412-2734** (TTY **711**) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. **1-877-412-2734** (TTY **711**) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-877-412-2734 (TTY 711).
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສຳລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-877-412-2734 (TTY 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux **1-877-412-2734** (TTY **711**). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc

nzoih bun longc. Douc waac daaih lorx **1-877-412-2734** (TTY **711**). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

Português (Portuguese)

ATENÇÃO: Se você precisar de ajuda no seu idioma, ligue para **1-877-412-2734** (TTY **711**). Serviços e auxílio para pessoas com incapacidades, como documentos em braile ou impressos com letras grandes, também estão disponíveis. Ligue para **1-877-412-2734** (TTY **711**). Esses serviços são gratuitos.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ **1-877-412-2734 (**TTY **711**). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ **1-877-412-2734** (TTY **711**) ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Română (Romanian)

ATENȚIE: În cazul în care aveți nevoie de ajutor în limba dvs., sunați la 1-877-412-2734 (TTY 711). Sunt disponibile, de asemenea, ajutoare și servicii pentru persoanele cu dizabilități, precum documente în limbaj Braille și cu caractere mărite. Sunați la 1-877-412-2734
(TTY 711). Aceste servicii sunt gratuite.

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-877-412-2734** (линия TTY **711**). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру **1-877-412-2734** (линия TTY **711**). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al **1-877-412-2734** (TTY **711**). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-877-412-2734** (TTY **711**). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-877-412-2734**
(TTY **711**). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-877-412-2734** (TTY **711**). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734** (TTY **711**) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำาหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-877-412-2734** (TTY **711**) ไม่มีค่าใช้จ่ายสำาหรับบริการเหล่านี้

Türkçe (Turkish)

DIKKAT: Kendi dilinizde yardıma ihtiyacınız varsa 1-877-412-2734 (TTY 711) numaralı telefonu arayın. Braille alfabesi ve büyük harflerle yazılmış belgeler gibi engellilere yönelik yardım ve hizmetler de mevcuttur. Call: 1-877-412-2734 (TTY 711). Bu hizmetler ücretsizdir.

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-877-412-2734** (TTY **711**). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-877-412-2734** (TTY **711**). Ці послуги безкоштовні.

اردو (Urdu)

توجہ: اگر آپکو اپنی زبان میں مدد کی ضرورت ہے توکال کریں **1-877-412-2734** (TTY **711**). معذور افراد کے لئے امداد اور خدمات ، جیسے بریل اور بڑے پرنٹ میں

دستاویزات، بھی دستیاب ہیں۔ کال **1-877-412-2734**
(TTY **711**). یہ خدمات مفت ہیں۔

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-877-412-2734**
(TTY **711**). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-877-412-2734** (TTY **711**). Các dịch vụ này đều miễn phí

- This document is available for free in Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese.
- You can also make a standing request to get materials in other languages and/or alternate format:
  - Other documents are available in Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese.
  - Alternative formats are available in large print, braille, data CD, or audio.
  - Your standing request will be kept in our system for all future mailings and communication. To cancel or make a change to your standing request please call Customer Service number at 1**-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week. The call is free.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts in section C1 are the drugs covered by CalOptima Health OneCare Complete. 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."

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 1-800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- CalOptima Health OneCare Complete will cover all medically necessary drugs on the *Drug List* if:
    - your doctor or other prescriber says you need them to get better or stay healthy,
    - CalOptima Health OneCare Complete agrees that the drug is medically necessary for you, **and**
    - you fill the prescription at a CalOptima Health OneCare Complete network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at **www.caloptima.org/OneCare** or call Customer Service at **1-877-412-2734 (**TTY **711)** 24 hours a day, 7 days a week

B2. Does the *Drug List* ever change?

Yes, and CalOptima Health OneCare Complete 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 authorization for a drug. (Prior authorization is permission from CalOptima Health OneCare Complete before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, or

- we learn that a drug is not safe, or
- a drug is removed from the market.

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

- You can always check CalOptima Health OneCare Complete's up-to-date *Drug List* online at **www.caloptima.org/OneCare**. Updates to the *Drug List* are posted on the website monthly.
- You can also call Customer Service at **1-877-412-2734 (**TTY **711)** 24 hours a day, 7 days a week to check the current *Drug List*.
-

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain $0. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
    - We can make these changes only if the drug we are adding:
        - is a new generic version of a brand name drug, or
        - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
        - Some of these drug types may be new to you. For more information, refer to Section B14.
    - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off

the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change.

- 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.
- You can also call CalOptima Health OneCare Complete Customer Service for help at **1-877-412-2734** (TTY **711**) 24 hours a day, 7 days a week.

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 and replace a brand name drug currently on the *Drug List*, or
- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CalOptima Health OneCare Complete before you fill your prescription. Prior authorization is different from a referral. CalOptima Health OneCare Complete may not cover the drug if you don't get prior authorization.

- **Quantity limits:** Sometimes CalOptima Health OneCare Complete limits the amount of a drug you can get.
- **Step therapy:** Sometimes CalOptima Health OneCare Complete requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

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

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

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

The table in the List of Drugs by medical condition has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if CalOptima Health OneCare Complete changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in 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 22. 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 I want to take is not on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Customer Service at **1-877-412-2734 (**TTY **711)** 24 hours a day, 7 days a week and ask about it. If you learn that CalOptima Health OneCare Complete 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. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask CalOptima Health OneCare Complete to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new CalOptima Health OneCare Complete member and can’t find my drug on the *Drug List* or have a problem getting my drug?

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

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

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

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

If you are taking a drug that CalOptima Health OneCare Complete does not consider to be a Part D drug, and the drug is not on the Drug List, and you have a problem getting the drug, it may be covered through Medi-Cal Rx. If a Part D excluded drug requires an exception, and you have an emergency, Medi-Cal Rx will allow no less than 72-hour supply of the drug. Please visit the Medi-Cal

Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal BIC when getting prescriptions through Medi-Cal Rx.

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

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

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 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. They can prescribe a drug on the Drug List that is like the one you want to take, **or**
- You can ask CalOptima Health OneCare Complete to make an exception to cover your drug. Please see question B10 for more information about exceptions

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

Yes. You can ask CalOptima Health OneCare Complete 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, CalOptima Health OneCare Complete 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 authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Customer Service. Customer Service will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9** section G2 of the *Member Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. For more information about providing a supporting statement, call CalOptima Health OneCare Complete Customer Service at **1-877-412-2734** (TTY **711**).

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

B13. What are generic drugs?

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

CalOptima Health OneCare Complete covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

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

You can read the CalOptima Health OneCare Complete **Chapter 4** of the *Member Handbook* to find out what OTC drugs are covered.

B16. Does CalOptima Health OneCare Complete cover non-drug OTC products?

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

Examples of non-drug OTC products include supplies associated with injection of insulin.

You can read the CalOptima Health OneCare Complete *Drug List* to find out what non-drug OTC products are covered.

B17. Does CalOptima Health OneCare Complete cover long-term supplies of prescriptions?

- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs. A 100-day supply has the same copay as a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copay?

CalOptima Health OneCare Complete members have $0 for prescription and OTC drugs and non-drug products if the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

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

- Tier 1 drugs are generic drugs. The co-pay will be $0.
- Tier 2 drugs are brand-name drugs. The co-pay will be $0.

If you have questions, call Customer Service at **1-877-412-2734 (**TTY **711)** 24 hours a day, 7 days a week.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by CalOptima Health OneCare Complete. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section I-1. The index alphabetically lists all drugs covered by CalOptima Health OneCare Complete.

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

Appeals Under Part D

- 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 prescriber disagrees with our decision, you can appeal. If you ever have a question, call Customer Service at **1-877-412-2734** (TTY **711**) 24 hours a day, 7 days a week.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.
- Drugs that are not a Part D drug have different rules for appeals.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, 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
PA	You (or your physician) are required to get prior authorization from CalOptima Health OneCare Complete before you fill your prescription for this drug. Without prior approval, CalOptima Health OneCare Complete 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 CalOptima Health OneCare Complete to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CalOptima Health OneCare Complete 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 CalOptima Health OneCare Complete before you fill your prescription for this drug. Without prior approval, CalOptima Health OneCare Complete may not cover this drug.
QL	CalOptima Health OneCare Complete limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Before CalOptima Health OneCare Complete will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
LA	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call CalOptima Health OneCare Complete Customer Service at **1-877-412-2734** (TTY **711**), 24 hours a day, 7 days a week.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *amoxicillin*), brand name drugs are capitalized (for example, ELIQUIS), and OTC drugs and non-drug products are listed in lower case (for example, insulin pen needle). The information in the “Necessary actions, restrictions, or limits on use” column tells you if CalOptima Health OneCare Complete has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
ANALGESICS		
JOURNAVX 50 MG TABLET	$0 (Tier 2)	PA, QL (30 per 14 days)
ANALGESICS COMBINATIONS		
acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)	$0 (Tier 1)	QL (120 per 30 days), PA NSO
acetaminophen-codeine 120-12 mg/5	$0 (Tier 1)	QL (5000 per 30 days), PA NSO
butalbital-acetaminophen-caffeine 50-325-40 mg tablet	$0 (Tier 1)	PA, QL (60 per 30 days)
ENDOCET (5-325 MG TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	$0 (Tier 1)	QL (120 per 30 days)
hydrocodone-acetamin 10-325/15	$0 (Tier 1)	QL (5000 per 30 days)
hydrocodone-acetaminophen 10-325mg	$0 (Tier 1)	QL (120 per 30 days)
hydrocodone-acetaminophen 5-325mg	$0 (Tier 1)	QL (120 per 30 days)
hydrocodone-acetaminophen 7.5-325mg	$0 (Tier 1)	QL (120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
hydrocodone-ibuprofen 7.5-200	$0 (Tier 1)	QL (120 per 30 days)
oxycodone-acetaminophen (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 7.5-325)	$0 (Tier 1)	QL (120 per 30 days)
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib (100 mg capsule, 400 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)
celecoxib (50 mg capsule, 200 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
diclofenac 2% solution pump	$0 (Tier 1)	PA, QL (224 per 28 days)
diclofenac epolamine 1.3% ptch	$0 (Tier 1)	PA, QL (60 per 30 days)
diclofenac pot 50 mg tablet	$0 (Tier 1)	
diclofenac sod er 100 mg tab	$0 (Tier 1)	
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)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)	$0 (Tier 1)	
etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)	$0 (Tier 1)	
IBU (600 MG TABLET, 800 MG TABLET)	$0 (Tier 1)	
ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)	$0 (Tier 1)	
indomethacin (25 mg capsule, 50 mg capsule)	$0 (Tier 1)	
meloxicam (7.5 mg tablet, 15 mg tablet)	$0 (Tier 1)	
nabumetone (500 mg tablet, 750 mg tablet)	$0 (Tier 1)	
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)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
piroxicam (10 mg capsule, 20 mg capsule)	$0 (Tier 1)	
sulindac (150 mg tablet, 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
OPIOID ANALGESICS, LONG-ACTING		
fentanyl (12 patch, 25 patch, 50 patch, 75 patch, 100 patch)	$0 (Tier 1)	QL (10 per 30 days)
levorphanol tartrate (2 mg tablet, 3 mg tablet)	$0 (Tier 1)	PA NSO
methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, hcl 10 mg tablet)	$0 (Tier 1)	PA NSO
morphine sulfate er (sulf er 100 mg tablet, sulf er 200 mg tablet, sulfate er 100 mg cap, sulfate er 120 mg cap)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
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)	$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
ANALGESICS		
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)	$0 (Tier 1)	QL (60 per 30 days)
oxymorphone hcl er 7.5 mg tab	$0 (Tier 1)	
OPIOID ANALGESICS, SHORT-ACTING		
codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
hydromorphone hcl (1 mg/ml solution, 2 mg tablet, 4 mg tablet, 5 mg/5 ml soln, 8 mg tablet)	$0 (Tier 1)	
meperidine hcl (25 mg/ml vial, 50 mg/5 ml solution, 50 mg/ml vial, 100 mg/ml vial)	$0 (Tier 1)	PA
morphine sulfate (sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc, sulfate ir 15 mg tab, sulfate ir 30 mg tab)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, 5 mg tablet, 5 mg/5 ml cup, 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)	$0 (Tier 1)	
oxymorphone hcl (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
tramadol hcl 100 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
tramadol hcl 50 mg tablet	$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		
lidocaine 5% patch	$0 (Tier 1)	PA, QL (90 per 30 days)
lidocaine hcl 4% solution	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANESTHETICS		
lidocaine hcl viscous (2% 15 ml cup, 2% soln)	$0 (Tier 1)	
lidocaine-prilocaine cream	$0 (Tier 1)	
TRIDACAINE 5% PATCH	$0 (Tier 1)	PA, QL (90 per 30 days)
TRIDACAINE II 5% PATCH	$0 (Tier 1)	PA, QL (90 per 30 days)

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		
acamprosate calc dr 333 mg tab	$0 (Tier 1)	
disulfiram (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	
naltrexone 50 mg tablet	$0 (Tier 1)	
OPIOID DEPENDENCE		
buprenorphine hcl (2 mg tablet, 8 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
buprenorphine-naloxone (buprenorphin-naloxon 8-2 mg sl, buprenorphine-nalox 2-0.5mg fm, buprenorphine-nalox 2-0.5mg tb, buprenorphine-nalox 4-1mg film, buprenorphine-nalox 8-2 mg tab, buprenorphine-nalox 8-2mg film, buprenorphine-nalox 12-3mg flm, buprenorphn-naloxn 2-0.5 mg sl)	$0 (Tier 1)	QL (90 per 30 days)
lofexidine 0.18 mg tablet	$0 (Tier 1)	PA
VIVITROL (380 MG VIAL, 380 MG VIAL-DILUENT)	$0 (Tier 2)	QL (1 per 30 days)
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG NASAL SPRAY	$0 (Tier 2)	QL (2 per 30 days)
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)	$0 (Tier 1)	
OPVEE 2.7 MG NASAL SPRAY	$0 (Tier 2)	QL (2 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
SMOKING CESSATION AGENTS		
bupropion hcl sr 150 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
NICOTROL NS 10 MG/ML SPRAY	$0 (Tier 2)	QL (120 per 30 days)
varenicline starting month box	$0 (Tier 1)	QL (53 per 28 days)
varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)	$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
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulf 500 mg/2 ml vial	$0 (Tier 1)	
ARIKAYCE 590 MG/8.4 ML VIAL	$0 (Tier 2)	PA, QL (252 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)	$0 (Tier 1)	
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)	$0 (Tier 1)	
neomycin 500 mg tablet	$0 (Tier 1)	
streptomycin sulf 1 gm vial	$0 (Tier 1)	
tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	$0 (Tier 1)	
ANTIBACTERIALS, OTHER		
aztreonam (1 gm vial, 2 gm vial)	$0 (Tier 1)	
clindamycin (pedi) 75 mg/5 ml	$0 (Tier 1)	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
clindamycin pediatr 75 mg/5 ml	$0 (Tier 1)	
clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl)	$0 (Tier 1)	
clindamycin phosphate-d5w (300 mg/50 ml-d5w, 600 mg/50 ml-d5w, 900 mg/50 ml-d5w)	$0 (Tier 1)	
colistimethate 150 mg vial	$0 (Tier 1)	
DALVANCE 500 MG VIAL	$0 (Tier 2)	PA
daptomycin (350 mg vial, 500 mg vial)	$0 (Tier 1)	
fosfomycin 3 gm sachet	$0 (Tier 1)	
linezolid (100 mg/5 ml susp, 600 mg tablet)	$0 (Tier 1)	PA
linezolid 600 mg/300 ml-d5w	$0 (Tier 1)	PA
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)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)	$0 (Tier 1)	
nitrofurantoin mono-mcr 100 mg	$0 (Tier 1)	
polymyxin b sulfate vial	$0 (Tier 1)	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	$0 (Tier 2)	PA, QL (6 per 30 days)
SOLOSEC 2 GM GRANULE PACKET	$0 (Tier 2)	PA
tigecycline 50 mg vial	$0 (Tier 1)	PA
tinidazole (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	
trimethoprim 100 mg tablet	$0 (Tier 1)	
vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg a-v vial, 500 mg add-van vial, 500 mg vial)	$0 (Tier 1)	
vancomycin hcl 125 mg capsule	$0 (Tier 1)	PA, QL (160 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
XIFAXAN (200 MG TABLET, 550 MG TABLET)	$0 (Tier 2)	PA
BETA-LACTAM, CEPHALOSPORINS		
AVYCAZ 2.5 GRAM VIAL	$0 (Tier 2)	PA
cefaclor (250 mg capsule, 500 mg capsule)	$0 (Tier 1)	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	$0 (Tier 1)	
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)	$0 (Tier 1)	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	$0 (Tier 1)	
cefepime hcl (1 gm vial, 2 gram vial)	$0 (Tier 1)	
cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
cefotetan (1 gm vial, 2 gm vial)	$0 (Tier 1)	
cefoxitin (1 gm vial, 2 gm vial, 10 gm vial)	$0 (Tier 1)	
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)	$0 (Tier 1)	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	$0 (Tier 1)	
ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)	$0 (Tier 1)	
ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	$0 (Tier 1)	
cefuroxime (250 mg tab, 500 mg tab)	$0 (Tier 1)	
cefuroxime sodium (1.5 gm vial, 750 mg vial)	$0 (Tier 1)	
cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
TAZICEF (1 GM ADD-VANTAGE VIAL, 1 GRAM VIAL, 6 GRAM VIAL)	$0 (Tier 1)	
TEFLARO (400 MG VIAL, 600 MG VIAL)	$0 (Tier 2)	PA
ZERBAXA 1.5 GRAM VIAL	$0 (Tier 2)	PA
BETA-LACTAM, PENICILLINS		
amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)	$0 (Tier 1)	
amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)	$0 (Tier 1)	
ampicillin 500 mg capsule	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)	$0 (Tier 1)	
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 btl, ampicillin-sulbactam 15 gm vl)	$0 (Tier 1)	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	$0 (Tier 2)	
BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS)	$0 (Tier 2)	
dicloxacillin sodium (250 mg capsule, 500 mg capsule)	$0 (Tier 1)	
nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bottle, 10 gm bulk vial)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
oxacillin 2 gm/ 50 ml inj	$0 (Tier 1)	
oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm vial)	$0 (Tier 1)	
penicillin g na 5 million unit	$0 (Tier 1)	
penicillin g potassium (5 million, 20 million)	$0 (Tier 1)	
penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)	$0 (Tier 1)	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	$0 (Tier 1)	
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, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
CARBAPENEMS		
ertapenem 1 gram vial	$0 (Tier 1)	
imipenem-cilastatin sodium (250 mg vl, 500 mg vl)	$0 (Tier 1)	
meropenem (iv 1 gm vial, iv 500 mg vial)	$0 (Tier 1)	
VABOMERE 2 GRAM VIAL	$0 (Tier 2)	PA
MACROLIDES		
azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, i.v. 500 mg vial)	$0 (Tier 1)	
azithromycin 250 mg tablet (dose pack)	$0 (Tier 1)	
azithromycin 500 mg tablet (dose pack)	$0 (Tier 1)	
azithromycin 600 mg tablet	$0 (Tier 1)	PA
clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
DIFICID 200 MG TABLET	$0 (Tier 2)	QL (20 per 10 days)
DIFICID 40 MG/ML SUSPENSION	$0 (Tier 2)	QL (136 per 10 days)
ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	$0 (Tier 2)	
erythromycin (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	
QUINOLONES		
BAXDELA (300 MG VIAL, 450 MG TABLET)	$0 (Tier 2)	PA, QL (28 per 14 days)
ciprofloxacin 200 mg/100ml-d5w	$0 (Tier 1)	
ciprofloxacin hcl (500 mg tab, 750 mg tab)	$0 (Tier 1)	
ciprofloxacin hcl 250 mg tab	$0 (Tier 1)	QL (60 per 30 days)
levofloxacin (25 mg/ml solution, 250 mg tablet, 250 mg/10 ml soln, 500 mg tablet, 500 mg/20 ml soln, 750 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
levofloxacin-d5w (500 mg/100 ml-d5w, 750 mg/150 ml-d5w)	$0 (Tier 1)	
moxifloxacin 400 mg/250 ml bag	$0 (Tier 1)	
moxifloxacin hcl 400 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
ofloxacin (300 mg tablet, 400 mg tablet)	$0 (Tier 1)	
SULFONAMIDES		
sodium sulfacetamide 10% lot	$0 (Tier 1)	
sulfacetamide sodium (sod 10% top susp, sodium 10% lotn)	$0 (Tier 1)	
sulfadiazine 500 mg tablet	$0 (Tier 1)	
sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)	$0 (Tier 1)	
TETRACYCLINES		
demeclocycline hcl (150 mg tablet, 300 mg tablet)	$0 (Tier 1)	PA
DOXY 100 MG VIAL	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIBACTERIALS		
doxycycline hyclate (hyc 100 mg vial, hyclate 100 mg cap, hyclate 100 mg tab, hyclate 100 mg vl)	$0 (Tier 1)	
doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg tablet, mono 75 mg tablet, mono 100 mg cap, mono 100 mg tablet)	$0 (Tier 1)	
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	$0 (Tier 1)	
tetracycline hcl (250 mg capsule, 500 mg capsule)	$0 (Tier 1)	

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 (Tier 2)	QL (60 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS		
BRIVIACT 10 MG/ML ORAL SOLN	$0 (Tier 2)	QL (600 per 30 days), PA NSO
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	$0 (Tier 2)	PA NSO
divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)	$0 (Tier 1)	
divalproex sodium er (er 250 mg tab, er 500 mg tab)	$0 (Tier 1)	
EPIDIOLEX 100 MG/ML SOLUTION	$0 (Tier 2)	PA NSO
felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)	$0 (Tier 1)	
FINTEPLA 2.2 MG/ML SOLUTION	$0 (Tier 2)	QL (360 per 30 days), PA NSO
FYCOMPA 0.5 MG/ML ORAL SUSP	$0 (Tier 2)	QL (680 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS		
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)	$0 (Tier 1)	
lamotrigine tab start kit-blue	$0 (Tier 1)	
lamotrigine tab start kt-green	$0 (Tier 1)	
lamotrigine tab start kt-orang	$0 (Tier 1)	
levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)	$0 (Tier 1)	
levetiracetam er 500 mg tablet	$0 (Tier 1)	QL (180 per 30 days)
levetiracetam er 750 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
perampanel (8 mg tablet, 10 mg tablet, 12 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
perampanel 2 mg tablet	$0 (Tier 1)	QL (180 per 30 days)
perampanel 4 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
perampanel 6 mg tablet	$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
ANTICONVULSANTS		
SPRITAM (250 MG TABLET, 500 MG TABLET)	$0 (Tier 2)	
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	$0 (Tier 1)	
SUBVENITE TAB START KIT (BLUE)	$0 (Tier 1)	
SUBVENITE TAB START KIT(GREEN)	$0 (Tier 1)	
SUBVENITE TAB START KT(ORANGE)	$0 (Tier 1)	
topiramate (15 mg cap, 25 mg cap, 50 mg cap)	$0 (Tier 1)	
topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
topiramate 25 mg/ml solution	$0 (Tier 1)	PA NSO
valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS		
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	$0 (Tier 1)	
methsuximide 300 mg capsule	$0 (Tier 1)	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	PA NSO
clonazepam (0.25 mg odt, 2 mg odt)	$0 (Tier 1)	
clonazepam (0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
clonazepam 0.125 mg odt	$0 (Tier 1)	
clonazepam 0.5 mg odt	$0 (Tier 1)	
clonazepam 1 mg odt	$0 (Tier 1)	
clonazepam 2 mg tablet	$0 (Tier 1)	QL (300 per 30 days)
clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)	$0 (Tier 1)	QL (180 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS		
diazepam (2.5 mg rectal gel sys, 2.5mg rectal gel(2pk), 10 mg rectal gel syrg, 10 mg rectal gel syst, 10mg rectal gel (2pk), 20 mg rectal gel syrg, 20 mg rectal gel syst, 20mg rectal gel (2pk))	$0 (Tier 1)	
gabapentin (100 mg capsule, 300 mg capsule, 600 mg tablet)	$0 (Tier 1)	QL (180 per 30 days)
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	$0 (Tier 1)	QL (2400 per 30 days)
gabapentin 400 mg capsule	$0 (Tier 1)	QL (300 per 30 days)
gabapentin 800 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
NAYZILAM 5 MG NASAL SPRAY	$0 (Tier 2)	QL (10 per 28 days), PA NSO
phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS		
pregabalin (150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule)	$0 (Tier 1)	QL (90 per 30 days)
pregabalin 20 mg/ml solution	$0 (Tier 1)	QL (960 per 30 days)
primidone (50 mg tablet, 125 mg tablet, 250 mg tablet)	$0 (Tier 1)	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)	$0 (Tier 1)	
VALTOCO (5 MG NASAL SPRAY, 10 MG NASAL SPRAY, 15 MG NASAL SPRAY, 20 MG NASAL SPRAY)	$0 (Tier 2)	QL (10 per 28 days), PA NSO
vigabatrin 500 mg powder packt	$0 (Tier 1)	PA NSO
vigabatrin 500 mg tablet	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS		
VIGADRONE 500 MG TABLET	$0 (Tier 1)	
VIGAFYDE 100 MG/ML ORAL SOLN	$0 (Tier 2)	PA NSO
VIGPODER 500 MG POWDER PACKET	$0 (Tier 1)	PA NSO
ZTALMY 50 MG/ML SUSPENSION	$0 (Tier 2)	QL (1100 per 30 days), PA NSO
SODIUM CHANNEL AGENTS		
carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tab chew, 200 mg tablet, 200 mg/10 ml cup)	$0 (Tier 1)	
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)	$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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS		
eslicarbazepine 800 mg tablet	$0 (Tier 1)	QL (30 per 30 days), PA NSO
eslicarbazepine acetate (200 mg tablet, 400 mg tablet, 600 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), PA NSO
lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)	$0 (Tier 1)	
lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)	$0 (Tier 1)	
PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE)	$0 (Tier 1)	
phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTICONVULSANTS		
phenytoin sod ext 100 mg cap	$0 (Tier 1)	
rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)	$0 (Tier 1)	PA NSO
XCOPRI (12.5-25 MG PK, 50-100 MG PAK, 150-200 MG PK)	$0 (Tier 2)	QL (28 per 28 days), PA NSO
XCOPRI (150 MG TABLET, 200 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
XCOPRI (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)	$0 (Tier 2)	QL (56 per 28 days), PA NSO
ZONISADE 100 MG/5 ML ORAL SUSP	$0 (Tier 2)	QL (900 per 30 days), PA NSO
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEMENTIA AGENTS		
CHOLINESTERASE INHIBITORS		
ADLARITY (5 MG/DAY PATCH, 10MG/DAY PATCH)	$0 (Tier 2)	PA, QL (4 per 28 days)
donepezil hcl (5 mg tablet, 10 mg tablet, 23 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
galantamine 4 mg/ml oral soln	$0 (Tier 1)	QL (200 per 30 days)
galantamine er (er 8 mg capsule, er 16 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
galantamine er 24 mg capsule	$0 (Tier 1)	QL (60 per 30 days)
galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)
rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)	$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
ANTIDEMENTIA AGENTS		
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (2 mg/ml solution, 10 mg/5 ml cup)	$0 (Tier 1)	QL (480 per 30 days)
memantine hcl (5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
memantine hcl er (er 14 mg capsule, er 21 mg capsule, er 28 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
memantine hcl er 7 mg capsule	$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, OTHER		
AUVELITY ER 45-105 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
bupropion hcl 100 mg tablet	$0 (Tier 1)	QL (120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEPRESSANTS		
bupropion hcl 75 mg tablet	$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
bupropion xl (150 mg tablet, 300 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
mirtazapine (7.5 mg tablet, 15 mg odt, 15 mg tablet, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
olanzapine-fluoxetine hcl (3-25 mg, 6-25 mg, 6-50 mg, 12-25 mg, 12-50 mg)	$0 (Tier 1)	
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)	$0 (Tier 1)	PA NSO
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	$0 (Tier 2)	QL (28 per 180 days), PA NSO
ZURZUVAE 30 MG CAPSULE	$0 (Tier 2)	QL (14 per 180 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEPRESSANTS		
MONOAMINE OXIDASE INHIBITORS		
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	$0 (Tier 2)	PA NSO
MARPLAN 10 MG TABLET	$0 (Tier 2)	
phenelzine sulfate 15 mg tab	$0 (Tier 1)	
tranylcypromine sulf 10 mg tab	$0 (Tier 1)	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	$0 (Tier 1)	QL (600 per 30 days)
desvenlafaxine er (er 50 mg tab, er 50 mg tablet)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
desvenlafaxine er 100 mg tab	$0 (Tier 2)	QL (120 per 30 days), PA NSO
desvenlafaxine succinate er (er 25 mg, er 50 mg)	$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
ANTIDEPRESSANTS		
desvenlafaxine succnt er 100mg	$0 (Tier 1)	QL (120 per 30 days)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)	$0 (Tier 1)	QL (60 per 30 days)
escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
escitalopram oxalate (oxalate 5 mg/5 ml, 10 mg/10 ml cup)	$0 (Tier 1)	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
FETZIMA 20-40 MG TITRATION PAK	$0 (Tier 2)	QL (28 per 28 days), PA NSO
fluoxetine hcl (10 mg capsule, 10 mg tablet, 40 mg capsule)	$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
ANTIDEPRESSANTS		
fluoxetine hcl (20 mg capsule, 20 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)	$0 (Tier 1)	QL (600 per 30 days)
fluvoxamine maleate (25 mg tab, 50 mg tab)	$0 (Tier 1)	QL (60 per 30 days)
fluvoxamine maleate 100 mg tab	$0 (Tier 1)	QL (90 per 30 days)
nefazodone hcl (50 mg tablet, 100 mg tablet, 200 mg tablet, 250 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
nefazodone hcl 150 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
paroxetine hcl 10 mg/5 ml susp	$0 (Tier 1)	PA NSO
paroxetine hcl 30 mg tablet	$0 (Tier 1)	QL (60 per 30 days), PA NSO
pmdd fluoxetine 10mg tablet	$0 (Tier 1)	
pmdd fluoxetine 20mg tablet	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEPRESSANTS		
RALDESY 10 MG/ML SOLUTION	$0 (Tier 2)	PA NSO
sertraline 20 mg/ml oral conc	$0 (Tier 1)	QL (300 per 30 days)
sertraline hcl (25 mg tablet, 50 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
sertraline hcl 100 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)	$0 (Tier 1)	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
venlafaxine bes er 112.5 mg tb	$0 (Tier 1)	QL (30 per 30 days), PA NSO
venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)	$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		
venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab, er 225 mg tab)	$0 (Tier 1)	ST, QL (30 per 30 days)
venlafaxine hcl er 150 mg tab	$0 (Tier 1)	ST, QL (60 per 30 days)
vilazodone hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
TRICYCLICS		
amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	$0 (Tier 1)	PA NSO
amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)	$0 (Tier 1)	
clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)	$0 (Tier 1)	PA NSO
desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)	$0 (Tier 1)	PA NSO
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)	$0 (Tier 1)	PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIDEPRESSANTS		
imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	$0 (Tier 1)	PA NSO
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)	$0 (Tier 1)	
protriptyline hcl (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
trimipramine maleate (25 mg cap, 50 mg cap)	$0 (Tier 1)	QL (90 per 30 days)
trimipramine maleate 100 mg cp	$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		
GIMOTI 15 MG NASAL SPRAY	$0 (Tier 2)	PA, QL (9.8 per 28 days)
meclizine hcl (12.5 mg tablet, 25 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIEMETICS		
metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)	$0 (Tier 1)	
prochlorperazine 25 mg supp	$0 (Tier 1)	
prochlorperazine maleate (5 mg tablet, 10 mg tab)	$0 (Tier 1)	PA NSO
promethazine hcl (12.5 mg suppos, 25 mg suppository)	$0 (Tier 1)	
promethazine hcl (6.25 mg/5 ml cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg tablet, 12.5 mg/10 ml cup, 25 mg tablet, 50 mg tablet)	$0 (Tier 1)	PA
PROMETHEGAN (25 MG, 50 MG)	$0 (Tier 1)	
scopolamine 1 mg/3 day patch	$0 (Tier 1)	PA, QL (10 per 30 days)
trimethobenzamide 300 mg cap	$0 (Tier 1)	
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (80 mg capsule, 125 mg capsule)	$0 (Tier 1)	PA, QL (12 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIEMETICS		
aprepitant 125-80-80 mg pack	$0 (Tier 1)	PA
aprepitant 40 mg capsule	$0 (Tier 1)	PA, QL (10 per 30 days)
dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	$0 (Tier 1)	PA
granisetron hcl 1 mg tablet	$0 (Tier 1)	PA
ondansetron hcl (4 mg tablet, 8 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)	$0 (Tier 1)	
ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)	$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
ANTIFUNGALS		
ANTIFUNGALS		
amphotericin b 50 mg vial	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIFUNGALS		
amphotericin b liposome 50 mg	$0 (Tier 1)	PA
caspofungin acetate (50 mg vial, 70 mg vial)	$0 (Tier 1)	PA
clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)	$0 (Tier 1)	
ERAXIS (50 MG VIAL, 100 MG VIAL)	$0 (Tier 2)	PA
fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)	$0 (Tier 1)	
fluconazole 150 mg tablet	$0 (Tier 1)	QL (4 per 30 days)
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	$0 (Tier 1)	
fluconazole-ns 200 mg/100 ml	$0 (Tier 1)	
flucytosine (250 mg capsule, 500 mg capsule)	$0 (Tier 1)	PA
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIFUNGALS		
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	$0 (Tier 1)	
itraconazole (10 mg/ml solution, 100 mg capsule, 100 mg/10 ml cup)	$0 (Tier 1)	
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	$0 (Tier 1)	
KLAYESTA 100,000 UNIT/GM POWD	$0 (Tier 1)	
micafungin (50 mg vial, 100 mg vial)	$0 (Tier 1)	
miconazole 3 200 mg vag supp	$0 (Tier 1)	
NYAMYC 100,000 UNIT/GM POWDER	$0 (Tier 1)	
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 cup, 500,000 unit/5 ml sus)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIFUNGALS		
NYSTOP 100,000 UNIT/GM POWDER	$0 (Tier 1)	
posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)	$0 (Tier 1)	PA
terbinafine hcl 250 mg tablet	$0 (Tier 1)	
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	$0 (Tier 1)	
voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)	$0 (Tier 1)	PA
voriconazole 200 mg vial	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
allopurinol (100 mg tablet, 300 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIGOUT AGENTS		
colchicine (0.6 mg capsule, 0.6 mg tablet)	$0 (Tier 1)	
GLOPERBA 0.6 MG/5 ML SOLUTION	$0 (Tier 2)	PA, QL (300 per 30 days)
probenecid 500 mg tablet	$0 (Tier 1)	
probenecid-colchicine tablet	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS		
ELYXYB 120 MG/4.8 ML SOLUTION	$0 (Tier 2)	PA, QL (28.8 per 6 days)
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG AUTOINJECTOR (70 MG/ML, 140 MG/ML)	$0 (Tier 2)	PA, QL (1 per 28 days)
AJOVY 225 MG/1.5 ML AUTOINJECT	$0 (Tier 2)	PA, QL (1.5 per 28 days)

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 (Tier 2)	PA, QL (1.5 per 28 days)
EMGALITY 120 MG/ML PEN	$0 (Tier 2)	PA, QL (2 per 28 days)
EMGALITY 120 MG/ML SYRINGE	$0 (Tier 2)	PA, QL (2 per 28 days)
EMGALITY 300 MG (100 MG X 3 SYRINGE)	$0 (Tier 2)	PA, QL (3 per 28 days)
NURTEC ODT 75 MG TABLET	$0 (Tier 2)	PA, QL (18 per 30 days)
UBRELVY (50 MG TABLET, 100 MG TABLET)	$0 (Tier 2)	PA, QL (16 per 30 days)
ZAVZPRET 10 MG NASAL SPRAY	$0 (Tier 2)	PA, QL (8 per 30 days)
ERGOT ALKALOIDS		
dihydroergotamine 4 mg/ml spry	$0 (Tier 1)	PA
MIGERGOT (, 2-100 MG)	$0 (Tier 1)	QL (24 per 30 days)
SEROTONIN (5-HT) RECEPTOR AGONISTS		
naratriptan 1 mg tablet	$0 (Tier 1)	QL (12 per 30 days)
naratriptan 2.5 mg tablet	$0 (Tier 1)	QL (12 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMIGRAINE AGENTS		
rizatriptan (5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet)	$0 (Tier 1)	QL (18 per 28 days)
sumatriptan (5 mg nasal spray, 20 mg nasal spray)	$0 (Tier 1)	QL (12 per 30 days)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	QL (9 per 30 days)
sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)	$0 (Tier 1)	QL (4 per 28 days)
zolmitriptan (2.5 mg tablet, 5 mg tablet)	$0 (Tier 1)	QL (6 per 30 days)
zolmitriptan odt (2.5 mg odt, 5 mg odt)	$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		
pyridostigmine bromide (br 30 mg tablet, 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)	$0 (Tier 1)	
pyridostigmine er 180 mg tab	$0 (Tier 1)	
VYVGART HYTRULO 1,000MG-10,000	$0 (Tier 2)	PA, QL (20 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone (25 mg tablet, 100 mg tablet)	$0 (Tier 1)	
rifabutin 150 mg capsule	$0 (Tier 1)	
ANTITUBERCULARS		
ethambutol hcl (100 mg tablet, 400 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIMYCOBACTERIALS		
isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)	$0 (Tier 1)	
PRIFTIN 150 MG TABLET	$0 (Tier 2)	
pyrazinamide 500 mg tablet	$0 (Tier 1)	
rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)	$0 (Tier 1)	
SIRTURO (20 MG TABLET, 100 MG TABLET)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)	$0 (Tier 1)	PA NSO
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)	$0 (Tier 2)	PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
LEUKERAN 2 MG TABLET	$0 (Tier 2)	
MATULANE 50 MG CAPSULE	$0 (Tier 2)	
ANTIANDROGENS		
abiraterone acetate 250 mg tab	$0 (Tier 1)	QL (120 per 30 days), PA NSO
abiraterone acetate 500 mg tab	$0 (Tier 1)	QL (60 per 30 days), PA NSO
ABIRTEGA 250 MG TABLET	$0 (Tier 1)	QL (120 per 30 days), PA NSO
bicalutamide 50 mg tablet	$0 (Tier 1)	
ERLEADA 240 MG TABLET	$0 (Tier 2)	QL (30 per 30 days), PA NSO
ERLEADA 60 MG TABLET	$0 (Tier 2)	QL (120 per 30 days), PA NSO
EULEXIN 125 MG CAPSULE	$0 (Tier 2)	QL (180 per 30 days), PA NSO
nilutamide 150 mg tablet	$0 (Tier 1)	
NUBEQA 300 MG TABLET	$0 (Tier 2)	QL (120 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
XTANDI (40 MG CAPSULE, 40 MG TABLET)	$0 (Tier 2)	QL (120 per 30 days), PA NSO
XTANDI 80 MG TABLET	$0 (Tier 2)	QL (90 per 30 days), PA NSO
YONSA 125 MG TABLET	$0 (Tier 2)	QL (120 per 30 days), PA NSO
ANTIANGIOGENIC AGENTS		
lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule, 20 mg capsule, 25 mg capsule)	$0 (Tier 1)	LA, PA NSO
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	$0 (Tier 2)	PA NSO
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	$0 (Tier 2)	PA NSO
ANTIESTROGENS/MODIFIERS		
ORSERDU 345 MG TABLET	$0 (Tier 2)	QL (30 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
ORSERDU 86 MG TABLET	$0 (Tier 2)	QL (90 per 30 days), PA NSO
SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML SOLN)	$0 (Tier 2)	
tamoxifen citrate (10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
toremifene citrate 60 mg tab	$0 (Tier 1)	PA NSO
ANTIMETABOLITES		
mercaptopurine (20 mg/ml suspen, 50 mg tablet)	$0 (Tier 1)	
ONUREG (200 MG TABLET, 300 MG TABLET)	$0 (Tier 2)	PA NSO
TABLOID 40 MG TABLET	$0 (Tier 2)	
ANTINEOPLASTICS		
AVMAPKI-FAKZYNJA CO-PACK	$0 (Tier 2)	QL (66 per 28 days), PA NSO
ANTINEOPLASTICS, OTHER		
AUGTYRO 160 MG CAPSULE	$0 (Tier 2)	QL (60 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
AUGTYRO 40 MG CAPSULE	$0 (Tier 2)	QL (240 per 30 days), PA NSO
hydroxyurea 500 mg capsule	$0 (Tier 1)	
INQOVI 35 MG-100 MG TABLET	$0 (Tier 2)	QL (5 per 28 days), PA NSO
IWILFIN 192 MG TABLET	$0 (Tier 2)	QL (240 per 30 days), PA NSO
KISQALI FEMARA 400 MG CO-PACK	$0 (Tier 2)	QL (70 per 28 days), PA NSO
KISQALI FEMARA 600 MG CO-PACK	$0 (Tier 2)	QL (91 per 28 days), PA NSO
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	$0 (Tier 2)	PA NSO
LYSODREN 500 MG TABLET	$0 (Tier 2)	
OGSIVEO (100 MG TABLET, 150 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
OGSIVEO 50 MG TABLET	$0 (Tier 2)	QL (180 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
ORGOVYX 120 MG TABLET	$0 (Tier 2)	QL (32 per 30 days), PA NSO
REVUFORJ 110 MG TABLET	$0 (Tier 2)	QL (120 per 30 days), PA NSO
REVUFORJ 160 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
REVUFORJ 25 MG TABLET	$0 (Tier 2)	QL (240 per 30 days), PA NSO
TABRECTA (150 MG TABLET, 200 MG TABLET)	$0 (Tier 2)	QL (120 per 30 days), PA NSO
TEPMETKO 225 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
ZOLINZA 100 MG CAPSULE	$0 (Tier 2)	
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole 1 mg tablet	$0 (Tier 1)	
exemestane 25 mg tablet	$0 (Tier 1)	
letrozole 2.5 mg tablet	$0 (Tier 1)	
MOLECULAR TARGET INHIBITORS		
AKEEGA (50-500 MG TABLET, 100-500 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
ALECENSA 150 MG CAPSULE	$0 (Tier 2)	QL (240 per 30 days), PA NSO
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
ALUNBRIG 30 MG TABLET	$0 (Tier 2)	QL (180 per 30 days), PA NSO
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
BALVERSA 3 MG TABLET	$0 (Tier 2)	QL (90 per 30 days), PA NSO
BALVERSA 4 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
BALVERSA 5 MG TABLET	$0 (Tier 2)	QL (30 per 30 days), PA NSO
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	$0 (Tier 2)	QL (180 per 30 days), PA NSO
BOSULIF (50 MG CAPSULE, 400 MG TABLET, 500 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
BRAFTOVI 75 MG CAPSULE	$0 (Tier 2)	QL (180 per 30 days), PA NSO
BRUKINSA 80 MG CAPSULE	$0 (Tier 2)	PA NSO
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
CALQUENCE 100 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
CAPRELSA 100 MG TABLET	$0 (Tier 2)	QL (60 per 30 days)
CAPRELSA 300 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	$0 (Tier 2)	PA NSO
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
COTELLIC 20 MG TABLET	$0 (Tier 2)	QL (63 per 21 days), PA NSO
DANZITEN (71 MG TABLET, 95 MG TABLET)	$0 (Tier 2)	QL (120 per 30 days), PA NSO
dasatinib (20 mg tablet, 50 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
dasatinib 70 mg tablet	$0 (Tier 1)	QL (60 per 30 days), PA NSO
DAURISMO 100 MG TABLET	$0 (Tier 2)	QL (30 per 30 days), PA NSO
DAURISMO 25 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
ERIVEDGE 150 MG CAPSULE	$0 (Tier 2)	
erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
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)	$0 (Tier 1)	PA NSO
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	$0 (Tier 2)	QL (21 per 21 days), PA NSO
FRUZAQLA 1 MG CAPSULE	$0 (Tier 2)	QL (84 per 28 days), PA NSO
FRUZAQLA 5 MG CAPSULE	$0 (Tier 2)	QL (21 per 28 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
GAVRETO 100 MG CAPSULE	$0 (Tier 2)	QL (120 per 30 days), PA NSO
gefitinib 250 mg tablet	$0 (Tier 1)	QL (60 per 30 days), PA NSO
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
GOMEKLI 1 MG CAPSULE	$0 (Tier 2)	QL (126 per 28 days), PA NSO
GOMEKLI 1 MG TABLET FOR SUSP	$0 (Tier 2)	QL (168 per 28 days), PA NSO
GOMEKLI 2 MG CAPSULE	$0 (Tier 2)	QL (84 per 28 days), PA NSO
HERNEXEOS 60 MG TABLET	$0 (Tier 2)	QL (90 per 30 days), PA NSO
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	$0 (Tier 2)	QL (21 per 28 days), PA NSO
IBTROZI 200 MG CAPSULE	$0 (Tier 2)	QL (90 per 30 days), PA NSO

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 (Tier 2)	QL (30 per 30 days), PA NSO
IDHIFA (50 MG TABLET, 100 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
imatinib mesylate (100 mg tab, 400 mg tab)	$0 (Tier 1)	PA NSO
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
IMBRUVICA 140 MG CAPSULE	$0 (Tier 2)	QL (120 per 30 days), PA NSO
IMBRUVICA 70 MG/ML SUSPENSION	$0 (Tier 2)	QL (216 per 30 days), PA NSO
IMKELDI 80 MG/ML SOLUTION	$0 (Tier 2)	QL (300 per 30 days), PA NSO
INLYTA 1 MG TABLET	$0 (Tier 2)	PA NSO
INLYTA 5 MG TABLET	$0 (Tier 2)	QL (120 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
INREBIC 100 MG CAPSULE	$0 (Tier 2)	QL (120 per 30 days), PA NSO
ITOVEBI 3 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
ITOVEBI 9 MG TABLET	$0 (Tier 2)	QL (30 per 30 days), PA NSO
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
JAYPIRCA 100 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
JAYPIRCA 50 MG TABLET	$0 (Tier 2)	QL (30 per 30 days), PA NSO
KISQALI 200 MG DAILY DOSE	$0 (Tier 2)	QL (21 per 28 days), PA NSO
KISQALI 400 MG DAILY DOSE	$0 (Tier 2)	QL (42 per 28 days), PA NSO
KISQALI 600 MG DAILY DOSE	$0 (Tier 2)	QL (63 per 28 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
KOSELUGO 10 MG CAPSULE	$0 (Tier 2)	QL (240 per 30 days), PA NSO
KOSELUGO 25 MG CAPSULE	$0 (Tier 2)	QL (120 per 30 days), PA NSO
KRAZATI 200 MG TABLET	$0 (Tier 2)	QL (180 per 30 days), PA NSO
lapatinib 250 mg tablet	$0 (Tier 1)	PA NSO
LAZCLUZE (80 MG TABLET, 240 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	$0 (Tier 2)	QL (90 per 30 days), PA NSO
LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 20 MG DAILY DOSE)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
LENVIMA 14 MG DAILY DOSE	$0 (Tier 2)	PA NSO
LORBRENA 100 MG TABLET	$0 (Tier 2)	QL (30 per 30 days), PA NSO
LORBRENA 25 MG TABLET	$0 (Tier 2)	QL (90 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
LUMAKRAS 120 MG TABLET	$0 (Tier 2)	QL (240 per 30 days), PA NSO
LUMAKRAS 240 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
LUMAKRAS 320 MG TABLET	$0 (Tier 2)	QL (90 per 30 days), PA NSO
LYNPARZA (100 MG TABLET, 150 MG TABLET)	$0 (Tier 2)	QL (120 per 30 days), PA NSO
LYTGOBI 12 MG DOSE (3X 4MG TB)	$0 (Tier 2)	QL (84 per 28 days), PA NSO
LYTGOBI 16 MG DOSE (4X 4MG TB)	$0 (Tier 2)	QL (112 per 28 days), PA NSO
LYTGOBI 20 MG DOSE (5X 4MG TB)	$0 (Tier 2)	QL (140 per 28 days), PA NSO
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	$0 (Tier 2)	PA NSO
MEKTOVI 15 MG TABLET	$0 (Tier 2)	QL (180 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
MODEYSO 125 MG CAPSULE	$0 (Tier 2)	QL (20 per 28 days), PA NSO
NERLYNX 40 MG TABLET	$0 (Tier 2)	QL (180 per 30 days), PA NSO
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	$0 (Tier 2)	QL (3 per 28 days), PA NSO
ODOMZO 200 MG CAPSULE	$0 (Tier 2)	QL (30 per 30 days), PA NSO
OJEMDA (100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	$0 (Tier 2)	QL (24 per 28 days), PA NSO
OJEMDA 100 MG TAB (400MG DOSE)	$0 (Tier 2)	QL (16 per 28 days), PA NSO
OJEMDA 25 MG/ML ORAL SUSP	$0 (Tier 2)	QL (96 per 28 days), PA NSO
OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
pazopanib hcl 200 mg tablet	$0 (Tier 1)	QL (120 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	$0 (Tier 2)	QL (14 per 21 days), PA NSO
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	$0 (Tier 2)	QL (56 per 28 days), PA NSO
PIQRAY 200 MG DAILY DOSE PACK	$0 (Tier 2)	QL (28 per 28 days), PA NSO
QINLOCK 50 MG TABLET	$0 (Tier 2)	QL (90 per 30 days), PA NSO
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
RETEVMO 40 MG TABLET	$0 (Tier 2)	QL (90 per 30 days), PA NSO
REZLIDHIA 150 MG CAPSULE	$0 (Tier 2)	QL (60 per 30 days), PA NSO
ROMVIMZA (14 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	$0 (Tier 2)	QL (8 per 28 days), PA NSO
ROZLYTREK 100 MG CAPSULE	$0 (Tier 2)	QL (180 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
ROZLYTREK 200 MG CAPSULE	$0 (Tier 2)	QL (90 per 30 days), PA NSO
ROZLYTREK 50 MG PELLET PACKET	$0 (Tier 2)	QL (360 per 30 days), PA NSO
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	$0 (Tier 2)	QL (120 per 30 days), PA NSO
RYDAPT 25 MG CAPSULE	$0 (Tier 2)	QL (240 per 30 days), PA NSO
SCEMBLIX 100 MG TABLET	$0 (Tier 2)	QL (120 per 30 days), PA NSO
SCEMBLIX 20 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
SCEMBLIX 40 MG TABLET	$0 (Tier 2)	QL (300 per 30 days), PA NSO
sorafenib 200 mg tablet	$0 (Tier 1)	QL (120 per 30 days), PA NSO
STIVARGA 40 MG TABLET	$0 (Tier 2)	QL (84 per 28 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
sunitinib malate (12.5 mg cap, 25 mg capsule, 37.5 mg cap, 50 mg capsule)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	$0 (Tier 2)	PA NSO
TAGRISSO (40 MG TABLET, 80 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
TALZENNA (0.25 MG CAPSULE, 0.25 MG SOFTGEL)	$0 (Tier 2)	QL (90 per 30 days), PA NSO
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	$0 (Tier 2)	QL (120 per 30 days), PA NSO
TAZVERIK 200 MG TABLET	$0 (Tier 2)	QL (240 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
TIBSOVO 250 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
TORPENZ (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	$0 (Tier 1)	PA NSO
TRUQAP (160 MG TABLET, 200 MG TABLET)	$0 (Tier 2)	QL (64 per 28 days), PA NSO
TUKYSA 150 MG TABLET	$0 (Tier 2)	QL (120 per 30 days), PA NSO
TUKYSA 50 MG TABLET	$0 (Tier 2)	QL (300 per 30 days), PA NSO
TURALIO 125 MG CAPSULE	$0 (Tier 2)	QL (120 per 30 days), PA NSO
VANFLYTA (17.7 MG TABLET, 26.5 MG TABLET)	$0 (Tier 2)	QL (28 per 14 days), PA NSO
VENCLEXTA 10 MG TABLET	$0 (Tier 2)	QL (60 per 30 days), PA NSO
VENCLEXTA 100 MG TABLET	$0 (Tier 2)	QL (120 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
VENCLEXTA 50 MG TABLET	$0 (Tier 2)	QL (30 per 30 days), PA NSO
VENCLEXTA STARTING PACK	$0 (Tier 2)	QL (42 per 28 days), PA NSO
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
VIJOICE (50 MG GRANULE PACKET, 50 MG TABLET, 125 MG TABLET)	$0 (Tier 2)	QL (28 per 28 days), PA NSO
VIJOICE 250 MG DAILY DOSE PACK	$0 (Tier 2)	QL (56 per 28 days), PA NSO
VITRAKVI 100 MG CAPSULE	$0 (Tier 2)	QL (60 per 30 days), PA NSO
VITRAKVI 20 MG/ML SOLUTION	$0 (Tier 2)	QL (300 per 30 days), PA NSO
VITRAKVI 25 MG CAPSULE	$0 (Tier 2)	QL (180 per 30 days), PA NSO
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
VONJO 100 MG CAPSULE	$0 (Tier 2)	QL (120 per 30 days), PA NSO
VORANIGO (10 MG TABLET, 40 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
XALKORI 150 MG PELLET	$0 (Tier 2)	QL (180 per 30 days), PA NSO
XALKORI 20 MG PELLET	$0 (Tier 2)	QL (240 per 30 days), PA NSO
XALKORI 50 MG PELLET	$0 (Tier 2)	QL (120 per 30 days), PA NSO
XOSPATA 40 MG TABLET	$0 (Tier 2)	QL (90 per 30 days), PA NSO
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	$0 (Tier 2)	QL (8 per 28 days), PA NSO
XPOVIO (40 MG, 60 MG)	$0 (Tier 2)	QL (4 per 28 days), PA NSO
XPOVIO 60 MG TWICE WEEKLY DOSE	$0 (Tier 2)	QL (24 per 28 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
XPOVIO 80 MG TWICE WEEKLY DOSE	$0 (Tier 2)	QL (32 per 28 days), PA NSO
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
ZELBORAF 240 MG TABLET	$0 (Tier 2)	QL (240 per 30 days), PA NSO
ZYDELIG (100 MG TABLET, 150 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
ZYKADIA 150 MG TABLET	$0 (Tier 2)	PA NSO
RETINOIDS		
bexarotene (1% gel, 75 mg capsule)	$0 (Tier 1)	PA NSO
PANRETIN 0.1% GEL	$0 (Tier 2)	
tretinoin 10 mg capsule	$0 (Tier 1)	
TREATMENT ADJUNCTS		
HEMADY 20 MG TABLET	$0 (Tier 2)	PA NSO
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTICS		
mesna 400 mg tablet	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole 200 mg tablet	$0 (Tier 1)	
ivermectin 3 mg tablet	$0 (Tier 1)	
praziquantel 600 mg tablet	$0 (Tier 1)	
ANTIPROTOZOALS		
atovaquone (750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup)	$0 (Tier 1)	PA
atovaquone-proguanil hcl (62.5-25, 250-100)	$0 (Tier 1)	
chloroquine phosphate (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPARASITICS		
COARTEM TABLETS	$0 (Tier 2)	QL (24 per 3 days)
hydroxychloroquine 200 mg tab	$0 (Tier 1)	
IMPAVIDO 50 MG CAPSULE	$0 (Tier 2)	PA, QL (84 per 28 days)
KRINTAFEL 150 MG TABLET	$0 (Tier 2)	QL (4 per 30 days)
mefloquine hcl 250 mg tablet	$0 (Tier 1)	
nitazoxanide 500 mg tablet	$0 (Tier 1)	PA
pentamidine isethionate (300 mg inhal powdr, 300 mg inject vial)	$0 (Tier 1)	
primaquine 26.3 mg tablet	$0 (Tier 1)	
pyrimethamine 25 mg tablet	$0 (Tier 1)	PA
quinine sulfate 324 mg capsule	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPARKINSON AGENTS		
trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)	$0 (Tier 1)	
ANTIPARKINSON AGENTS, OTHER		
amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)	$0 (Tier 1)	
carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)	$0 (Tier 1)	
entacapone 200 mg tablet	$0 (Tier 1)	QL (240 per 30 days)
NOURIANZ (20 MG TABLET, 40 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
ONGENTYS (25 MG CAPSULE, 50 MG CAPSULE)	$0 (Tier 2)	QL (30 per 30 days)
tolcapone 100 mg tablet	$0 (Tier 1)	
DOPAMINE AGONISTS		
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	$0 (Tier 1)	
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	$0 (Tier 2)	QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPARKINSON AGENTS		
ONAPGO 98 MG/20 ML CARTRIDGE	$0 (Tier 2)	PA, QL (600 per 30 days)
pramipexole 0.75 mg tablet	$0 (Tier 1)	QL (180 per 30 days)
pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 1.5 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
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)	$0 (Tier 1)	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tablet	$0 (Tier 1)	
carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPARKINSON AGENTS		
carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)	$0 (Tier 1)	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	$0 (Tier 1)	
selegiline hcl (5 mg capsule, 5 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
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)	$0 (Tier 1)	
fluphenazine dec 125 mg/5 ml	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
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)	$0 (Tier 1)	
haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
haloperidol dec 100 mg/ml amp	$0 (Tier 1)	
haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)	$0 (Tier 1)	
haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)	$0 (Tier 1)	
loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)	$0 (Tier 1)	
molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)	$0 (Tier 1)	
pimozide (1 mg tablet, 2 mg tablet)	$0 (Tier 1)	
thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	
thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	$0 (Tier 1)	
trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
2ND GENERATION/ATYPICAL		
ABILIFY ASIMTUFII 720 MG/2.4ML	$0 (Tier 2)	QL (2.4 per 42 days)
ABILIFY ASIMTUFII 960 MG/3.2ML	$0 (Tier 2)	QL (3.2 per 42 days)
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	$0 (Tier 2)	QL (1 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
aripiprazole 1 mg/ml solution	$0 (Tier 1)	QL (900 per 30 days)
aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
ARISTADA ER 1064 MG/3.9 ML SYR	$0 (Tier 2)	QL (3.9 per 14 days)
ARISTADA ER 441 MG/1.6 ML SYRN	$0 (Tier 2)	QL (1.6 per 14 days)
ARISTADA ER 662 MG/2.4 ML SYRN	$0 (Tier 2)	QL (2.4 per 14 days)
ARISTADA ER 882 MG/3.2 ML SYRN	$0 (Tier 2)	QL (3.2 per 14 days)
ARISTADA INITIO ER 675 MG/2.4	$0 (Tier 2)	QL (4.8 per 365 days)
asenapine maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
ERZOFRI 117 MG/0.75 ML SYRINGE	$0 (Tier 2)	QL (0.75 per 28 days)
ERZOFRI 156 MG/ML SYRINGE	$0 (Tier 2)	QL (1 per 28 days)
ERZOFRI 234 MG/1.5 ML SYRINGE	$0 (Tier 2)	QL (1.5 per 28 days)
ERZOFRI 351 MG/2.25 ML SYRINGE	$0 (Tier 2)	QL (2.25 per 28 days)
ERZOFRI 39 MG/0.25 ML SYRINGE	$0 (Tier 2)	QL (0.25 per 28 days)
ERZOFRI 78 MG/0.5 ML SYRINGE	$0 (Tier 2)	QL (0.5 per 28 days)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
FANAPT (PACK, PACK A)	$0 (Tier 2)	PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
INVEGA HAFYERA 1,092 MG/3.5 ML	$0 (Tier 2)	QL (3.5 per 166 days)
INVEGA HAFYERA 1,560 MG/5 ML	$0 (Tier 2)	QL (5 per 166 days)
INVEGA SUSTENNA 117 MG/0.75 ML	$0 (Tier 2)	QL (0.75 per 21 days)
INVEGA SUSTENNA 156 MG/ML SYRG	$0 (Tier 2)	QL (1 per 21 days)
INVEGA SUSTENNA 234 MG/1.5 ML	$0 (Tier 2)	QL (1.5 per 21 days)
INVEGA SUSTENNA 39 MG/0.25 ML	$0 (Tier 2)	QL (0.25 per 21 days)
INVEGA SUSTENNA 78 MG/0.5 ML	$0 (Tier 2)	QL (0.5 per 21 days)
INVEGA TRINZA 273 MG/0.88 ML	$0 (Tier 2)	QL (0.88 per 70 days)
INVEGA TRINZA 410 MG/1.32 ML	$0 (Tier 2)	QL (1.32 per 70 days)
INVEGA TRINZA 546 MG/1.75 ML	$0 (Tier 2)	QL (1.75 per 70 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
INVEGA TRINZA 819 MG/2.63 ML	$0 (Tier 2)	QL (2.63 per 70 days)
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
lurasidone hcl 80 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 10 mg vial, 15 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
OPIPZA (2 MG FILM, 5 MG FILM)	$0 (Tier 2)	QL (30 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
OPIPZA 10 MG FILM	$0 (Tier 2)	QL (90 per 30 days), PA NSO
paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
paliperidone er 6 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
PERSERIS ER 120 MG SYRINGE KIT	$0 (Tier 2)	QL (1 per 30 days), PA NSO
PERSERIS ER 90 MG SYRINGE KIT	$0 (Tier 2)	QL (1 per 30 days), PA NSO
quetiapine fumarate (fumarate 25 mg tab, fumarate 50 mg tab, fumarate 100 mg tab, 150 mg tablet, fumarate 200 mg tab, fumarate 300 mg tab, fumarate 400 mg tab)	$0 (Tier 1)	QL (60 per 30 days)
quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)	$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
ANTIPSYCHOTICS		
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
risperidone 1 mg/ml solution	$0 (Tier 1)	QL (240 per 30 days)
risperidone er (er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial)	$0 (Tier 1)	QL (2 per 28 days)
risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)	$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 (Tier 2)	QL (30 per 30 days), PA NSO
UZEDY (ER 150 MG/0.42 ML SYRING, ER 200 MG/0.56 ML SYRING, ER 250 MG/0.7 ML SYRINGE)	$0 (Tier 2)	QL (1 per 56 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
UZEDY (ER 50 MG/0.14 ML SYRINGE, ER 75 MG/0.21 ML SYRINGE, ER 100 MG/0.28 ML SYRING, ER 125 MG/0.35 ML SYRING)	$0 (Tier 2)	QL (1 per 28 days)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	$0 (Tier 2)	QL (30 per 30 days), PA NSO
ziprasidone 20 mg/ml vial	$0 (Tier 1)	
ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)
ANTIPSYCHOTICS		
COBENFY (50 MG-20 MG CAPSULE, 100 MG-20 MG CAPSULE, 125 MG-30 MG CAPSULE)	$0 (Tier 2)	QL (60 per 30 days)
COBENFY STARTER PACK	$0 (Tier 2)	QL (52 per 28 days)
TREATMENT-RESISTANT		
clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIPSYCHOTICS		
clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)	$0 (Tier 1)	
VERSACLOZ 50 MG/ML SUSPENSION	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	$0 (Tier 1)	
tizanidine hcl (2 mg tablet, 4 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TABLET	$0 (Tier 2)	PA, QL (336 per 28 days)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
valganciclovir 450 mg tablet	$0 (Tier 1)	QL (102 per 30 days), PA NSO
valganciclovir hcl 50 mg/ml	$0 (Tier 1)	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil 10 mg tab	$0 (Tier 1)	PA
BARACLUDE 0.05 MG/ML SOLUTION	$0 (Tier 2)	PA
entecavir (0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	PA
lamivudine 100 mg tablet	$0 (Tier 1)	PA NSO
tenofovir disop fum 300 mg tb	$0 (Tier 1)	QL (30 per 30 days)
VEMLIDY 25 MG TABLET	$0 (Tier 2)	PA, QL (30 per 30 days)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
VIREAD POWDER	$0 (Tier 2)	QL (240 per 30 days)
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PELLET PKT, 200-50 MG PELLET PACK, 400 MG-100 MG TABLET)	$0 (Tier 2)	PA, QL (28 per 28 days)
EPCLUSA 200 MG-50 MG TABLET	$0 (Tier 2)	PA, QL (56 per 28 days)
ledipasvir-sofosbuvir 90-400mg	$0 (Tier 1)	PA, QL (28 per 28 days)
MAVYRET 100-40 MG TABLET	$0 (Tier 2)	PA, QL (84 per 28 days)
MAVYRET 50-20 MG PELLET PACKET	$0 (Tier 2)	PA, QL (140 per 28 days)
ribavirin (200 mg capsule, 200 mg tablet)	$0 (Tier 1)	PA
sofosbuvir-velpatasvir 400-100	$0 (Tier 1)	PA, QL (28 per 28 days)
SOVALDI (150 MG PELLET PACKET, 200 MG PELLET PACKET, 200 MG TABLET, 400 MG TABLET)	$0 (Tier 2)	PA, QL (28 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
VOSEVI 400-100-100 MG TABLET	$0 (Tier 2)	PA, QL (28 per 28 days)
ZEPATIER 50-100 MG TABLET	$0 (Tier 2)	PA, QL (30 per 30 days)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
DOVATO 50-300 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
GENVOYA TABLET	$0 (Tier 2)	QL (30 per 30 days)
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW)	$0 (Tier 2)	
ISENTRESS 400 MG TABLET	$0 (Tier 2)	QL (60 per 30 days)
ISENTRESS HD 600 MG TABLET	$0 (Tier 2)	QL (60 per 30 days)
JULUCA 50-25 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
STRIBILD TABLET	$0 (Tier 2)	QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
TIVICAY 50 MG TABLET	$0 (Tier 2)	QL (60 per 30 days)
TIVICAY PD 5 MG TAB FOR SUSP	$0 (Tier 2)	QL (180 per 30 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	$0 (Tier 2)	QL (30 per 30 days)
EDURANT 25 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
EDURANT PED 2.5MG TAB FOR SUSP	$0 (Tier 2)	
efavir-emtri-tenof 600-200-300	$0 (Tier 1)	QL (30 per 30 days)
efavirenz 600 mg tablet	$0 (Tier 1)	
efavirenz-lamivu-tenofov disop (400-300-300, 600-300-300)	$0 (Tier 1)	QL (30 per 30 days)
emtricit-rilp-tenof 200-25-300	$0 (Tier 1)	QL (30 per 30 days)
etravirine (100 mg tablet, 200 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
INTELENCE 25 MG TABLET	$0 (Tier 2)	QL (120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
nevirapine (50 mg/5 ml susp, 200 mg tablet)	$0 (Tier 1)	
nevirapine er 400 mg tablet	$0 (Tier 1)	
PIFELTRO 100 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir 20 mg/ml solution	$0 (Tier 1)	QL (900 per 30 days)
abacavir 300 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg	$0 (Tier 1)	QL (30 per 30 days)
CIMDUO 300-300 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
DESCOVY (120-15 MG TABLET, 200-25 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
emtricitabine 200 mg capsule	$0 (Tier 1)	
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)	$0 (Tier 1)	QL (30 per 30 days)
emtricitabine-tenofv 200-300mg	$0 (Tier 1)	
EMTRIVA 10 MG/ML SOLUTION	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet, 300 mg/30ml sol cup)	$0 (Tier 1)	
lamivudine-zidovudine tablet	$0 (Tier 1)	
ODEFSEY TABLET	$0 (Tier 2)	QL (30 per 30 days)
TRIUMEQ 600-50-300 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
TRIUMEQ PD 60-5-30 MG TAB SUSP	$0 (Tier 2)	QL (180 per 30 days)
zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)	$0 (Tier 1)	
ANTI-HIV AGENTS, OTHER		
maraviroc 150 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
maraviroc 300 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
RUKOBIA ER 600 MG TABLET	$0 (Tier 2)	QL (60 per 30 days)
SELZENTRY 20 MG/ML ORAL SOLN	$0 (Tier 2)	QL (1840 per 30 days)
SUNLENCA 300 MG TABLET	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
SUNLENCA 4- 300 MG TABLET	$0 (Tier 2)	QL (4 per 2 days)
SUNLENCA 5- 300 MG TABLET	$0 (Tier 2)	QL (5 per 8 days)
TYBOST 150 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAPSULE	$0 (Tier 2)	
atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)	$0 (Tier 1)	
darunavir (600 mg tablet, 800 mg tablet)	$0 (Tier 1)	
EVOTAZ 300 MG-150 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
fosamprenavir 700 mg tablet	$0 (Tier 1)	
KALETRA 80 MG-20 MG/ML SOLN	$0 (Tier 2)	
lopinavir-ritonavir (100-25mg tb, 200-50mg tb)	$0 (Tier 1)	
NORVIR 100 MG POWDER PACKET	$0 (Tier 2)	

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 (Tier 2)	QL (30 per 30 days)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET)	$0 (Tier 2)	
REYATAZ 50 MG POWDER PACKET	$0 (Tier 2)	
ritonavir 100 mg tablet	$0 (Tier 1)	
SYMTUZA 800-150-200-10 MG TAB	$0 (Tier 2)	QL (30 per 30 days)
VIRACEPT (250 MG TABLET, 625 MG TABLET)	$0 (Tier 2)	
ANTI-INFLUENZA AGENTS		
oseltamivir 6 mg/ml suspension	$0 (Tier 1)	QL (1050 per 180 days)
oseltamivir phos 30 mg capsule	$0 (Tier 1)	QL (84 per 180 days)
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	$0 (Tier 1)	QL (42 per 180 days)
RELENZA 5 MG DISKHALER	$0 (Tier 2)	QL (60 per 180 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
rimantadine hcl 100 mg tablet	$0 (Tier 1)	
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	$0 (Tier 2)	QL (2 per 30 days)
XOFLUZA 80 MG TABLET	$0 (Tier 2)	QL (1 per 30 days)
ANTIHERPETIC AGENTS		
acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet, 800 mg/20ml susp cup)	$0 (Tier 1)	
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	$0 (Tier 1)	PA
famciclovir (250 mg tablet, 500 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
famciclovir 125 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
penciclovir 1% cream	$0 (Tier 1)	PA, QL (5 per 30 days)
valacyclovir (1 gram tablet, 500 mg tablet)	$0 (Tier 1)	
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID 150-100 MG (MODERATE)	$0 (Tier 2)	QL (20 per 5 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTIVIRALS		
PAXLOVID 300-100 MG DOSE PACK	$0 (Tier 2)	QL (30 per 5 days)
PAXLOVID 300/150-100MG(SEVERE)	$0 (Tier 2)	QL (11 per 5 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	$0 (Tier 1)	
hydroxyzine 2 mg/ml oral solution	$0 (Tier 1)	PA
hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	$0 (Tier 1)	PA
hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANXIOLYTICS		
meprobamate (200 mg tablet, 400 mg tablet)	$0 (Tier 1)	
BENZODIAZEPINES		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
alprazolam 2 mg tablet	$0 (Tier 1)	QL (150 per 30 days)
chlordiazepoxide hcl (5 mg capsule, 10 mg capsule, 25 mg capsule)	$0 (Tier 1)	QL (120 per 30 days)
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution, 5 mg/ml oral conc, 25 mg/5 ml oral conc)	$0 (Tier 1)	
lorazepam (0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	QL (120 per 30 days)
lorazepam 2 mg tablet	$0 (Tier 1)	QL (150 per 30 days)
LORAZEPAM INTENSOL 2 MG/ML	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANXIOLYTICS		
oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)	$0 (Tier 1)	PA, QL (120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BIPOLAR AGENTS		
MOOD STABILIZERS		
lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)	$0 (Tier 1)	
lithium carbonate er (er 300 mg tb, er 450 mg tb)	$0 (Tier 1)	
lithium citrate (8 meq/5 ml soln cup, 8 meq/5 ml solution)	$0 (Tier 1)	QL (1000 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
alogliptin (6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
alogliptin-metformin (12.5-1000, 12.5-500)	$0 (Tier 1)	QL (60 per 30 days)
colesevelam hcl 3.75 g packet	$0 (Tier 1)	
FARXIGA (5 MG TABLET, 10 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
glimepiride (1 mg tablet, 2 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
glimepiride 4 mg tablet	$0 (Tier 1)	PA, QL (60 per 30 days)
glipizide 10 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
glipizide 5 mg tablet	$0 (Tier 1)	QL (90 per 30 days)
glipizide er (er 2.5 mg tablet, er 5 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
glipizide er 10 mg tablet	$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
BLOOD GLUCOSE REGULATORS		
glipizide xl (2.5 mg tablet, 5 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
glipizide xl 10 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
glipizide-metformin (2.5-500 mg, 5-500 mg)	$0 (Tier 1)	QL (120 per 30 days)
glipizide-metformin 2.5-250 mg	$0 (Tier 1)	QL (90 per 30 days)
glyburid-metformin 1.25-250 mg	$0 (Tier 1)	PA, QL (90 per 30 days)
glyburide (1.25 mg tablet, 2.5 mg tablet)	$0 (Tier 1)	PA, QL (120 per 30 days)
glyburide 5 mg tablet	$0 (Tier 1)	PA, QL (240 per 30 days)
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	$0 (Tier 1)	PA, QL (120 per 30 days)
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	$0 (Tier 2)	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 (Tier 2)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD GLUCOSE REGULATORS		
INVOKANA (100 MG TABLET, 300 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
JANUMET XR 50-1,000 MG TABLET	$0 (Tier 2)	QL (60 per 30 days)
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
metformin hcl (750 mg tablet, 850 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
metformin hcl 1,000 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
metformin hcl 500 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
metformin hcl er 500 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
metformin hcl er 750 mg tablet	$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
BLOOD GLUCOSE REGULATORS		
MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	$0 (Tier 2)	QL (2 per 28 days)
nateglinide (60 mg tablet, 120 mg tablet)	$0 (Tier 1)	QL (90 per 30 days)
OZEMPIC (0.25-0.5 PEN, 1 (4 MG/3 ML), 2 (8 MG/3 ML))	$0 (Tier 2)	QL (3 per 28 days)
pioglitazone hcl (15 mg tablet, 30 mg tablet, 45 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
repaglinide (1 mg tablet, 2 mg tablet)	$0 (Tier 1)	QL (240 per 30 days)
repaglinide 0.5 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
SYMLINPEN 120 PEN INJECTOR	$0 (Tier 2)	PA
SYMLINPEN 60 PEN INJECTOR	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD GLUCOSE REGULATORS		
SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	$0 (Tier 2)	QL (60 per 30 days)
SYNJARDY XR 25-1,000 MG TABLET	$0 (Tier 2)	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 (Tier 2)	QL (2 per 28 days)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days)
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
GLYCEMIC AGENTS		
BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)	$0 (Tier 2)	QL (4 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD GLUCOSE REGULATORS		
diazoxide 50 mg/ml oral susp	$0 (Tier 1)	PA
GLUCAGON 1 MG EMERGENCY KIT	$0 (Tier 1)	QL (4 per 28 days)
GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL)	$0 (Tier 2)	QL (0.8 per 28 days)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	$0 (Tier 2)	QL (0.8 per 28 days)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	$0 (Tier 2)	QL (0.4 per 28 days)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	$0 (Tier 2)	QL (0.8 per 28 days)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	$0 (Tier 2)	QL (0.4 per 28 days)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	$0 (Tier 2)	QL (0.8 per 28 days)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	$0 (Tier 2)	QL (0.8 per 28 days)
VYKAT XR 150 MG TABLET	$0 (Tier 2)	PA, QL (90 per 30 days)
VYKAT XR 25 MG TABLET	$0 (Tier 2)	PA, QL (120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD GLUCOSE REGULATORS		
VYKAT XR 75 MG TABLET	$0 (Tier 2)	PA, QL (210 per 30 days)
ZEGALOGUE 0.6 MG/0.6 ML SYRING	$0 (Tier 2)	QL (2.4 per 28 days)
ZEGALOGUE 0.6 MG/0.6ML AUTOINJ	$0 (Tier 2)	QL (2.4 per 28 days)
INSULINS		
HUMALOG (100 CARTRIDGE, 100 VIAL)	$0 (Tier 2)	QL (60 per 30 days)
HUMALOG 100 UNIT/ML KWIKPEN	$0 (Tier 2)	QL (60 per 30 days)
HUMALOG 200 UNIT/ML KWIKPEN	$0 (Tier 2)	QL (60 per 30 days)
HUMALOG JR 100 UNIT/ML KWIKPEN	$0 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	$0 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	$0 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 75-25 VIAL	$0 (Tier 2)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD GLUCOSE REGULATORS		
HUMULIN 70-30 (70-30 VIAL, RELION 70-30 VIAL)	$0 (Tier 2)	QL (60 per 30 days)
HUMULIN 70/30 KWIKPEN	$0 (Tier 2)	QL (60 per 30 days)
HUMULIN N (N 100 VIAL, RELION N 100)	$0 (Tier 2)	QL (60 per 30 days)
HUMULIN N 100 UNIT/ML KWIKPEN	$0 (Tier 2)	QL (60 per 30 days)
HUMULIN R (R 100 VIAL, RELION R 100)	$0 (Tier 2)	QL (60 per 30 days)
insulin aspart 100 unit/ml crt	$0 (Tier 1)	QL (60 per 30 days)
insulin aspart 100 unit/ml pen	$0 (Tier 1)	QL (60 per 30 days)
insulin aspart 100 unit/ml vl	$0 (Tier 1)	QL (60 per 30 days)
insulin aspart prot mix 70-30 (mix70-30 pn, mix70-30 vl)	$0 (Tier 1)	QL (60 per 30 days)
insulin glargine max solo u300	$0 (Tier 1)	QL (60 per 30 days)
insulin glargine solostar u300	$0 (Tier 1)	QL (60 per 30 days)
insulin glargine-yfgn (u100 pen, u100 vl)	$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
BLOOD GLUCOSE REGULATORS		
insulin lispro 100 unit/ml pen	$0 (Tier 1)	QL (60 per 30 days)
insulin lispro 100 unit/ml vl	$0 (Tier 1)	QL (60 per 30 days)
insulin lispro jr 100 unit/ml	$0 (Tier 1)	QL (60 per 30 days)
insulin lispro mix 75-25 kwkpn	$0 (Tier 1)	QL (60 per 30 days)
LANTUS 100 UNIT/ML VIAL	$0 (Tier 2)	ST, QL (60 per 30 days)
LANTUS SOLOSTAR 100 UNIT/ML	$0 (Tier 2)	ST, QL (60 per 30 days)
LYUMJEV 100 UNIT/ML KWIKPEN	$0 (Tier 2)	QL (60 per 30 days)
LYUMJEV 100 UNIT/ML VIAL	$0 (Tier 2)	QL (60 per 30 days)
LYUMJEV 200 UNIT/ML KWIKPEN	$0 (Tier 2)	QL (60 per 30 days)
NOVOLIN 70-30 (70-30 100 UNIT/ML VIAL, RELION 70-30 VIAL)	$0 (Tier 2)	QL (60 per 30 days)
NOVOLIN 70-30 FLEXPEN (70-30, RELION 70-30)	$0 (Tier 2)	QL (60 per 30 days)
NOVOLIN N (N 100 VIAL, RELION N 100)	$0 (Tier 2)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD GLUCOSE REGULATORS		
NOVOLIN N FLEXPEN (N 100 UNIT/ML, RELION N U-100)	$0 (Tier 2)	QL (60 per 30 days)
NOVOLIN R (R 100 VIAL, RELION R 100)	$0 (Tier 2)	QL (60 per 30 days)
NOVOLIN R FLEXPEN (R 100 UNIT/ML, RELION R U-100)	$0 (Tier 2)	QL (60 per 30 days)
NOVOLOG (100 VIAL, RELION 100 VL)	$0 (Tier 2)	QL (60 per 30 days)
NOVOLOG FLEXPEN (100 UNIT/ML, RELION U-100)	$0 (Tier 2)	QL (60 per 30 days)
NOVOLOG MIX 70-30 (70-30 VIAL, RELION 70-30 VIAL)	$0 (Tier 2)	QL (60 per 30 days)
NOVOLOG MIX 70-30 FLEXPEN (70-30 FLEXPEN, RELION 70-30 FLXPN)	$0 (Tier 2)	QL (60 per 30 days)
NOVOLOG PENFILL 100 UNIT/ML	$0 (Tier 2)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)	$0 (Tier 1)	QL (60 per 30 days)
ELIQUIS (2.5 MG TABLET, 5 MG TABLET, DVT-PE TREAT START 5MG)	$0 (Tier 2)	
enoxaparin 30 mg/0.3 ml syr	$0 (Tier 1)	QL (8.4 per 30 days)
enoxaparin 40 mg/0.4 ml syr	$0 (Tier 1)	QL (11.2 per 30 days)
enoxaparin 60 mg/0.6 ml syr	$0 (Tier 1)	QL (16.8 per 30 days)
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)	$0 (Tier 1)	QL (28 per 30 days)
enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)	$0 (Tier 1)	QL (22.4 per 30 days)
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)	$0 (Tier 1)	
FRAGMIN (10,000 UNIT/ML SYRINGE, 10,000 UNITS/ML SYRING)	$0 (Tier 2)	QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS AND MODIFIERS		
FRAGMIN (12,500 UNIT/0.5 ML SYR, 12,500 UNITS/0.5 ML)	$0 (Tier 2)	QL (15 per 30 days)
FRAGMIN (15,000 UNIT/0.6 ML SYR, 15,000 UNITS/0.6 ML)	$0 (Tier 2)	QL (18 per 30 days)
FRAGMIN (18,000 UNIT/0.72 ML, 18,000 UNITS/0.72 ML)	$0 (Tier 2)	QL (22 per 30 days)
FRAGMIN (2,500 UNIT/0.2 ML SYR, 2,500 UNITS/0.2 ML SYR)	$0 (Tier 2)	QL (6 per 30 days)
FRAGMIN (25,000 UNITS/ML VIAL, 95,000 UNIT/3.8 ML VL)	$0 (Tier 2)	QL (22.8 per 30 days)
FRAGMIN (5,000 UNIT/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR)	$0 (Tier 2)	QL (12 per 30 days)
FRAGMIN (7,500 UNIT/0.3 ML SYR, 7,500 UNITS/0.3 ML SYR)	$0 (Tier 2)	QL (9 per 30 days)
heparin sodium (sod 1,000 unit/ml vial, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS AND MODIFIERS		
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)	$0 (Tier 1)	
rivaroxaban (1 mg/ml suspension, 2.5 mg tablet)	$0 (Tier 1)	
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)	$0 (Tier 1)	
XARELTO (1 MG/ML SUSPENSION, 2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	$0 (Tier 2)	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide hcl (0.5 mg capsule, 1 mg capsule)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS AND MODIFIERS		
eltrombopag 50 mg tablet	$0 (Tier 1)	PA, QL (30 per 30 days)
eltrombopag 75 mg tablet	$0 (Tier 1)	PA, QL (60 per 30 days)
eltrombopag olamine (12.5 mg susp pkt, 12.5 mg tablet, 25 mg susp packet, 25 mg tablet)	$0 (Tier 1)	PA, QL (90 per 30 days)
EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNITS/ML VIAL)	$0 (Tier 2)	PA
FULPHILA 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
FYLNETRA 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE)	$0 (Tier 2)	PA
NEULASTA 6 MG/0.6 ML SYRINGE	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS AND MODIFIERS		
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYR, 480 MCG/1.6 ML VIAL)	$0 (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 (Tier 1)	PA
NYVEPRIA 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	$0 (Tier 2)	PA
RELEUKO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	$0 (Tier 1)	PA
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 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS AND MODIFIERS		
STIMUFEND 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
UDENYCA 6 MG/0.6 ML AUTOINJECT	$0 (Tier 1)	PA
UDENYCA 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
XOLREMDI 100 MG CAPSULE	$0 (Tier 2)	PA, QL (120 per 30 days)
ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	$0 (Tier 1)	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE	$0 (Tier 1)	PA
HEMOSTASIS AGENTS		
tranexamic acid 650 mg tablet	$0 (Tier 1)	
PLATELET MODIFYING AGENTS		
aspirin-dipyridam er 25-200 mg	$0 (Tier 1)	QL (60 per 30 days)
BRILINTA (60 MG TABLET, 90 MG TABLET)	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BLOOD PRODUCTS AND MODIFIERS		
CABLIVI 11 MG VIAL KIT	$0 (Tier 2)	PA, QL (30 per 30 days)
cilostazol (50 mg tablet, 100 mg tablet)	$0 (Tier 1)	
clopidogrel 75 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	$0 (Tier 1)	
DOPTELET ((10 TAB PK) 20 MG TAB, (15 TAB PK) 20 MG TAB)	$0 (Tier 2)	PA, QL (15 per 5 days)
DOPTELET (30 TAB PK) 20 MG TAB	$0 (Tier 2)	PA
prasugrel hcl (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
TAVALISSE (100 MG TABLET, 150 MG TABLET)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine (0.1 patch, 0.2 patch, 0.3 patch)	$0 (Tier 1)	QL (4 per 28 days)
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	$0 (Tier 1)	
droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)	$0 (Tier 1)	PA, QL (84 per 14 days)
guanfacine hcl (1 mg tablet, 2 mg tablet)	$0 (Tier 1)	
midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	$0 (Tier 1)	
phenoxybenzamine hcl 10 mg cap	$0 (Tier 1)	PA
prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)	$0 (Tier 1)	
terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb, 32 mg tb)	$0 (Tier 1)	QL (30 per 30 days)
irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
benazepril hcl 40 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	$0 (Tier 1)	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
lisinopril 40 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
moexipril hcl (7.5 mg tablet, 15 mg tablet)	$0 (Tier 1)	
perindopril erbumine 2 mg tab	$0 (Tier 1)	QL (60 per 30 days)
perindopril erbumine 4 mg tab	$0 (Tier 1)	QL (90 per 30 days)
perindopril erbumine 8 mg tab	$0 (Tier 1)	
quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
ramipril 10 mg capsule	$0 (Tier 1)	QL (60 per 30 days)
trandolapril (1 mg tablet, 2 mg tablet)	$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		
trandolapril 4 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	$0 (Tier 1)	
digoxin 0.05 mg/ml solution	$0 (Tier 2)	
digoxin 125 mcg tablet	$0 (Tier 1)	
digoxin 250 mcg tablet	$0 (Tier 1)	
disopyramide phosphate (100 mg capsule, 150 mg capsule)	$0 (Tier 1)	
dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)	$0 (Tier 1)	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	$0 (Tier 1)	
mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	$0 (Tier 1)	
MULTAQ 400 MG TABLET	$0 (Tier 2)	QL (60 per 30 days)
propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
propafenone hcl er (er 225 mg cap, er 325 mg cap, er 425 mg cap)	$0 (Tier 1)	
quinidine gluc er 324 mg tab	$0 (Tier 1)	
quinidine sulfate (200 mg tab, 300 mg tab)	$0 (Tier 1)	
sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)	$0 (Tier 1)	
SOTALOL AF (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	$0 (Tier 1)	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (200 mg capsule, 400 mg capsule)	$0 (Tier 1)	
atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	
betaxolol hcl (10 mg tablet, 20 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
bisoprolol fumarate (5 mg tab, 10 mg tab)	$0 (Tier 1)	
carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)	$0 (Tier 1)	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	$0 (Tier 1)	
metoprolol succ er 200 mg tab	$0 (Tier 1)	QL (60 per 30 days)
metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	$0 (Tier 1)	
nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)	$0 (Tier 1)	
nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
pindolol (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
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)	$0 (Tier 1)	
propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)	$0 (Tier 1)	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (2.5 mg tab, 5 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
amlodipine besylate 10 mg tab	$0 (Tier 1)	
felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
nifedipine (10 mg capsule, 20 mg capsule)	$0 (Tier 1)	
nifedipine er (er 30 mg tablet, er 60 mg tablet)	$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		
nifedipine er 90 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
nimodipine 30 mg capsule	$0 (Tier 1)	
nimodipine 60 mg/20 ml soln	$0 (Tier 1)	PA
NYMALIZE 60 MG/ML ORAL SOLUTION	$0 (Tier 2)	PA
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
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)	
diltiazem 12hr er (12hr er 120 mg cap, 12hr er 60 mg cap, 12hr er 90 mg cap)	$0 (Tier 1)	
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)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
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)	$0 (Tier 1)	
diltiazem 24hr er (xr) (24h er(xr) 120 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 240 mg cp)	$0 (Tier 1)	
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	$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)	
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)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
verapamil er pm (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)	$0 (Tier 1)	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	$0 (Tier 1)	
verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule, sr 360 mg capsule)	$0 (Tier 1)	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (125 mg tablet, 250 mg tablet)	$0 (Tier 1)	
aliskiren (150 mg tablet, 300 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
amiloride hcl-hctz 5-50 mg tab	$0 (Tier 1)	
amlodipine besylate-benazepril (2.5-10, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)	$0 (Tier 1)	QL (30 per 30 days)
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)	$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		
amlodipine-olmesartan (5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)	$0 (Tier 1)	QL (30 per 30 days)
amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)	$0 (Tier 1)	QL (30 per 30 days)
amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)	$0 (Tier 1)	QL (30 per 30 days)
atenolol-chlorthalidone (50-25, 100-25)	$0 (Tier 1)	
ATTRUBY 356 MG TABLET	$0 (Tier 2)	PA, QL (60 per 30 days)
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)	$0 (Tier 1)	
CAMZYOS (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE)	$0 (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
CARDIOVASCULAR AGENTS		
CORLANOR 5 MG/5 ML ORAL SOLN	$0 (Tier 2)	PA, QL (560 per 30 days)
digoxin 62.5 mcg tablet	$0 (Tier 1)	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)	$0 (Tier 1)	
FILSPARI (200 MG TABLET, 400 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)	$0 (Tier 1)	
irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)	$0 (Tier 1)	QL (30 per 30 days)
ivabradine hcl (5 mg tablet, 7.5 mg tablet)	$0 (Tier 1)	PA, QL (60 per 30 days)
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	$0 (Tier 1)	
losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	$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		
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	$0 (Tier 1)	
metyrosine 250 mg capsule	$0 (Tier 1)	
NEXLETOL 180 MG TABLET	$0 (Tier 2)	PA, QL (30 per 30 days)
olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
pentoxifylline er 400 mg tab	$0 (Tier 1)	
ranolazine er (er 500 mg tablet, er 1,000 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
sacubitril-valsartan (24-26 mg, 49-51 mg, 97-103 mg)	$0 (Tier 1)	QL (60 per 30 days)
spironolactone-hctz 25-25 tab	$0 (Tier 1)	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	$0 (Tier 1)	
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)	$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		
VANRAFIA 0.75 MG TABLET	$0 (Tier 2)	PA, QL (30 per 30 days)
VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN)	$0 (Tier 1)	PA, QL (2 per 28 days)
WEGOVY (1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)	$0 (Tier 1)	PA, QL (3 per 28 days)
DIURETICS, LOOP		
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)	$0 (Tier 1)	
furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)	$0 (Tier 1)	
torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tablet	$0 (Tier 1)	
DIURETICS, THIAZIDE		
chlorthalidone (25 mg tablet, 50 mg tablet)	$0 (Tier 1)	
DIURIL 250 MG/5 ML ORAL SUSP	$0 (Tier 2)	
hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)	$0 (Tier 1)	
indapamide (1.25 mg tablet, 2.5 mg tablet)	$0 (Tier 1)	
metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (48 mg tablet, 54 mg tablet, 145 mg tablet, 160 mg tablet)	$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		
fenofibric acid (dr 45 mg cap, dr 135 mg cap)	$0 (Tier 1)	QL (30 per 30 days)
gemfibrozil 600 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
lovastatin (10 mg tablet, 20 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
lovastatin 40 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	$0 (Tier 1)	QL (30 per 30 days)
simvastatin (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
simvastatin 20 mg tablet	$0 (Tier 1)	QL (45 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
simvastatin 40 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
DYSLIPIDEMICS, OTHER		
cholestyramine (packet, powder)	$0 (Tier 1)	
cholestyramine light (packet, powder)	$0 (Tier 1)	
colesevelam 625 mg tablet	$0 (Tier 1)	
colestipol hcl (1 gm tablet, granules, granules packet)	$0 (Tier 1)	
ezetimibe 10 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
icosapent ethyl (0.5 gm capsule, 1 gram capsule, 500 mg capsule)	$0 (Tier 1)	QL (120 per 30 days)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	$0 (Tier 2)	PA, QL (30 per 30 days)
JUXTAPID 20 MG CAPSULE	$0 (Tier 2)	PA, QL (90 per 30 days)
JUXTAPID 30 MG CAPSULE	$0 (Tier 2)	PA, QL (60 per 30 days)
NEXLIZET 180-10 MG TABLET	$0 (Tier 2)	PA, QL (30 per 30 days)
niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)	$0 (Tier 1)	QL (60 per 30 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
omega-3 ethyl esters 1 gm cap	$0 (Tier 1)	QL (120 per 30 days)
PREVALITE (PACKET, POWDER)	$0 (Tier 1)	
REPATHA 140 MG/ML SURECLICK	$0 (Tier 2)	PA
REPATHA 140 MG/ML SYRINGE	$0 (Tier 2)	PA
TRYNGOLZA 80 MG/0.8 ML AUTOINJ	$0 (Tier 2)	PA, QL (0.8 per 28 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
eplerenone (25 mg tablet, 50 mg tablet)	$0 (Tier 1)	ST
KERENDIA (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
spironolactone (25 mg tablet, 25 mg/5 ml susp, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR AGENTS		
minoxidil (2.5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	$0 (Tier 1)	
isosorbide mononit er 60 mg tb	$0 (Tier 1)	
isosorbide mononitrate er (er 30 mg tb, er 120 mg)	$0 (Tier 1)	
NITRO-BID 2% OINTMENT	$0 (Tier 1)	
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, lingual 0.4 mg, 0.6 mg tablet sl, 400 mcg spray)	$0 (Tier 1)	
nitroglycerin 0.4% ointment	$0 (Tier 1)	QL (30 per 21 days)
nitroglycerin patch (0.1 patch, 0.2 patch, 0.4 patch, 0.6 patch)	$0 (Tier 1)	
NITROSTAT 0.6 MG TABLET SL	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS		
RADICAVA ORS (105 MG/5 ML SUSP, STARTER KIT SUSP)	$0 (Tier 2)	PA, QL (70 per 14 days)
riluzole 50 mg tablet	$0 (Tier 1)	
TIGLUTIK 50 MG/10 ML SUSP	$0 (Tier 2)	PA, QL (600 per 30 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
dextroamp-amphetamin 30 mg tab	$0 (Tier 1)	PA, QL (60 per 30 days)
dextroamphetamine 10 mg tab	$0 (Tier 1)	PA, QL (180 per 30 days)
dextroamphetamine 5 mg tab	$0 (Tier 1)	PA, QL (90 per 30 days)
dextroamphetamine er 10 mg cap	$0 (Tier 1)	PA, QL (150 per 30 days)
dextroamphetamine er 15 mg cap	$0 (Tier 1)	PA, QL (120 per 30 days)
dextroamphetamine er 5 mg cap	$0 (Tier 1)	PA, QL (30 per 30 days)
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)	$0 (Tier 1)	PA, QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS		
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)	$0 (Tier 1)	PA, QL (90 per 30 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	$0 (Tier 1)	QL (60 per 30 days)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
clonidine hcl er 0.1 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
guanfacine hcl er (er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
methylphenidate (10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr)	$0 (Tier 1)	PA, QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate 10 mg/5 ml sol	$0 (Tier 1)	PA, QL (900 per 30 days)
methylphenidate 5 mg/5 ml soln	$0 (Tier 1)	PA, QL (1800 per 30 days)
methylphenidate er (er 10 mg tab, er 20 mg tab)	$0 (Tier 1)	PA, QL (90 per 30 days)
methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab, er 72 mg tab)	$0 (Tier 1)	PA, QL (30 per 30 days)
methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp, er(la) 40mg cp, er(la) 60mg cp)	$0 (Tier 1)	PA, QL (30 per 30 days)
methylphenidate er 36 mg tab	$0 (Tier 1)	PA, QL (60 per 30 days)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	$0 (Tier 1)	PA, QL (90 per 30 days)
methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)	$0 (Tier 1)	PA, QL (30 per 30 days)
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)	$0 (Tier 1)	PA, QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS		
methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 60 mg cap)	$0 (Tier 1)	PA, QL (30 per 30 days)
methylphenidate sr 20 mg tab	$0 (Tier 1)	PA, QL (90 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS, OTHER		
AUSTEDO (6 MG TABLET, 12 MG TABLET)	$0 (Tier 2)	PA, QL (120 per 30 days)
AUSTEDO 9 MG TABLET	$0 (Tier 2)	PA, QL (60 per 30 days)
AUSTEDO XR (18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
AUSTEDO XR 12 MG TABLET	$0 (Tier 2)	PA, QL (90 per 30 days)
AUSTEDO XR 24 MG TABLET	$0 (Tier 2)	PA, QL (60 per 30 days)
AUSTEDO XR 6 MG TABLET	$0 (Tier 2)	PA, QL (210 per 30 days)
AUSTEDO XR TITR(12-18-24-30MG)	$0 (Tier 2)	PA, QL (28 per 28 days)
INGREZZA (40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	$0 (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
CENTRAL NERVOUS SYSTEM AGENTS		
INGREZZA INITIATION PK(TARDIV)	$0 (Tier 2)	PA, QL (28 per 28 days)
INGREZZA SPRINKLE (40 MG CAP, 60 MG CAP, 80 MG CAP)	$0 (Tier 2)	PA, QL (30 per 30 days)
NUEDEXTA 20-10 MG CAPSULE	$0 (Tier 2)	PA, QL (60 per 30 days)
pregabalin er (er 82.5 mg tablet, er 165 mg tablet, er 330 mg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
SKYCLARYS 50 MG CAPSULE	$0 (Tier 2)	PA, QL (90 per 30 days)
tetrabenazine (12.5 mg tablet, 25 mg tablet)	$0 (Tier 1)	PA NSO
VEOZAH 45 MG TABLET	$0 (Tier 2)	PA, QL (30 per 30 days)
FIBROMYALGIA AGENTS		
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	$0 (Tier 2)	QL (60 per 30 days), PA NSO
SAVELLA TITRATION PACK	$0 (Tier 2)	QL (55 per 28 days), PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS		
MULTIPLE SCLEROSIS AGENTS		
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	$0 (Tier 2)	PA
AVONEX 30 MCG/0.5 ML SYR (4PK)	$0 (Tier 2)	PA
AVONEX PEN (PEN 30 MCG/0.5 ML, PEN 30 MCG/0.5 ML KIT)	$0 (Tier 2)	PA
AVONEX PEN 30 MCG/0.5 ML (4PK)	$0 (Tier 2)	PA
BETASERON 0.3 MG INJECTION	$0 (Tier 2)	PA
dalfampridine er 10 mg tablet	$0 (Tier 1)	PA
dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)	$0 (Tier 1)	PA, QL (60 per 30 days)
ENSPRYNG 120 MG/ML SYRINGE	$0 (Tier 2)	PA
fingolimod 0.5 mg capsule	$0 (Tier 1)	PA, QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS		
GILENYA 0.25 MG CAPSULE	$0 (Tier 2)	PA, QL (30 per 30 days)
glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)	$0 (Tier 1)	PA
GLATOPA (20 MG/ML SYRINGE, 40 MG/ML SYRINGE)	$0 (Tier 1)	PA
MAVENCLAD (10 MG 10 TABLET PK, 10 MG 4 TABLET PK, 10 MG 5 TABLET PK, 10 MG 6 TABLET PK, 10 MG 7 TABLET PK, 10 MG 8 TABLET PK, 10 MG 9 TABLET PK)	$0 (Tier 2)	PA
MAYZENT (1 MG TABLET, 2 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
MAYZENT 0.25 MG TABLET	$0 (Tier 2)	PA, QL (120 per 30 days)
MAYZENT 0.25MG START-1MG MAINT	$0 (Tier 2)	PA, QL (7 per 4 days)
PLEGRIDY 125 MCG/0.5 ML PEN	$0 (Tier 2)	PA, QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SYRING	$0 (Tier 2)	PA, QL (1 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM AGENTS		
PONVORY (14-DAY STARTER PACK, 20 MG TABLET)	$0 (Tier 2)	PA
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE, TITRATION PACK)	$0 (Tier 2)	PA
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML, TITRATION PACK)	$0 (Tier 2)	PA
TASCENSO ODT (ODT 0.25 MG TABLET, ODT 0.5 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
teriflunomide (7 mg tablet, 14 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
VUMERITY DR 231 MG CAPSULE	$0 (Tier 2)	PA
ZEPOSIA (0.92 MG CAPSULE, STARTER KIT (28-DAY), STARTER PACK (7-DAY))	$0 (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		
cevimeline hcl 30 mg capsule	$0 (Tier 1)	
chlorhexidine gluconate (0.12% 15 ml cup, 0.12% rinse)	$0 (Tier 1)	
doxycycline hyclate (20 mg tab, 50 mg cap)	$0 (Tier 1)	
KOURZEQ 0.1% DENTAL PASTE	$0 (Tier 1)	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	$0 (Tier 1)	
triamcinolone 0.1% paste	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ACCUTANE (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	$0 (Tier 1)	PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS		
acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)	$0 (Tier 1)	PA
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	$0 (Tier 1)	PA NSO
azelaic acid 15% gel	$0 (Tier 1)	
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	$0 (Tier 1)	PA NSO
clind ph-benzoyl perox 1.2-5%	$0 (Tier 1)	
erythromycin-benzoyl gel	$0 (Tier 1)	
isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	$0 (Tier 1)	PA NSO
NEUAC GEL	$0 (Tier 1)	
tazarotene (0.05% gel, 0.1% gel)	$0 (Tier 1)	PA, QL (100 per 30 days)
tazarotene 0.05% cream	$0 (Tier 1)	PA, QL (60 per 30 days)
tazarotene 0.1% cream	$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
DERMATOLOGICAL AGENTS		
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.05% gel, 0.1% cream)	$0 (Tier 1)	PA
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	$0 (Tier 1)	PA NSO
DERMATITIS AND PRURITUS AGENTS		
ALA-CORT 1% CREAM	$0 (Tier 1)	
amcinonide (0.1% cream, 0.1% ointment)	$0 (Tier 1)	
ammonium lactate (12% cream, 12% lotion)	$0 (Tier 1)	PA
betamethasone diprop augmented (dp 0.05% crm, dp 0.05% gel, dp 0.05% lot, dp 0.05% oin)	$0 (Tier 1)	
betamethasone dipropionate (dp 0.05% crm, dp 0.05% lot, dp 0.05% oint, dp aug 0.05% crm)	$0 (Tier 1)	
betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS		
clobetasol emollient 0.05% crm	$0 (Tier 1)	
clobetasol propionate (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution, 0.05% topical lotn)	$0 (Tier 1)	
desonide (0.05% cream, 0.05% lotion, 0.05% ointment)	$0 (Tier 1)	
desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)	$0 (Tier 1)	
diflorasone diacetate (0.05% cream, 0.05% ointment)	$0 (Tier 1)	
doxepin 5% cream	$0 (Tier 1)	PA
fluocinolone acetonide (0.01% cream, 0.01% scalp oil, 0.01% solution, 0.025% cream, 0.025% ointment)	$0 (Tier 1)	
fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS		
fluocinonide-e 0.05% cream	$0 (Tier 1)	
fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)	$0 (Tier 1)	
halobetasol propionate (0.05% cream, 0.05% ointmnt)	$0 (Tier 1)	
hydrocortisone (1% cream, 1% ointment, 2.5% cream, 2.5% lotion, 2.5% ointment)	$0 (Tier 1)	
hydrocortisone butyrate (buty 0.1% cream, butyr 0.1% oint, butyr 0.1% soln)	$0 (Tier 1)	
hydrocortisone valerate (0.2% cream, 0.2% ointmt)	$0 (Tier 1)	
mometasone furoate (0.1% cream, 0.1% oint, 0.1% soln)	$0 (Tier 1)	
pimecrolimus 1% cream	$0 (Tier 1)	PA
PROCTO-MED HC 2.5% CREAM	$0 (Tier 1)	QL (30 per 30 days)
PROCTOSOL-HC 2.5% CREAM	$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
DERMATOLOGICAL AGENTS		
PROCTOZONE-HC 2.5% CREAM	$0 (Tier 1)	QL (30 per 30 days)
selenium sulfide 2.5% lotion	$0 (Tier 1)	
tacrolimus (0.03% ointment, 0.1% ointment)	$0 (Tier 1)	PA
triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.05% ointment, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)	$0 (Tier 1)	
TRIDERM 0.5% CREAM	$0 (Tier 1)	
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene (0.005% cream, 0.005% ointment, 0.005% solution)	$0 (Tier 1)	PA
clotrimazole-betamethasone (crm, lot)	$0 (Tier 1)	
diclofenac sodium 3% gel	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS		
FILSUVEZ 10% GEL	$0 (Tier 2)	PA
fluorouracil (0.5% cream, 5% cream)	$0 (Tier 1)	
fluorouracil (2% soln, 5% soln)	$0 (Tier 1)	PA NSO
imiquimod 5% cream packet	$0 (Tier 1)	QL (12 per 30 days)
methoxsalen (10 mg capsule, 10 mg softgel)	$0 (Tier 1)	
nystatin-triamcinolone (cream, ointm)	$0 (Tier 1)	
OTEZLA (10-20 MG STARTER 28, 10-20-30MG START 28)	$0 (Tier 2)	PA, QL (55 per 28 days)
OTEZLA (20 MG TABLET, 30 MG TABLET)	$0 (Tier 2)	PA, QL (60 per 30 days)
podofilox 0.5% topical soln	$0 (Tier 1)	
QBREXZA 2.4% CLOTH	$0 (Tier 2)	PA
SANTYL OINTMENT	$0 (Tier 2)	QL (60 per 30 days)
SILVADENE 1% CREAM	$0 (Tier 1)	
silver sulfadiazine 1% cream	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS		
SSD 1% CREAM	$0 (Tier 1)	
VALCHLOR 0.016% GEL	$0 (Tier 2)	PA NSO
VTAMA 1% CREAM	$0 (Tier 2)	PA
ZORYVE (0.15% CREAM, 0.3% CREAM, 0.3% FOAM)	$0 (Tier 2)	PA
PEDICULICIDES/SCABICIDES		
CROTAN 10% LOTION	$0 (Tier 1)	PA, QL (474 per 30 days)
malathion 0.5% lotion	$0 (Tier 1)	
permethrin 5% cream	$0 (Tier 1)	QL (60 per 30 days)
PRURADIK 10% LOTION	$0 (Tier 1)	PA, QL (474 per 30 days)
TOPICAL ANTI-INFECTIVES		
acyclovir 5% cream	$0 (Tier 1)	PA, QL (5 per 30 days)
acyclovir 5% ointment	$0 (Tier 1)	PA, QL (30 per 30 days)
ciclopirox (0.77% cream, 0.77% topical susp, 8% solution)	$0 (Tier 1)	
CLEOCIN 100 MG VAGINAL OVULE	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGICAL AGENTS		
clindamycin 1% gel	$0 (Tier 1)	
clindamycin phosphate (ph 1% gel, ph 1% solution, phos 1% pledget, phosp 1% lotion, phosphate 1% gel)	$0 (Tier 1)	
econazole nitrate 1% cream	$0 (Tier 1)	
erythromycin (2% gel, 2% solution)	$0 (Tier 1)	
gentamicin sulfate (0.1% cream, 0.1% ointment)	$0 (Tier 1)	
mupirocin (2% cream, 2% ointment)	$0 (Tier 1)	
naftifine hcl (1% cream, 2% cream)	$0 (Tier 1)	
oxiconazole nitrate 1% cream	$0 (Tier 1)	
OXISTAT 1% LOTION	$0 (Tier 2)	
SULFAMYLON 8.5% CREAM	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENTS		
carglumic acid 200 mg tab susp	$0 (Tier 1)	PA
fluoride (0.25 mg tablet chew, 0.5 mg tablet chew, 1 mg tablet chewable)	$0 (Tier 1)	
ISOLYTE S IV SOLN PH7.4	$0 (Tier 2)	
KLOR-CON 10 MEQ TABLET	$0 (Tier 1)	
KLOR-CON 8 MEQ TABLET	$0 (Tier 1)	
magnesium sulfate 50% syringe	$0 (Tier 1)	
multiple electrolytes t1 ph5.5	$0 (Tier 1)	
multiple electrolytes t1 ph7.4	$0 (Tier 1)	
PLASMA-LYTE A PH 7.4 SOLN.	$0 (Tier 2)	
PLASMA-LYTE A SOLUTION	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTES/MINERALS/METALS/VITAMINS		
potassium chloride-0.9% nacl (20 meq/1,000ml-ns, 40 meq/1,000ml-ns)	$0 (Tier 1)	
potassium citrate er (er 5 tab, er 10 tb, er 15 tb)	$0 (Tier 1)	
potassium cl 20 meq-0.45% nacl	$0 (Tier 1)	
potassium cl 20 meq/10 ml conc	$0 (Tier 1)	
potassium cl 20meq/100ml-water	$0 (Tier 1)	
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial, sodium chloride 3% iv soln, sodium chloride 5% iv soln)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTES/MINERALS/METALS/VITAMINS		
sodium chloride 0.9%-water	$0 (Tier 1)	
sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet	$0 (Tier 1)	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET 100 MG CAPSULE	$0 (Tier 2)	
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)	$0 (Tier 1)	PA
deferiprone 1,000 mg tb(3x/dy)	$0 (Tier 1)	PA
deferiprone 500 mg tablet	$0 (Tier 1)	PA
DOJOLVI LIQUID	$0 (Tier 2)	PA
FERRIPROX 100 MG/ML SOLUTION	$0 (Tier 2)	PA
JYNARQUE (15 MG TABLET, 30 MG TABLET)	$0 (Tier 2)	PA
tolvaptan (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 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTES/MINERALS/METALS/VITAMINS		
trientine hcl 250 mg capsule	$0 (Tier 1)	PA
ELECTROLYTES/MINERALS/METALS/VITAMINS		
CLINIMIX (4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	$0 (Tier 2)	PA
CLINIMIX E (2.75%-5% SOLUTION, 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION)	$0 (Tier 2)	PA
CLINISOL 15% SOLUTION	$0 (Tier 1)	PA
CLINOLIPID (20% (100 GM/500 ML), 20% (20 GM/100 ML), 20% (200 GM/1000ML), 20% (50 GM/250 ML))	$0 (Tier 2)	PA
dextrose 10%-0.2% nacl iv soln	$0 (Tier 2)	
dextrose 10%-0.45% nacl iv sol	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTES/MINERALS/METALS/VITAMINS		
dextrose 2.5%-0.45% nacl iv	$0 (Tier 2)	
dextrose 5%-0.2% nacl iv soln	$0 (Tier 1)	
dextrose 5%-0.225% nacl iv sol	$0 (Tier 1)	
dextrose 5%-0.45% nacl iv soln	$0 (Tier 1)	
dextrose 5%-0.9% nacl iv soln	$0 (Tier 1)	
dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)	$0 (Tier 1)	
glucose 5%-0.9% nacl 1000 ml	$0 (Tier 1)	
glucose in water (5%-water 100 ml, 5%-water 50 ml)	$0 (Tier 1)	
INTRALIPID (20% IV EMUL, 30% IV EMUL)	$0 (Tier 2)	PA
ISOLYTE P-DEXTROSE 5% SOLN	$0 (Tier 2)	
kcl 20 meq in d5w-lact ringer	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTES/MINERALS/METALS/VITAMINS		
kcl 20 meq/l in d5w solution	$0 (Tier 1)	
kcl-d5w-0.2% nacl (10 meq/500 ml-d5w-0.2%nacl, 20 meq/l-d5w-0.2% nacl)	$0 (Tier 1)	
kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)	$0 (Tier 1)	
kcl-d5w-0.45% nacl (10 meq/500ml-d5w-0.45%nacl, 10 meq/l-d5w-0.45% nacl, 20 meq/l-d5w-0.45% nacl, 30 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)	$0 (Tier 1)	
kcl-d5w-0.9% nacl (20 meq/l-d5w-0.9%, 40 meq/l-d5w-0.9%)	$0 (Tier 1)	
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)	$0 (Tier 1)	
magnesium sulfate (50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTES/MINERALS/METALS/VITAMINS		
NATAL PNV TABLET	$0 (Tier 2)	
NUTRILIPID 20% IV FAT EMULSION	$0 (Tier 2)	PA
PREMASOL 10% IV SOLUTION	$0 (Tier 1)	PA
prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet	$0 (Tier 2)	
PROSOL 20% INJECTION	$0 (Tier 2)	PA
TPN ELECTROLYTES VIAL	$0 (Tier 1)	
TRAVASOL 10% SOLN VIAFLEX	$0 (Tier 2)	PA
TROPHAMINE 10% IV SOLUTION	$0 (Tier 2)	PA
WESNATAL DHA COMPLETE	$0 (Tier 2)	
POTASSIUM BINDERS		
KIONEX 15 GM/60 ML SUSPENSION	$0 (Tier 2)	
LOKELMA 10 GRAM POWDER PACKET	$0 (Tier 2)	PA, QL (34 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELECTROLYTES/MINERALS/METALS/VITAMINS		
LOKELMA 5 GRAM POWDER PACKET	$0 (Tier 2)	PA, QL (90 per 30 days)
sodium polystyrene sulf powder	$0 (Tier 1)	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
CONSTULOSE 10 GM/15 ML SOLN	$0 (Tier 1)	
ENULOSE 10 GM/15 ML SOLUTION	$0 (Tier 1)	
GENERLAC 10 GM/15 ML SOLUTION	$0 (Tier 1)	
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL AGENTS		
lactulose (10 gm packet, 20 gm packet)	$0 (Tier 1)	PA
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	$0 (Tier 1)	
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	$0 (Tier 2)	QL (30 per 30 days)
lubiprostone (8 mcg capsule, 24 mcg capsule)	$0 (Tier 1)	QL (60 per 30 days)
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
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 (Tier 2)	PA
RELISTOR 150 MG TABLET	$0 (Tier 2)	PA, QL (90 per 30 days)
SUTAB 1.479-0.225-0.188 GM TAB	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL AGENTS		
TRULANCE 3 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
ANTI-DIARRHEAL AGENTS		
alosetron hcl (0.5 mg tablet, 1 mg tablet)	$0 (Tier 1)	PA
diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)	$0 (Tier 1)	PA
loperamide 2 mg capsule	$0 (Tier 1)	
MYTESI 125 MG DR TABLET	$0 (Tier 2)	PA, QL (60 per 30 days)
VIBERZI (75 MG TABLET, 100 MG TABLET)	$0 (Tier 2)	PA, QL (60 per 30 days)
XERMELO 250 MG TABLET	$0 (Tier 2)	PA, QL (90 per 30 days)
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	$0 (Tier 1)	PA
glycopyrrolate (1 mg tablet, 1.5 mg tablet, 2 mg tablet)	$0 (Tier 1)	
GASTROINTESTINAL AGENTS, OTHER		
GATTEX 5 MG INJECTION	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL AGENTS		
GAVILYTE-C SOLUTION	$0 (Tier 1)	
GAVILYTE-G SOLUTION	$0 (Tier 1)	
GAVILYTE-N SOLUTION	$0 (Tier 1)	
GOLYTELY SOLUTION	$0 (Tier 1)	
IQIRVO 80 MG TABLET	$0 (Tier 2)	PA, QL (30 per 30 days)
lansoprazol-amoxicil-clarithro	$0 (Tier 1)	
MYALEPT 11.3 MG (5 MG/ML) VIAL	$0 (Tier 2)	PA
peg 3350-electrolyte solution	$0 (Tier 1)	
peg-3350 and electrolytes soln	$0 (Tier 1)	
peg3350 100-7.5-2.691-1.01-5.9	$0 (Tier 1)	
SEROSTIM 6 MG VIAL	$0 (Tier 2)	PA
sod sul-potass sul-mag sul sol	$0 (Tier 1)	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	$0 (Tier 1)	
VELSIPITY 2 MG TABLET	$0 (Tier 2)	PA
VOWST CAPSULE	$0 (Tier 2)	PA, QL (12 per 3 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GASTROINTESTINAL AGENTS		
HISTAMINE-2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)	$0 (Tier 1)	
famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)	$0 (Tier 1)	
nizatidine (150 mg capsule, 300 mg capsule)	$0 (Tier 1)	
PROTECTANTS		
misoprostol (100 mcg tablet, 200 mcg tablet)	$0 (Tier 1)	
sucralfate 1 gm tablet	$0 (Tier 1)	
PROTON PUMP INHIBITORS		
esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)	$0 (Tier 1)	QL (30 per 30 days)
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	$0 (Tier 1)	QL (30 per 30 days)
omeprazole (dr 10 mg capsule, dr 40 mg capsule)	$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
GASTROINTESTINAL AGENTS		
omeprazole dr 20 mg capsule	$0 (Tier 1)	QL (60 per 30 days)
pantoprazole sod dr 20 mg tab	$0 (Tier 1)	QL (30 per 30 days)
pantoprazole sod dr 40 mg tab	$0 (Tier 1)	QL (60 per 30 days)
rabeprazole sod dr 20 mg tab	$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
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
AQNEURSA 1 GRAM GRANULE PACKET	$0 (Tier 2)	PA, QL (120 per 30 days)
ARALAST NP 1,000 MG VIAL	$0 (Tier 2)	PA
ARALAST NP 500 MG VIAL	$0 (Tier 2)	
betaine 1 gram/scoop powder	$0 (Tier 1)	PA NSO
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE)	$0 (Tier 2)	PA
CTEXLI 250 MG TABLET	$0 (Tier 2)	PA, QL (90 per 30 days)
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	$0 (Tier 2)	PA
CYSTARAN 0.44% EYE DROPS	$0 (Tier 2)	PA, QL (60 per 30 days)
DAYBUE 200 MG/ML SOLUTION	$0 (Tier 2)	PA
DUVYZAT 8.86 MG/ML ORAL SUSP	$0 (Tier 2)	PA, QL (420 per 30 days)
GALAFOLD 123 MG CAPSULE	$0 (Tier 2)	PA, QL (14 per 28 days)
GLASSIA (4 GM /200 ML VIAL, 5 GM /250 ML VIAL)	$0 (Tier 2)	
GLASSIA 1 GM/50 ML VIAL	$0 (Tier 2)	PA
JAVYGTOR (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
KEVEYIS 50 MG TABLET	$0 (Tier 2)	PA, QL (120 per 30 days)
l-glutamine 5 gram powder pkt	$0 (Tier 1)	PA, QL (180 per 30 days)
miglustat 100 mg capsule	$0 (Tier 1)	PA, QL (90 per 30 days)
MIPLYFFA (47 MG CAPSULE, 62 MG CAPSULE, 93 MG CAPSULE, 124 MG CAPSULE)	$0 (Tier 2)	PA, QL (90 per 30 days)
ORMALVI 50 MG TABLET	$0 (Tier 1)	PA, QL (120 per 30 days)
PALYNZIQ (2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)	$0 (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 (Tier 2)	PA
PERTZYE (DR 4,000 CAPSULE, DR 8,000 CAPSULE, DR 16,000 CAPSULE, DR 24,000 CAPSULE)	$0 (Tier 2)	PA
PLENAMINE 15% SOLUTION	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
PROLASTIN C (1,000 MG VIAL, 1,000 MG/20 ML VL)	$0 (Tier 2)	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	$0 (Tier 2)	PA, QL (14 per 14 days)
PYRUKYND 20 MG TABLET	$0 (Tier 2)	PA, QL (56 per 28 days)
PYRUKYND 5 MG TABLET	$0 (Tier 2)	PA, QL (56 per 28 days)
PYRUKYND 5 MG TAPER PACK	$0 (Tier 2)	PA, QL (7 per 7 days)
PYRUKYND 50 MG TABLET	$0 (Tier 2)	PA, QL (56 per 28 days)
RAVICTI 1.1 GRAM/ML LIQUID	$0 (Tier 2)	PA
REVCOVI 2.4 MG/1.5 ML VIAL	$0 (Tier 2)	PA
RIVFLOZA 128 MG/0.8 ML SYRINGE	$0 (Tier 2)	PA, QL (0.8 per 28 days)
RIVFLOZA 160 MG/ML SYRINGE	$0 (Tier 2)	PA, QL (1 per 28 days)
RIVFLOZA 80 MG/0.5 ML VIAL	$0 (Tier 2)	PA, QL (0.5 per 28 days)
sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENETIC, ENZYME, OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
SIKLOS (100 MG TABLET, 1,000 MG TABLET)	$0 (Tier 2)	
sodium phenylbutyrate (500mg tb, powder)	$0 (Tier 1)	PA
VIOKACE (10,440-39,150 UNIT TAB, 20,880-78,300 UNITS TB)	$0 (Tier 2)	PA
VYNDAMAX 61 MG CAPSULE	$0 (Tier 2)	PA
VYNDAQEL 20 MG CAPSULE	$0 (Tier 2)	PA
WAINUA 45 MG/0.8 ML AUTOINJECT	$0 (Tier 2)	PA
WELIREG 40 MG TABLET	$0 (Tier 2)	PA NSO
XROMI 100 MG/ML SOLUTION	$0 (Tier 2)	PA
YARGESA 100 MG CAPSULE	$0 (Tier 1)	PA
ZEMAIRA (1,000 MG VIAL, 4,000 MG VIAL, 5,000 MG VIAL)	$0 (Tier 2)	PA
ZENPEP (DR 3,000 CAPSULE, DR 5,000 CAPSULE, DR 10,000 CAPSULE, DR 15,000 CAPSULE, DR 20,000 CAPSULE, DR 25,000 CAPSULE, DR 40,000 CAPSULE, DR 60,000 CAPSULE)	$0 (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		
darifenacin er (er 7.5 mg tablet, er 15 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
fesoterodine fumarate er (er 4 mg tablet, er 8 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
flavoxate hcl 100 mg tablet	$0 (Tier 1)	
GEMTESA 75 MG TABLET	$0 (Tier 2)	QL (30 per 30 days)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	$0 (Tier 2)	QL (30 per 30 days)
MYRBETRIQ ER 8 MG/ML SUSP	$0 (Tier 2)	QL (100 per 10 days)
oxybutynin chloride (5 mg tablet, 5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)	$0 (Tier 1)	
oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)	$0 (Tier 1)	QL (60 per 30 days)
solifenacin succinate (5 mg tablet, 10 mg tablet)	$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
GENITOURINARY AGENTS		
tolterodine tartrate (1 mg tab, 2 mg tab)	$0 (Tier 1)	QL (60 per 30 days)
tolterodine tartrate er (er 2 mg cap, er 4 mg cap)	$0 (Tier 1)	QL (30 per 30 days)
trospium chloride 20 mg tablet	$0 (Tier 1)	QL (60 per 30 days)
trospium chloride er 60 mg cap	$0 (Tier 1)	QL (30 per 30 days)
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
dutasteride 0.5 mg capsule	$0 (Tier 1)	QL (30 per 30 days)
finasteride 5 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
tadalafil (2.5 mg tablet, 5 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule	$0 (Tier 1)	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)	$0 (Tier 1)	
ELMIRON 100 MG CAPSULE	$0 (Tier 2)	PA, QL (90 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENITOURINARY AGENTS		
LITHOSTAT 250 MG TABLET	$0 (Tier 2)	PA
penicillamine 250 mg tablet	$0 (Tier 1)	
tiopronin (100 mg tablet, dr 100 mg tablet, dr 300 mg tablet)	$0 (Tier 1)	PA
VENXXIVA (DR 100 MG TABLET, DR 300 MG TABLET)	$0 (Tier 1)	PA

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 (Tier 2)	PA, QL (30 per 28 days)
ACTHAR SELFJECT (40 UNIT/0.5 ML, 80 UNIT/ML)	$0 (Tier 2)	PA
CORTROPHIN (GEL 40 UNIT/0.5 ML, GEL 80 UNIT/ML SYR)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTROPHIN GEL 400 UNIT/5 ML	$0 (Tier 2)	PA, QL (30 per 28 days)
deflazacort (6 mg tablet, 18 mg tablet, 22.75 mg/ml susp, 30 mg tablet, 36 mg tablet)	$0 (Tier 1)	PA
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)	$0 (Tier 1)	
fludrocortisone 0.1 mg tablet	$0 (Tier 1)	
JAYTHARI (6 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET)	$0 (Tier 1)	PA
methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)	$0 (Tier 1)	
ORAPRED ODT (ODT 10 MG TABLET, ODT 15 MG TABLET, ODT 30 MG TABLET)	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)	$0 (Tier 1)	
prednisolone sodium phosphate (sod 1% eye drop, 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)	$0 (Tier 1)	
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)	$0 (Tier 1)	
PREDNISONE INTENSOL 5 MG/ML	$0 (Tier 1)	

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)		
CRENESSITY (25 MG CAPSULE, 50 MG CAPSULE, 100 MG CAPSULE)	$0 (Tier 2)	PA, QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin 10 mcg/0.1 ml spr	$0 (Tier 1)	
desmopressin acetate (0.1 mg tb, 0.2 mg tb)	$0 (Tier 1)	
EGRIFTA SV 2 MG VIAL	$0 (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 (Tier 2)	PA
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	$0 (Tier 2)	PA
INCRELEX 40 MG/4 ML VIAL	$0 (Tier 2)	PA
ISTURISA (1 MG TABLET, 5 MG TABLET)	$0 (Tier 2)	PA

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 FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	$0 (Tier 2)	PA
NUTROPIN AQ NUSPIN (5, 10, 20)	$0 (Tier 2)	PA
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	$0 (Tier 2)	PA
SEROSTIM (4 MG VIAL, 5 MG VIAL)	$0 (Tier 2)	PA
SKYTROFA (3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	$0 (Tier 2)	PA
SOGROYA (5 MG/1.5 ML PEN, 10 MG/1.5 ML PEN, 15 MG/1.5 ML PEN)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
ZOMACTON (5 MG VIAL, 10 MG VIAL)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANDROGENS		
danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)	$0 (Tier 1)	
methyltestosterone 10 mg cap	$0 (Tier 1)	PA NSO
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, 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)	$0 (Tier 1)	PA NSO
testosterone 10 mg gel pump	$0 (Tier 1)	PA NSO

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)		
testosterone cypionate (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/10ml, testosterone 1,000 mg/5 ml, testosterone 2,000 mg/10ml, testosterone 6,000 mg/30ml)	$0 (Tier 1)	PA NSO
testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)	$0 (Tier 1)	PA NSO
ESTROGENS		
ANNOVERA VAGINAL RING	$0 (Tier 2)	
DEPO-ESTRADIOL 5 MG/ML VIAL	$0 (Tier 1)	
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	$0 (Tier 1)	QL (8 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 (SEX HORMONES/MODIFIERS)		
ESTRACE 0.01% CREAM	$0 (Tier 1)	
estradiol (0.01% cream, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)	$0 (Tier 1)	
estradiol (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)	$0 (Tier 1)	QL (8 per 28 days)
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))	$0 (Tier 1)	QL (4 per 28 days)
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))	$0 (Tier 1)	QL (8 per 28 days)
estradiol 0.05 mg patch (1/wk)	$0 (Tier 1)	QL (8 per 28 days)
estradiol valerate (20 mg/ml vl, 40 mg/ml vl, 50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)	$0 (Tier 1)	

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)		
ESTRING (2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING)	$0 (Tier 2)	
FEMRING (0.05 VAG RING, 0.10 VAG RING)	$0 (Tier 2)	
IMVEXXY (4 MCG MAINTENANCE PACK, 4 MCG STARTER PACK, 10 MCG MAINTENANCE PAK, 10 MCG STARTER PACK)	$0 (Tier 2)	QL (18 per 28 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)	QL (8 per 28 days)
MENOSTAR 14 MCG/DAY PATCH	$0 (Tier 2)	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	$0 (Tier 2)	

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)		
YUVAFEM (10 MCG INSERT, 10 MCG TABLET)	$0 (Tier 1)	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
ABIGALE 1 MG-0.5 MG TABLET	$0 (Tier 1)	
ABIGALE LO 0.5-0.1 MG TABLET	$0 (Tier 1)	
ACTIVELLA 1 MG-0.5 MG TABLET	$0 (Tier 1)	
ALTAVERA-28 TABLET	$0 (Tier 1)	
ALYACEN 1-35 28 TABLET	$0 (Tier 1)	
ANGELIQ (0.25 MG-0.5 MG TABLET, 0.5 MG-1 MG TABLET)	$0 (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)	

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)		
AUBRA EQ-28 TABLET	$0 (Tier 1)	
AUBRA-28 TABLET	$0 (Tier 1)	
AVIANE-28 TABLET	$0 (Tier 1)	
AZURETTE 28 DAY TABLET	$0 (Tier 1)	
BALCOLTRA TABLET	$0 (Tier 2)	
BALZIVA 28 TABLET	$0 (Tier 1)	
BEYAZ 28 TABLET	$0 (Tier 2)	
BLISOVI 24 FE TABLET	$0 (Tier 1)	
BLISOVI FE 1.5-30 TABLET	$0 (Tier 1)	
BRIELLYN TABLET	$0 (Tier 1)	
CAMRESE LO TABLET	$0 (Tier 1)	
CLIMARA PRO PATCH	$0 (Tier 2)	
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)	$0 (Tier 2)	
CRYSELLE-28 TABLET	$0 (Tier 1)	
CYRED 28 DAY TABLET	$0 (Tier 1)	

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)		
CYRED EQ 28 DAY TABLET	$0 (Tier 1)	
DOLISHALE 90-20 MCG TABLET	$0 (Tier 1)	
drosp-ee-levomef 3-0.02-0.451	$0 (Tier 1)	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	$0 (Tier 1)	
ELURYNG VAGINAL RING	$0 (Tier 1)	
ENILLORING VAGINAL RING	$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)	
estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)	$0 (Tier 1)	
ethynodiol-eth estra 1mg-35mcg	$0 (Tier 1)	
etonogestrel-ee vaginal ring	$0 (Tier 1)	
FALMINA-28 TABLET	$0 (Tier 1)	

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)		
FEIRZA (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	$0 (Tier 1)	
FEMLYV 1 MG-0.02 MG ODT	$0 (Tier 1)	
FINZALA 1-0.02(24)-75 CHEW TAB	$0 (Tier 1)	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	$0 (Tier 1)	
GALBRIELA 0.8-0.025 MG CHEW TB	$0 (Tier 1)	
GEMMILY 1 MG-20 MCG CAPSULE	$0 (Tier 1)	
HAILEY 24 FE 1 MG-20 MCG TAB	$0 (Tier 1)	
HALOETTE VAGINAL RING	$0 (Tier 1)	
ICLEVIA 0.15 MG-0.03 MG TABLET	$0 (Tier 1)	
INTRAROSA 6.5 MG VAG INSERT	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
INTROVALE 0.15-0.03 MG TABLET	$0 (Tier 1)	
ISIBLOOM 28 DAY TABLET	$0 (Tier 1)	
JAIMIESS 0.15-0.03-0.01 MG TAB	$0 (Tier 1)	
JASMIEL 3 MG-0.02 MG TABLET	$0 (Tier 1)	
JINTELI 1 MG-5 MCG TABLET	$0 (Tier 1)	
JOYEAUX-28 TABLET	$0 (Tier 1)	
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)	

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)	
KURVELO-28 TABLET	$0 (Tier 1)	
KYLEENA 19.5 MG SYSTEM	$0 (Tier 2)	PA BVD
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)	
LESSINA-28 TABLET	$0 (Tier 1)	
LEVONEST-28 TABLET	$0 (Tier 1)	
levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)	$0 (Tier 1)	
levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)	$0 (Tier 1)	
LEVORA-28 TABLET	$0 (Tier 1)	

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)		
LILETTA 52 MG SYSTEM	$0 (Tier 2)	PA BVD
LO LOESTRIN FE 1-10 TABLET	$0 (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)	
LOJAIMIESS 0.1-0.02-0.01 TAB	$0 (Tier 1)	
LORYNA 3 MG-0.02 MG 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)	

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)		
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	$0 (Tier 1)	
MILI 0.25-0.035 MG TABLET	$0 (Tier 1)	
MIMVEY 1-0.5 MG TABLET	$0 (Tier 1)	
MINZOYA-28 TABLET	$0 (Tier 1)	
MIRENA 52 MG SYSTEM	$0 (Tier 2)	PA BVD
NATAZIA 28 TABLET	$0 (Tier 2)	
NECON 0.5-35-28 TABLET	$0 (Tier 1)	
NEXTSTELLIS 3-14.2 MG TABLET	$0 (Tier 2)	
NIKKI 3 MG-0.02 MG TABLET	$0 (Tier 1)	
norelgestrom-ee 150-35 mcg/day	$0 (Tier 1)	
noret-estr-fe 0.4-0.035(21)-75	$0 (Tier 1)	
norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5, norethind-eth 1-0.02 mg)	$0 (Tier 1)	

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)		
norethindrone-e.estradiol-iron (1-0.02(24)-75 cap, 1-0.02(24)-75 chw)	$0 (Tier 1)	
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)	$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 (Tier 2)	
NYLIA (1-35 28 TABLET, 7-7-7-28 TABLET)	$0 (Tier 1)	
OCELLA 3 MG-0.03 MG TABLET	$0 (Tier 1)	
PIMTREA 28 DAY TABLET	$0 (Tier 1)	
PORTIA-28 TABLET	$0 (Tier 1)	
PREMPHASE 0.625-5 MG TABLET	$0 (Tier 2)	

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)		
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 (Tier 2)	
RECLIPSEN 28 DAY TABLET	$0 (Tier 1)	
RIVELSA TABLET	$0 (Tier 1)	
ROSYRAH TABLET	$0 (Tier 1)	
SAFYRAL TABLET	$0 (Tier 2)	
SETLAKIN 0.15 MG-0.03 MG TAB	$0 (Tier 1)	
SKYLA 13.5 MG SYSTEM	$0 (Tier 2)	PA BVD
SPRINTEC 28 DAY TABLET	$0 (Tier 1)	
SRONYX 0.10-0.02 MG TABLET	$0 (Tier 1)	
SYEDA 28 TABLET	$0 (Tier 1)	
TARINA 24 FE 1 MG-20 MCG TAB	$0 (Tier 1)	
TARINA FE 1-20 EQ TABLET	$0 (Tier 1)	

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)		
TARINA FE 1-20 TABLET	$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-SPRINTEC TABLET	$0 (Tier 1)	
TRI-VYLIBRA 28 TABLET	$0 (Tier 1)	
TRI-VYLIBRA LO TABLET	$0 (Tier 1)	
TURQOZ-28 TABLET	$0 (Tier 1)	
VALTYA 1 MG-50 MCG TABLET	$0 (Tier 1)	
VELIVET 28 DAY TABLET	$0 (Tier 1)	
VESTURA 3 MG-0.02 MG TABLET	$0 (Tier 1)	

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)		
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)	
XARAH FE 1 MG/20-30-35 MCG TAB	$0 (Tier 1)	
XELRIA FE 0.4-0.035 MG CHEW TB	$0 (Tier 1)	
XULANE 150-35 MCG/DAY PATCH	$0 (Tier 1)	
YASMIN 28 TABLET	$0 (Tier 1)	
YAZ 28 TABLET	$0 (Tier 1)	
ZAFEMY 150-35 MCG/DAY PATCH	$0 (Tier 1)	
ZOVIA 1-35 TABLET	$0 (Tier 1)	

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)		
PROGESTINS		
CAMILA 0.35 MG TABLET	$0 (Tier 1)	
CRINONE (4% GEL, 8% GEL)	$0 (Tier 2)	PA
DEBLITANE 0.35 MG TABLET	$0 (Tier 1)	
DEPO-SUBQ PROVERA 104 SYRINGE	$0 (Tier 2)	
ERRIN 0.35 MG TABLET	$0 (Tier 1)	
GALLIFREY 5 MG TABLET	$0 (Tier 1)	
HEATHER 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)	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)	$0 (Tier 1)	
megestrol 400 mg/10 ml cup	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
megestrol acetate (20 mg tablet, 40 mg tablet)	$0 (Tier 1)	PA NSO
megestrol acetate 40mg/ml oral suspension	$0 (Tier 1)	PA
MELEYA 0.35 MG TABLET	$0 (Tier 1)	
NEXPLANON 68 MG IMPLANT	$0 (Tier 2)	
NORA-BE TABLET	$0 (Tier 1)	
norethindrn 5 mg tb (lupaneta)	$0 (Tier 1)	
norethindrone 0.35 mg tablet	$0 (Tier 1)	
norethindrone 5 mg tablet	$0 (Tier 1)	
ORQUIDEA 0.35 MG TABLET	$0 (Tier 1)	
progesterone (100 mg capsule, 200 mg capsule)	$0 (Tier 1)	
SHAROBEL 0.35 MG TABLET	$0 (Tier 1)	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE 0.45-20 MG TABLET	$0 (Tier 2)	

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)		
raloxifene hcl 60 mg tablet	$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
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ERMEZA 150 MCG/5 ML SOLUTION	$0 (Tier 2)	
levothyroxine sodium (13 mcg capsule, 25 mcg capsule, 25 mcg tablet, 50 mcg capsule, 50 mcg tablet, 75 mcg capsule, 75 mcg tablet, 88 mcg capsule, 88 mcg tablet, 100 mcg capsule, 100 mcg tablet, 112 mcg capsule, 112 mcg tablet, 125 mcg capsule, 125 mcg tablet, 137 mcg capsule, 137 mcg tablet, 150 mcg capsule, 150 mcg tablet, 175 mcg capsule, 175 mcg tablet, 200 mcg capsule, 200 mcg tablet, 300 mcg tablet)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
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)	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	$0 (Tier 1)	
REZDIFFRA (60 MG TABLET, 80 MG TABLET, 100 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
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)	

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 (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 (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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg tablet	$0 (Tier 1)	
ELIGARD 22.5 MG SYRINGE	$0 (Tier 2)	PA NSO
ELIGARD 30 MG SYRINGE	$0 (Tier 2)	PA NSO
ELIGARD 30 MG SYRINGE KIT	$0 (Tier 2)	PA NSO
ELIGARD 45 MG SYRINGE	$0 (Tier 2)	PA NSO
ELIGARD 7.5 MG SYRINGE	$0 (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 (Tier 2)	PA NSO
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 vl)	$0 (Tier 1)	PA NSO
leuprolide depot 22.5 mg vial	$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 (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 (ADRENAL OR PITUITARY)		
LUPRON DEPOT (LUPANETA) (DEPO 11.25MG (LUPANETA), DEPOT 3.75MG (LUPANETA))	$0 (Tier 2)	PA NSO
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	$0 (Tier 2)	PA NSO
mifepristone 300 mg tablet	$0 (Tier 1)	PA, QL (120 per 30 days)
MYFEMBREE 40 MG-1 MG-0.5 MG TB	$0 (Tier 2)	PA
octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)	$0 (Tier 1)	PA
ORIAHNN 300-1-0.5MG/300MG CAPS	$0 (Tier 2)	PA
RECORLEV 150 MG TABLET	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	$0 (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 (Tier 2)	PA
SYNAREL 2 MG/ML NASAL SPRAY	$0 (Tier 2)	PA
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	$0 (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		
methimazole (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	
propylthiouracil 50 mg tablet	$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 (Tier 2)	PA
HAEGARDA (2,000 VIAL, 3,000 VIAL)	$0 (Tier 2)	PA
icatibant 30 mg/3 ml syringe	$0 (Tier 1)	PA NSO
ORLADEYO (110 MG CAPSULE, 150 MG CAPSULE)	$0 (Tier 2)	PA
SAJAZIR 30 MG/3 ML SYRINGE	$0 (Tier 1)	PA NSO
TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	$0 (Tier 2)	PA
IMMUNOGLOBULINS		
BIVIGAM (5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL, LIQUID 10% VIAL)	$0 (Tier 2)	PA
GAMMAGARD LIQUID 10% VIAL	$0 (Tier 2)	PA
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
GAMMAKED 1 GRAM/10 ML VIAL	$0 (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 (Tier 2)	PA
GAMUNEX-C 1 GRAM/10 ML VIAL	$0 (Tier 2)	PA
OCTAGAM (5% (1 G/20 ML) VIAL, 5% (10 G/200 ML) VIAL, 5% (2.5 G/50 ML) VIAL, 5% (5 G/100 ML) VIAL, 5% VIAL, 10% (10 G/100 ML) VIAL, 10% (2 G/20 ML) VIAL, 10% (20 G/200 ML) VIAL, 10% (30 G/300 ML) VIAL, 10% (5 G/50 ML) VIAL, 10% VIAL)	$0 (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 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
PRIVIGEN 10% VIAL	$0 (Tier 2)	PA
IMMUNOLOGICAL AGENTS		
EMPAVELI 1,080 MG/20 ML VIAL	$0 (Tier 2)	PA, QL (160 per 28 days)
FABHALTA 200 MG CAPSULE	$0 (Tier 2)	PA, QL (60 per 30 days)
GRASTEK 2,800 BAU SL TABLET	$0 (Tier 2)	PA
ODACTRA 12 SQ-HDM SL TABLET	$0 (Tier 2)	PA
REZUROCK 200 MG TABLET	$0 (Tier 2)	PA NSO
TARPEYO DR 4 MG CAPSULE	$0 (Tier 2)	PA, QL (120 per 30 days)
TAVNEOS 10 MG CAPSULE	$0 (Tier 2)	PA, QL (180 per 30 days)
VOYDEYA (100 MG TABLET, 150 MG DOSE TABLET)	$0 (Tier 2)	PA, QL (180 per 30 days)
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA 162 MG/0.9 ML SYRINGE	$0 (Tier 2)	PA
ACTEMRA ACTPEN 162 MG/0.9 ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
ARCALYST 220 MG VIAL	$0 (Tier 2)	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	$0 (Tier 2)	PA NSO
BIMZELX (160 MG/ML SYRINGE, 320 MG/2 ML SYRINGE)	$0 (Tier 2)	PA
BIMZELX AUTOINJECTOR (160 MG/ML AUTOINJECTOR, 320 MG/2 ML AUTOINJECT)	$0 (Tier 2)	PA
COSENTYX 300 MG DOSE-2 SYRINGE	$0 (Tier 2)	PA
COSENTYX SENSOREADY 150 MG PEN	$0 (Tier 2)	PA
COSENTYX SNRDY 300MG DOSE-2PEN	$0 (Tier 2)	PA
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	$0 (Tier 2)	PA
COSENTYX UNOREADY 300 MG PEN	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)	$0 (Tier 2)	PA
DUPIXENT SYRINGE (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)	$0 (Tier 2)	PA
ILUMYA 100 MG/ML SYRINGE	$0 (Tier 2)	PA
JOENJA 70 MG TABLET	$0 (Tier 2)	PA, QL (60 per 30 days)
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 (Tier 2)	PA
KINERET 100 MG/0.67 ML SYRINGE	$0 (Tier 2)	PA
LITFULO 50 MG CAPSULE	$0 (Tier 2)	PA, QL (30 per 30 days)
OLUMIANT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
OMVOH (100 MG/ML SYRINGE, 200 MG DOSE - 2 SYRINGES, 300 MG DOSE - 2 SYRINGES)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
OMVOH PEN (100 MG/ML PEN, 200 MG DOSE - 2 PENS, 300 MG DOSE - 2 PENS)	$0 (Tier 2)	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	$0 (Tier 2)	PA
ORENCIA CLICKJECT 125 MG/ML	$0 (Tier 2)	PA
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
RINVOQ LQ 1 MG/ML SOLUTION	$0 (Tier 2)	PA, QL (30 per 30 days)
SILIQ 210 MG/1.5 ML SYRINGE	$0 (Tier 2)	PA
SKYRIZI 150 MG/ML PEN	$0 (Tier 2)	PA
SKYRIZI 150 MG/ML SYRINGE	$0 (Tier 2)	PA
SKYRIZI 180 MG/1.2 ML ON-BODY	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
SKYRIZI 360 MG/2.4 ML ON-BODY	$0 (Tier 2)	PA
SOTYKTU 6 MG TABLET	$0 (Tier 2)	PA, QL (30 per 30 days)
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	$0 (Tier 2)	PA
TALTZ 80 MG/ML AUTOINJECTOR	$0 (Tier 2)	PA
TALTZ 80 MG/ML SYRINGE	$0 (Tier 2)	PA
TALTZ SYRINGE (20 MG/0.25 ML SYRINGE, 40 MG/0.5 ML SYRINGE)	$0 (Tier 2)	PA
TREMFYA (100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE)	$0 (Tier 2)	PA
TREMFYA 100 MG/ML PEN	$0 (Tier 2)	PA
TREMFYA 200 MG/2 ML PEN	$0 (Tier 2)	PA
TREMFYA INDCT 200MG/2ML X2 PEN	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
XELJANZ (5 MG TABLET, 10 MG TABLET)	$0 (Tier 2)	PA, QL (60 per 30 days)
XELJANZ 1 MG/ML SOLUTION	$0 (Tier 2)	PA, QL (300 per 30 days)
XELJANZ XR (11 MG TABLET, 22 MG TABLET)	$0 (Tier 2)	PA, QL (30 per 30 days)
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	$0 (Tier 2)	PA
ZILBRYSQ 16.6 MG/0.416 ML SYRN	$0 (Tier 2)	PA, QL (12 per 28 days)
ZILBRYSQ 23 MG/0.574 ML SYRING	$0 (Tier 2)	PA, QL (17 per 28 days)
ZILBRYSQ 32.4 MG/0.81 ML SYRNG	$0 (Tier 2)	PA, QL (23 per 28 days)
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5 ML VIAL	$0 (Tier 2)	PA NSO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
BESREMI 500 MCG/ML SYRINGE	$0 (Tier 2)	PA NSO
LEUKINE 250 MCG VIAL	$0 (Tier 2)	PA
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	$0 (Tier 2)	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	$0 (Tier 2)	PA BVD
AZASAN (75 MG TABLET, 100 MG TABLET)	$0 (Tier 1)	PA BVD
azathioprine (50 mg tablet, 75 mg tablet, 100 mg tablet)	$0 (Tier 1)	PA BVD
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	$0 (Tier 1)	PA BVD
CIMZIA 2X200 MG VIAL KIT	$0 (Tier 2)	PA
CIMZIA 2X200 MG/ML SYRINGE KIT	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
cyclosporine (25 mg capsule, 100 mg capsule)	$0 (Tier 1)	PA BVD
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	$0 (Tier 1)	PA BVD
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	$0 (Tier 2)	PA
ENBREL 50 MG/ML MINI CARTRIDGE	$0 (Tier 2)	PA
ENBREL 50 MG/ML SURECLICK	$0 (Tier 2)	PA
everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)	$0 (Tier 1)	PA BVD
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE)	$0 (Tier 1)	PA BVD
HUMIRA 40 MG/0.8 ML SYRINGE	$0 (Tier 2)	PA
HUMIRA PEN 40 MG/0.8 ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
HUMIRA(CF) (CDV HUMIRA(CF) 10 MG/0.1ML SYR, CDV HUMIRA(CF) 20 MG/0.2ML SYR, CDV HUMIRA(CF) 40 MG/0.4ML SYR, 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 (Tier 2)	PA
HUMIRA(CF) PEN (CDV HUMIRA(CF) PEN 40 MG/0.4ML, CDV HUMIRA(CF) PEN 80 MG/0.8ML, HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML)	$0 (Tier 2)	PA
HUMIRA(CF) PEN CRHN-UC-HS 80MG	$0 (Tier 2)	PA
HUMIRA(CF) PEN PS-UV-AHS 80-40	$0 (Tier 2)	PA
HYFTOR 0.2% GEL	$0 (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
IMMUNOLOGICAL AGENTS		
JYLAMVO 2 MG/ML ORAL SOLUTION	$0 (Tier 2)	
leflunomide (10 mg tablet, 20 mg tablet)	$0 (Tier 1)	
LUPKYNIS 7.9 MG CAPSULE	$0 (Tier 2)	PA, QL (180 per 30 days)
methotrexate (2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)	$0 (Tier 1)	
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)	$0 (Tier 1)	
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)	$0 (Tier 1)	PA BVD
mycophenolic acid (dr 180 mg tb, dr 360 mg tb)	$0 (Tier 1)	PA BVD
MYFORTIC (180 MG TABLET, 360 MG TABLET)	$0 (Tier 1)	PA BVD
MYHIBBIN 200 MG/ML SUSPENSION	$0 (Tier 2)	PA BVD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	$0 (Tier 1)	PA BVD
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
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE)	$0 (Tier 1)	PA BVD
SIMLANDI(CF) (SIMLANDI(CF) 20 MG/0.2 ML, SIMLANDI(CF) 40 MG/0.4 ML, SIMLANDI(CF) 80 MG/0.8 ML)	$0 (Tier 2)	PA
SIMLANDI(CF) AUTOINJECTOR (SIMLANDI(CF) 40 MG/0.4 ML, SIMLANDI(CF) 80 MG/0.8 ML)	$0 (Tier 2)	PA
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	$0 (Tier 2)	PA, QL (3 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE)	$0 (Tier 2)	PA, QL (1 per 28 days)
sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)	$0 (Tier 1)	PA BVD
tacrolimus (0.5 mg capsule, 0.5 mg capsule (ir), 1 mg capsule, 1 mg capsule (ir), 5 mg capsule, 5 mg capsule (ir))	$0 (Tier 1)	PA BVD
XATMEP 2.5 MG/ML ORAL SOLUTION	$0 (Tier 2)	
ZORTRESS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	$0 (Tier 2)	PA BVD
VACCINES		
ABRYSVO VIAL	$0 (Tier 2)	
ACTHIB VACCINE	$0 (Tier 2)	
ADACEL TDAP (SYRINGE, VIAL)	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
AREXVY VACCINE	$0 (Tier 2)	
bcg vaccine (tice strain) vial	$0 (Tier 2)	
BEXSERO PREFILLED SYRINGE	$0 (Tier 2)	
BOOSTRIX TDAP (SYRINGE, VIAL)	$0 (Tier 2)	
DAPTACEL DTAP VACCINE	$0 (Tier 2)	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	$0 (Tier 2)	PA
ENGERIX-B PEDI 10 MCG/0.5 SYRN	$0 (Tier 2)	PA
GARDASIL 9 (9 SYRINGE, 9 VIAL)	$0 (Tier 2)	PA
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	$0 (Tier 2)	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
HIBERIX VACCINE	$0 (Tier 2)	
IMOVAX RABIES VACCINE VIAL	$0 (Tier 2)	
INFANRIX DTAP VACCINE	$0 (Tier 2)	
IPOL VIAL	$0 (Tier 2)	
IXIARO VACCINE	$0 (Tier 2)	
JYNNEOS VACCINE	$0 (Tier 2)	
KINRIX VACCINE	$0 (Tier 2)	
M-M-R II VACCINE VIAL	$0 (Tier 2)	
MENQUADFI VIAL	$0 (Tier 2)	
MENVEO VACCINE	$0 (Tier 2)	
MRESVIA 50 MCG/0.5 ML SYRINGE	$0 (Tier 2)	
PEDIARIX 0.5 ML SYRINGE	$0 (Tier 2)	
PEDVAXHIB VACCINE VIAL	$0 (Tier 2)	
PENBRAYA VACCINE	$0 (Tier 2)	
PENMENVY MEN A-B-C-W-Y KIT	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGICAL AGENTS		
PENTACEL VACCINE	$0 (Tier 2)	
PRIORIX VIAL	$0 (Tier 2)	
PROQUAD VIAL	$0 (Tier 2)	
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	$0 (Tier 2)	
RABAVERT VACCINE	$0 (Tier 2)	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	$0 (Tier 2)	PA
ROTARIX VACCINE ORAL SYRINGE	$0 (Tier 2)	
ROTATEQ VACCINE	$0 (Tier 2)	
SHINGRIX VACCINE	$0 (Tier 2)	QL (2 per 365 days)
TENIVAC (SYRINGE, VIAL)	$0 (Tier 2)	
TICOVAC (1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE)	$0 (Tier 2)	

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 (Tier 2)	
TWINRIX VACCINE SYRINGE	$0 (Tier 2)	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	$0 (Tier 2)	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	$0 (Tier 2)	
VARIVAX VACCINE	$0 (Tier 2)	
VAXCHORA VACCINE	$0 (Tier 2)	
VIMKUNYA 40 MCG/0.8 ML SYRINGE	$0 (Tier 2)	
VIVOTIF EC CAPSULE	$0 (Tier 2)	
YF-VAX (1 VIAL, 5 VIAL)	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES AND/OR PRODRUGS		
balsalazide disodium 750 mg cp	$0 (Tier 1)	
mesalamine (4 gm/60 ml enema, 800 mg dr tablet, 1,000 mg supp)	$0 (Tier 1)	
mesalamine dr 1.2 gm tablet	$0 (Tier 1)	QL (120 per 30 days)
mesalamine dr 400 mg capsule	$0 (Tier 1)	
mesalamine er 500 mg capsule	$0 (Tier 1)	QL (240 per 30 days)
PENTASA 250 MG CAPSULE	$0 (Tier 2)	QL (480 per 30 days)
sulfasalazine 500 mg tablet	$0 (Tier 1)	
sulfasalazine dr 500 mg tab	$0 (Tier 1)	
GLUCOCORTICOIDS		
ANUSOL-HC 2.5% CREAM	$0 (Tier 1)	QL (30 per 30 days)
budesonide 2 mg rectal foam	$0 (Tier 1)	PA
budesonide dr 3 mg capsule	$0 (Tier 1)	
budesonide ec 3 mg capsule	$0 (Tier 1)	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg/60 ml)	$0 (Tier 1)	

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		
alendronate sod 70 mg/75 ml	$0 (Tier 1)	
alendronate sodium (35 mg tab, 70 mg tab)	$0 (Tier 1)	QL (4 per 28 days)
alendronate sodium 10 mg tab	$0 (Tier 1)	QL (30 per 30 days)
BONSITY 560 MCG/2.24 ML PEN	$0 (Tier 1)	PA
calcitonin-salmon (200 unit spr, 200 units sp)	$0 (Tier 1)	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)	$0 (Tier 1)	
cinacalcet hcl (30 mg tablet, 60 mg tablet, 90 mg tablet)	$0 (Tier 1)	PA BVD
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)	$0 (Tier 1)	
ibandronate sodium 150 mg tab	$0 (Tier 1)	QL (1 per 28 days)
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	$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		
PROLIA 60 MG/ML SYRINGE	$0 (Tier 2)	PA NSO
RAYALDEE (ER 30 MCG CAP (HARD), ER 30 MCG CAP (SOFT))	$0 (Tier 2)	PA, QL (60 per 30 days)
risedronate sodium 150 mg tab	$0 (Tier 1)	QL (1 per 28 days)
risedronate sodium 35 mg tab	$0 (Tier 1)	QL (4 per 28 days)
risedronate sodium 35 mg tab (dose pack of 12)	$0 (Tier 1)	QL (4 per 28 days)
SOHONOS (1 MG CAPSULE, 1.5 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	$0 (Tier 2)	PA
teriparatide 560mcg/2.24ml pen	$0 (Tier 1)	PA
TYMLOS 80 MCG DOSE PEN INJECTR	$0 (Tier 2)	PA, QL (2 per 30 days)
XGEVA 120 MG/1.7 ML VIAL	$0 (Tier 2)	PA
YORVIPATH 168 MCG/0.56 ML PEN	$0 (Tier 2)	PA, QL (1.12 per 28 days)
YORVIPATH 294 MCG/0.98 ML PEN	$0 (Tier 2)	PA, QL (1.96 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
METABOLIC BONE DISEASE AGENTS		
YORVIPATH 420 MCG/1.4 ML PEN	$0 (Tier 2)	PA, QL (2.8 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
atropine 1% eye drop	$0 (Tier 1)	PA
atropine 1% eye drops	$0 (Tier 1)	PA
cyclosporine 0.05% eye emuls	$0 (Tier 1)	QL (60 per 30 days)
dorzolamide-timolol eye drops	$0 (Tier 1)	
neo-bacit-poly-hc eye ointment	$0 (Tier 1)	
NEO-POLYCIN EYE OINTMENT	$0 (Tier 1)	
NEO-POLYCIN HC EYE OINTMENT	$0 (Tier 1)	
neomyc-bacit-polymix eye oint	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS		
neomyc-polym-gramicid eye drop	$0 (Tier 1)	
neomycin-poly-hc eye drops	$0 (Tier 1)	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	$0 (Tier 1)	
OXERVATE 0.002% EYE DROP	$0 (Tier 2)	PA
pilocarpine hcl 1.25% eye drop	$0 (Tier 1)	PA, QL (5 per 30 days)
sulf-pred 10-0.23% eye drops	$0 (Tier 1)	
TOBRADEX EYE OINTMENT	$0 (Tier 2)	QL (7 per 30 days)
tobramycin-dexameth ophth susp	$0 (Tier 1)	
TYRVAYA 0.03 MG NASAL SPRAY	$0 (Tier 2)	PA, QL (8.4 per 30 days)
XIIDRA 5% EYE DROPS	$0 (Tier 2)	QL (60 per 30 days)
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine hcl 0.05% drops	$0 (Tier 1)	
cromolyn 4% eye drops	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS		
OPHTHALMIC ANTI-INFECTIVES		
AZASITE 1% EYE DROPS	$0 (Tier 2)	
bacitracin 500 unit/gm ophth	$0 (Tier 1)	
bacitracin-polymyxin eye oint	$0 (Tier 1)	
BESIVANCE 0.6% SUSP	$0 (Tier 2)	PA, QL (5 per 30 days)
CILOXAN 0.3% OINTMENT	$0 (Tier 2)	PA
ciprofloxacin 0.3% eye drop	$0 (Tier 1)	
erythromycin 0.5% eye ointment	$0 (Tier 1)	
gatifloxacin 0.5% eye drops	$0 (Tier 1)	
gentamicin 0.3% eye drop	$0 (Tier 1)	
moxifloxacin (0.5% drops, 0.5% drp-visc)	$0 (Tier 1)	
NATACYN 5% EYE DROPS	$0 (Tier 2)	
ofloxacin 0.3% eye drops	$0 (Tier 1)	
POLYCIN EYE OINTMENT	$0 (Tier 1)	
polymyxin b-tmp eye drops	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS		
sulfacetamide sodium (10% drops, 10% ointment)	$0 (Tier 1)	
tobramycin 0.3% eye drop	$0 (Tier 1)	
TOBREX 0.3% EYE OINTMENT	$0 (Tier 2)	
trifluridine 1% eye drops	$0 (Tier 1)	
XDEMVY 0.25% DROP	$0 (Tier 2)	PA
ZIRGAN 0.15% OPHTHALMIC GEL	$0 (Tier 2)	
OPHTHALMIC ANTI-INFLAMMATORIES		
bromfenac sodium 0.09% eye drp	$0 (Tier 1)	QL (3.4 per 180 days)
dexamethasone 0.1% eye drop	$0 (Tier 1)	
diclofenac 0.1% eye drops	$0 (Tier 1)	
difluprednate 0.05% eye drop	$0 (Tier 1)	
EYSUVIS 0.25% EYE DROPS	$0 (Tier 2)	PA
FLAREX 0.1% EYE DROPS	$0 (Tier 2)	
fluorometholone (0.1% drops, 0.1% eye drop)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS		
flurbiprofen 0.03% eye drop	$0 (Tier 1)	
FML FORTE 0.25% EYE DROPS	$0 (Tier 2)	
ketorolac tromethamine (0.4% solution, 0.5% solution)	$0 (Tier 1)	
LOTEMAX 0.5% EYE OINTMENT	$0 (Tier 2)	QL (10 per 180 days)
loteprednol 0.5% ophthalmc gel	$0 (Tier 1)	QL (10 per 180 days)
loteprednol etabonate (0.2% drp, 0.5% drp)	$0 (Tier 1)	
NEVANAC (0.1% DROPTAINER, 0.1% EYE DROP)	$0 (Tier 2)	QL (6 per 180 days)
PRED MILD 0.12% EYE DROPS	$0 (Tier 2)	
prednisolone ac 1% eye drop	$0 (Tier 1)	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5% eye drop	$0 (Tier 1)	
BETOPTIC S (0.25% DROP, 0.25% DROP)	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS		
carteolol hcl 1% eye drops	$0 (Tier 1)	
levobunolol 0.5% eye drops	$0 (Tier 1)	
timolol maleate (0.25% 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)	$0 (Tier 1)	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er 500 mg cap	$0 (Tier 1)	
apraclonidine hcl 0.5% drops	$0 (Tier 1)	
bimatoprost 0.03% eye drops	$0 (Tier 1)	ST
brimonidine tartrate (tartrate 0.1% drop, tartrate 0.15% drp, 0.2% eye drop)	$0 (Tier 1)	
brimonidine-timolol 0.2%-0.5%	$0 (Tier 1)	
brinzolamide 1% eye drops	$0 (Tier 1)	
dorzolamide hcl 2% eye drops	$0 (Tier 1)	
IOPIDINE 1% EYE DROPS	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OPHTHALMIC AGENTS		
latanoprost 0.005% eye drops	$0 (Tier 1)	
LUMIGAN 0.01% EYE DROPS	$0 (Tier 2)	ST
methazolamide (25 mg tablet, 50 mg tablet)	$0 (Tier 1)	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	$0 (Tier 1)	
RHOPRESSA 0.02% OPHTH SOLUTION	$0 (Tier 2)	QL (5 per 30 days)
travoprost 0.004% eye drop	$0 (Tier 1)	ST

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTIC AGENTS		
OTIC AGENTS		
acetic acid 2% ear solution	$0 (Tier 1)	
CIPRO HC OTIC SUSPENSION	$0 (Tier 2)	
ciproflox-dexameth otic susp	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTIC AGENTS		
fluocinolone oil 0.01% ear drp	$0 (Tier 1)	
neomycin-polymyxin-hc ear soln	$0 (Tier 1)	
neomycin-polymyxin-hc ear susp	$0 (Tier 1)	
ofloxacin 0.3% ear drops	$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 (Tier 2)	QL (30 per 30 days)
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	$0 (Tier 1)	
flunisolide 0.025% spray	$0 (Tier 1)	ST, QL (50 per 30 days)
fluticasone prop 100mcg diskus	$0 (Tier 1)	QL (180 per 30 days)
fluticasone prop 250 mcg disk	$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
RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone prop 50 mcg diskus	$0 (Tier 1)	QL (120 per 30 days)
fluticasone prop 50 mcg spray	$0 (Tier 1)	QL (16 per 30 days)
QVAR REDIHALER (40 MCG, 80 MCG)	$0 (Tier 2)	QL (21.2 per 30 days)
ANTIHISTAMINES		
azelastine 0.1% (137 mcg) spry	$0 (Tier 1)	QL (60 per 30 days)
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	$0 (Tier 1)	PA
desloratadine 5 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
levocetirizine 2.5 mg/5 ml sol	$0 (Tier 1)	
levocetirizine 5 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
ANTILEUKOTRIENES		
montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)	$0 (Tier 1)	QL (30 per 30 days)
zafirlukast (10 mg tablet, 20 mg tablet)	$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
RESPIRATORY TRACT/PULMONARY AGENTS		
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT 17 MCG HFA INHALER	$0 (Tier 2)	QL (30 per 30 days)
INCRUSE ELLIPTA 62.5 MCG INH	$0 (Tier 2)	QL (30 per 30 days)
ipratropium br 0.02% soln	$0 (Tier 1)	
ipratropium bromide (0.03% spray, 0.06% spray)	$0 (Tier 1)	QL (30 per 30 days)
SPIRIVA RESPIMAT (1.25 MCG, 2.5 MCG)	$0 (Tier 2)	QL (4 per 30 days)
tiotropium 18 mcg cap-inhaler	$0 (Tier 1)	QL (30 per 30 days)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2 mg/5 ml syrup cup, sul 2.5 mg/3 ml soln, sulf 2 mg/5 ml syrup, 2.5 mg/0.5 ml sol, 5 mg/ml solution, 8 mg/20 ml syrup cup, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)	$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		
albuterol sulfate hfa 90 mcg inhaler (proair generic)	$0 (Tier 1)	QL (17 per 30 days)
albuterol sulfate hfa 90 mcg inhaler (proventil generic)	$0 (Tier 1)	QL (13.4 per 30 days)
albuterol sulfate hfa 90 mcg inhaler (ventolin generic)	$0 (Tier 1)	QL (36 per 30 days)
arformoterol 15 mcg/2 ml soln	$0 (Tier 1)	PA NSO
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	$0 (Tier 1)	QL (2 per 30 days)
levalbuterol conc 1.25 mg/0.5	$0 (Tier 1)	PA NSO
levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol, 1.25 mg/3 ml sol)	$0 (Tier 1)	PA NSO
levalbuterol tar hfa 45mcg inh	$0 (Tier 1)	QL (30 per 30 days)
NEFFY (1 MG/0.1 ML NASAL SPRAY, 2 MG/0.1 ML NASAL SPRAY)	$0 (Tier 2)	QL (2 per 30 days)
SEREVENT DISKUS 50 MCG	$0 (Tier 2)	QL (60 per 30 days)
STRIVERDI RESPIMAT INHAL SPRAY	$0 (Tier 2)	QL (4 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT/PULMONARY AGENTS		
CYSTIC FIBROSIS AGENTS		
CAYSTON 75 MG INHAL SOLUTION	$0 (Tier 2)	
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	$0 (Tier 2)	PA, QL (60 per 30 days)
ORKAMBI (100 MG-125 MG TABLET, 200 MG-125 MG TABLET)	$0 (Tier 2)	PA, QL (112 per 28 days)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	$0 (Tier 2)	PA, QL (56 per 28 days)
PULMOZYME 1 MG/ML AMPUL	$0 (Tier 2)	PA BVD
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT/PULMONARY AGENTS		
TOBI PODHALER 28 MG INHALE CAP	$0 (Tier 2)	PA
tobramycin (300 mg/4 ml, 300 mg/5 ml)	$0 (Tier 1)	
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	$0 (Tier 2)	PA, QL (84 per 28 days)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	$0 (Tier 2)	PA, QL (56 per 28 days)
MAST CELL STABILIZERS		
cromolyn sodium (20 mg/2 ml neb soln, 100 mg/5 ml oral conc)	$0 (Tier 1)	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
roflumilast (250 mcg tablet, 500 mcg tablet)	$0 (Tier 1)	QL (30 per 30 days), PA NSO
theophylline 80 mg/15ml oral solution	$0 (Tier 1)	
theophylline anhydrous (er 100 mg tablet, er 200 mg tablet, er 300 mg tab, er 450 mg tab)	$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		
theophylline er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet)	$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 (Tier 2)	PA, LA
ALYQ 20 MG TABLET	$0 (Tier 1)	PA, QL (60 per 30 days)
ambrisentan (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
bosentan (62.5 mg tablet, 125 mg tablet)	$0 (Tier 1)	PA, LA, QL (60 per 30 days)
OPSUMIT 10 MG TABLET	$0 (Tier 2)	PA, LA
OPSYNVI (10-20 MG TABLET, 10-40 MG TABLET)	$0 (Tier 2)	PA, LA, QL (30 per 30 days)
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 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT/PULMONARY AGENTS		
ORENITRAM MONTH 1 TITRATION KT	$0 (Tier 2)	PA
ORENITRAM MONTH 2 TITRATION KT	$0 (Tier 2)	PA
ORENITRAM MONTH 3 TITRATION KT	$0 (Tier 2)	PA
sildenafil 20 mg tablet	$0 (Tier 1)	PA
sildenafil citrate (10 mg/ml oral susp, 20 mg tablet)	$0 (Tier 1)	PA
tadalafil 20mg tablet (adcirca generic)	$0 (Tier 1)	PA, QL (60 per 30 days)
TADLIQ 20 MG/5 ML SUSPENSION	$0 (Tier 2)	PA, QL (300 per 30 days)
TRACLEER 32 MG TABLET FOR SUSP	$0 (Tier 2)	PA, LA, QL (120 per 30 days)
TYVASO DPI (16 MCG CARTRIDGE, 16-32-48 MCG TITRAT, 32 MCG CARTRIDGE, 48 MCG CARTRIDGE, 64 MCG CARTRIDGE)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT/PULMONARY AGENTS		
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 (Tier 2)	PA, QL (60 per 30 days)
PULMONARY FIBROSIS AGENTS		
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	$0 (Tier 2)	PA, QL (60 per 30 days)
pirfenidone (267 mg capsule, 267 mg tablet)	$0 (Tier 1)	PA, QL (270 per 30 days)
pirfenidone (534 mg tablet, 801 mg tablet)	$0 (Tier 1)	PA, QL (90 per 30 days)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10% vial, 20% vial)	$0 (Tier 1)	
ALYFTREK 10-50-125 MG TABLET	$0 (Tier 2)	PA, QL (60 per 30 days)
ALYFTREK 4-20-50 MG TABLET	$0 (Tier 2)	PA, QL (90 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT/PULMONARY AGENTS		
ANORO ELLIPTA 62.5-25 MCG INH	$0 (Tier 2)	QL (60 per 30 days)
BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR)	$0 (Tier 2)	QL (60 per 30 days)
BREYNA (80-4.5 MCG INHALER, 160-4.5 MCG INHALER)	$0 (Tier 1)	QL (33 per 30 days)
BREZTRI AEROSPHERE INHALER	$0 (Tier 2)	QL (10.7 per 30 days)
budesonide-formoterol fumarate (80-4.5, 160-4.5)	$0 (Tier 1)	QL (33 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG	$0 (Tier 2)	QL (4 per 30 days)
FASENRA (10 MG/0.5 ML SYRINGE, 30 MG/ML SYRINGE)	$0 (Tier 2)	PA
FASENRA PEN 30 MG/ML	$0 (Tier 2)	PA
fluticasone prop hfa 220 mcg	$0 (Tier 2)	QL (24 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT/PULMONARY AGENTS		
fluticasone propionate hfa (hfa 44 mcg, hfa 110 mcg)	$0 (Tier 2)	QL (12 per 30 days)
fluticasone-salmeterol (100-50, 250-50, 500-50)	$0 (Tier 1)	QL (60 per 30 days)
fluticasone-salmeterol (55-14, 113-14, 232-14)	$0 (Tier 1)	QL (1 per 30 days)
fluticasone-salmeterol hfa (45-21, 115-21, 230-21)	$0 (Tier 1)	QL (12 per 30 days)
iprat-albut 0.5-3(2.5) mg/3 ml	$0 (Tier 1)	
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	$0 (Tier 2)	PA, QL (3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE	$0 (Tier 2)	PA, QL (0.4 per 28 days)
STIOLTO RESPIMAT (INHAL SPRAY, INHALER (10), INHALER (60))	$0 (Tier 2)	QL (4 per 30 days)
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	$0 (Tier 2)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RESPIRATORY TRACT/PULMONARY AGENTS		
WINREVAIR (2 PACK) (45 MG KIT, 60 MG KIT)	$0 (Tier 2)	PA
WINREVAIR 45 MG VIAL	$0 (Tier 2)	PA
WINREVAIR 60 MG VIAL	$0 (Tier 2)	PA
WIXELA INHUB (100-50, 250-50, 500-50)	$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
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
carisoprodol 350 mg tablet	$0 (Tier 1)	QL (120 per 30 days)
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	PA, QL (90 per 30 days)
methocarbamol (500 mg tablet, 750 mg tablet)	$0 (Tier 1)	
orphenadrine er 100 mg tablet	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
ramelteon 8 mg tablet	$0 (Tier 1)	QL (30 per 30 days)
tasimelteon 20 mg capsule	$0 (Tier 1)	PA, QL (30 per 30 days)
temazepam (15 mg capsule, 30 mg capsule)	$0 (Tier 1)	PA, QL (30 per 30 days)
triazolam (0.125 mg tablet, 0.25 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
zaleplon (5 mg capsule, 10 mg capsule)	$0 (Tier 1)	PA, QL (30 per 30 days)
zolpidem tartrate (5 mg tablet, 10 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
zolpidem tartrate er (er 6.25 mg tab, er 12.5 mg tab)	$0 (Tier 1)	PA, QL (30 per 30 days)
WAKEFULNESS PROMOTING AGENTS		
armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SLEEP DISORDER AGENTS		
modafinil (100 mg tablet, 200 mg tablet)	$0 (Tier 1)	PA, QL (30 per 30 days)
sodium oxybate 0.5 g/ml soln	$0 (Tier 1)	PA
XYWAV 0.5 GM/ML ORAL SOLUTION	$0 (Tier 2)	PA, LA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUPPLIES		
SUPPLIES		
gauze pads & dressings - pads 2 x 2	$0 (Tier 1)	ST
insulin pen needle	$0 (Tier 1)	ST, QL (200 per 30 days)
insulin syringe (disp) u-100 0.3 ml	$0 (Tier 1)	ST, QL (200 per 30 days)
insulin syringe (disp) u-100 1/2 ml	$0 (Tier 1)	ST, QL (200 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUPPLIES		
insulin syringe (disp) u-100 1ml	$0 (Tier 1)	ST, QL (200 per 30 days)
isopropyl alcohol 0.7ml/ml medicated pad	$0 (Tier 1)	ST
needles, insulin disp., safety	$0 (Tier 1)	ST, QL (200 per 30 days)

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