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OneCare Connect Cal MediConnect (Medicare-Medicaid Plan)

2018 List of Covered Drugs (Formulary)

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

- ❖ OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits and/or co-pays may change on January 1 of each year.
- ❖ You can always check OneCare Connect's up-to-date List of Covered Drugs online at www.caloptima.org/onecareconnect or by calling **1-855-705-8823**.
- ❖ Limitations, co-pays, and restrictions may apply. For more information, call OneCare Connect Customer Service or read the OneCare Connect Member Handbook.
- ❖ Co-pays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
- ❖ You can get this information for free in other languages. Call OneCare Connect Customer Service at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free.
- ❖ Puede obtener esta información gratis en otros idiomas. Llame al Departamento de Servicios para Miembros de OneCare Connect al **1-855-705-8823**, las 24 horas al día, los 7 días de la semana. Usuarios de la línea TDD/TTY deben llamar al **1-800-735-2929**. Esta llamada es gratuita.
- ❖ Quý vị có thể nhận cẩm nang này miễn phí bằng những ngôn ngữ khác. Xin gọi Văn Phòng Dịch Vụ OneCare Connect ở số **1-855-705-8823**, 24 giờ một ngày, 7 ngày một tuần. Thành viên sử dụng máy TDD/TTY có thể gọi ở số **1-800-735-2929**. Cuộc gọi này thì miễn phí.

❖ شما می توانید این اطلاعات را به صورت رایگان به زبانهای دیگر دریافت کنید. با بخش خدمات مشتریان OneCare Connect ، طی 24 ساعت شبانه روز، در 7 روز هفته از طریق شماره **1-855-705-8823** تماس بگیرید. کاربران خط TDD/TTY می توانند با شماره **1-800-735-2929** تماس بگیرند. تماس با این شماره رایگان است.

 **If you have questions**, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

- ❖ 이 안내서는 다른 언어로 무료로 받으실 수 있습니다. OneCare Connect 고객 서비스 번호 **1-855-705-8823**으로, 주 7일 24시간 전화 주십시오. TDD/TTY사용자는 번호 **1-800-735-2929**로 전화 주십시오. 통화는 무료입니다.

❖ يمكنك الحصول على هذه المعلومات مجاناً بلغات أخرى. اتصل بخدمة عملاء OneCare Connect على **1-855-705-8823**، 24 ساعة في اليوم، 7 أيام في الأسبوع. يمكن لمستخدمي TDD/TTY الاتصال على **1-800-735-2929**. المكالمات مجانية.

- ❖ 您可以免費索取本資訊其它語言印刷的版本。請致電 OneCare Connect 計劃客戶服務部門專線 **1-855-705-8823**，服務時間為每週7天，每天24小時。TDD/TTY用戶可以撥打 **1-800-735-2929**。此號碼為免費。
- ❖ You can get this information for free in other formats, such as large print, braille, or audio. Call **1-855-705-8823**, TTY/TDD call **1-800-735-2929**, 24 hours a day, seven days a week. The call is free.
- ❖ You can also make a standing request to get materials in Spanish, Vietnamese, Korean or Farsi. Call **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at **1-800-735-2929**. The call is free.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

Frequently Asked Questions (FAQ)

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

1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)

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

OneCare Connect will cover all medically necessary drugs on the Drug List if:

- Your doctor or other prescriber says you need them to get better or stay healthy, *and*
- You fill the prescription at a OneCare Connect network pharmacy.

In some cases, you have to do something before you can get a drug (see question 5 below).

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

2. Does the Drug List ever change?

Yes. OneCare Connect may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- A cheaper drug comes along that works as well as a drug on the Drug List now, *or*
- We learn that a drug is not safe.

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

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from OneCare Connect before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page 11.)



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

→ You can always check OneCare Connect’s up-to-date Drug List online at www.caloptima.org/onecareconnect. You can also call Customer Service to check the current Drug List at **1-855-705-8823**.

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List *or* when you ask for a refill. Then you can get a 60-day supply of the drug before the drug is removed from the drug list. We will tell you about this change on a written report that we prepare for you called the Part D Explanation of Benefits (it is sometimes called the “Part D EOB”).

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. In the letter, we will give you information about what to do next. We will also tell your doctor or other prescriber about this 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 Customer Service for help at **1-855-705-8823**.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from OneCare Connect before you fill your prescription. If you don’t get approval, OneCare Connect may not cover the drug.
- **Quantity limits:** Sometimes OneCare Connect limits the amount of a drug you can get.
- **Step therapy:** Sometimes OneCare Connect requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn’t work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables that start on page 14. You can also get more information by visiting our web site at www.caloptima.org/onecareconnect. We have documents posted online that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

You can ask for an “exception” from these limits. Please see question 11 for more information on exceptions.

- ➔ 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. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new OneCare Connect member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see question 11 for more information about exceptions.

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

The List of Covered Drugs that begin on page 14 has a column labeled “Necessary actions, restrictions, or limits on use.”

7. What happens if we change our rules on how we cover some of the drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask your pharmacy for a refill. Then, you can get a 60-day supply of the drug before the change to the coverage rules is made. This gives you time to talk to your doctor or other prescriber about what to do next.

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Alphabetical Listing section. You can find the name of the drug in the Index that begins after the List of drugs by medical condition. 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 13. 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.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

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

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

- Ask Customer Service for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

10. What if you are a new OneCare Connect member and can't find your drug on the Drug List or have a problem getting your drug?

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

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

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

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 98 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to those on the Drug List or ask for an exception.

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; and 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 (unless you have a prescription written for fewer days) 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. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

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

Yes. You can ask OneCare Connect to make an exception to cover a drug that is not on the Drug List. You can also ask us to change the rules on your drug.

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

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

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

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

13. How can you ask for an exception?

To ask for an exception, call Customer Service. Customer Service will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

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

OneCare Connect covers both brand-name drugs and generic drugs.

15. What are OTC drugs?

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

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

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

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

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



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

17. What is your co-pay?

You can read the OneCare Connect Drug List to learn about the co-pay for each drug.

OneCare Connect members living in nursing homes or other long-term care facilities will have no co-pays. Some members getting long-term care in the community will also have no co-pays.

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

- Tier 1 drugs are generic drugs. The co-pay will be from \$0.00 to \$3.35, depending on your level of Extra Help.
- Tier 2 drugs are brand-name drugs. The co-pay will be from \$0.00 to \$8.35, depending on your level of Extra Help.
- Tier 3 drugs are non-Medicare drugs. They are items that are covered by Medi-Cal. The co-pay will be \$0.00.

List of Covered Drugs

The list of covered drugs that begins on page 14 gives you information about the drugs covered by OneCare Connect. If you have trouble finding your drug in the list, turn to the Index that begins after the List of drugs by medical condition.

The first column of the chart lists the name of the drug. Brand-name drugs are capitalized

(e.g., DEPAKOTE) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

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

You can find information on what the symbols and abbreviations in this table mean by going to page 11.

Note: The (*) next to a drug means the drug is not a “Part D drug.” You will not be required to pay a co-pay for these drugs. These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medi-Cal. If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Customer Service at **1-855-705-8823**. You can also read the Member Handbook to learn how to appeal a decision.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

List of Abbreviations

The tables below give you information about the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column.

Utilization Management Restrictions

Abbreviation	Description	Explanation
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from OneCare Connect before you fill your prescription for this drug. Without prior approval, OneCare Connect may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from OneCare Connect to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, OneCare Connect may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by the Centers for Medicare & Medicaid Services (CMS) to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from OneCare Connect before filling a prescription for this drug. Without prior approval, OneCare Connect may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from OneCare Connect before you fill your prescription for this drug. Without prior approval, OneCare Connect may not cover this drug.
QL	Quantity Limit Restriction	OneCare Connect limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before OneCare Connect 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.



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Other Special Requirements for Coverage

Abbreviation	Description	Explanation
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-855-705-8823 , 24 hours a day, 7 days a week. TDD/TTY users should call 1-800-735-2929 .
*	Not a Part D Drug	This drug is a non-Part D drug, or an OTC drug or product.



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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.



If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit www.caloptima.org/onecareconnect.

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acetaminop-codeine 120-12 mg/5</i>	\$0-\$3.35 (Tier 1)	QL (5000 per 30 days)
<i>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>aspirin 325 mg tablet*</i>	\$0 (Tier 3)	QL (100 per 30 days)
<i>aspirin 325 mg tablet dr*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>aspirin 81 mg tab chew*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>aspirin 81 mg tablet dr*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>butalbital-acetaminophen-caffeine 50-325-40 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA, QL (60 per 30 days)
ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>fentanyl 12 mcg/hr patch</i>	\$0-\$8.35 (Tier 2)	QL (10 per 30 days)
<i>hydrocodone-acetaminophen (hydrocodon-acetaminoph 7.5-325, hydrocodon-acetaminophen 5-325, hydrocodon-acetaminophn 10-325, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-325 mg)</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>hydrocodone-ibuprofen 7.5-200</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the List of Abbreviations on page 11.

If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit **www.caloptima.org/onecareconnect**.

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ibuprofen 200 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325)</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>oxycodone-aspirin 4.8355-325</i>	\$0-\$3.35 (Tier 1)	QL (360 per 30 days)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>celecoxib 400 mg capsule</i>	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>diclofenac pot 50 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>diclofenac sod er 100 mg tab</i>	\$0-\$8.35 (Tier 2)	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>diclofenac sodium 1% gel</i>	\$0-\$8.35 (Tier 2)	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Abbreviations on page 11.

If you have questions, please call OneCare Connect at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free. **For more information**, visit **www.caloptima.org/onecareconnect**.

Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLECTOR 1.3% PATCH	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
IBU (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	\$0-\$3.35 (Tier 1)	
<i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>indomethacin 25 mg capsule</i>	\$0-\$8.35 (Tier 2)	PA-HRM
<i>indomethacin 50 mg capsule</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>naproxen (125 mg/5 ml suspen, 250 mg tablet, 375 mg tablet, dr 375 mg tablet, dr 500 mg tablet, 500 mg kit, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
PENNSAID (2% PUMP, 2% SOLUTION PACKET)	\$0-\$8.35 (Tier 2)	PA, QL (112 per 30 days)
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	\$0-\$8.35 (Tier 2)	

You can find information on what the symbols and abbreviations in this table mean by going to the List of Abbreviations on page 11.

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Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (28 per 14 days)
<i>buprenorphine 0.3 mg/ml crpjct</i>	\$0-\$3.35 (Tier 1)	
<i>fentanyl (25 patch, 50 patch, 75 patch, 100 patch)</i>	\$0-\$8.35 (Tier 2)	QL (10 per 30 days)
KADIAN ER 200 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>levorphanol 2 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>methadone hcl (5 mg tablet, 10 mg/ml vial, 10 mg tablet, 200 mg/20 ml vl)</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>methadone hcl (5 mg/5 ml solution, 10 mg/5 ml solution)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>morphine sulfate (2 mg/ml isecure syr, 2 mg/ml carpject, 4 mg/ml carpject, 4 mg/ml isecure syr, 5 mg/ml syringe, 8 mg/ml carpject, 8 mg/ml isecure syrng, 10 mg/ml isecure syrg, 10 mg/ml carpject, sulf 20 mg/5 ml soln)</i>	\$0-\$8.35 (Tier 2)	
<i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 30 mg cap, er 50 mg cap, er 60 mg cap, er 80 mg cap)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)

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Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>morphine sulfate er (sulf er 100 mg tablet, sulf er 200 mg tablet, sulfate er 120 mg cap)</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (60 per 30 days)
<i>morphine sulfate er (sulf er 15 mg tablet, sulf er 30 mg tablet, sulf er 60 mg tablet, sulfate er 45 mg cap, sulfate er 75 mg cap, sulfate er 90 mg cap)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>morphine sulfate er 100 mg cap</i>	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>oxycodone hcl er (er 10 mg tablet, er 15 mg tablet, er 20 mg tablet, er 30 mg tablet, er 40 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>oxycodone hcl er (er 60 mg tablet, er 80 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (60 per 30 days)
OXYCONTIN (ER 10 MG TABLET, ER 15 MG TABLET, ER 20 MG TABLET, ER 30 MG TABLET, ER 40 MG TABLET, ER 60 MG TABLET, ER 80 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
<i>oxymorphone hcl er (er 5 mg tablet, er 10 mg tab, er 15 mg tab, er 20 mg tab, er 30 mg tab, er 40 mg tab)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>oxymorphone hcl er 7.5 mg tab</i>	\$0-\$3.35 (Tier 1)	

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Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
DURAMORPH (5 MG/10 ML AMPUL, 10 MG/10 ML AMPUL)	\$0-\$8.35 (Tier 2)	
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>	\$0-\$8.35 (Tier 2)	PA, QL (180 per 30 days)
<i>hydromorphone hcl (1 mg/ml solution, 2 mg tablet, 4 mg tablet, 5 mg/5 ml soln, 8 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>meperidine hcl (25 mg/ml vial, 50 mg/5 ml solution, 50 mg/ml vial, 100 mg/ml vial)</i>	\$0-\$3.35 (Tier 1)	PA
<i>morphine sulfate (sulf 10 mg/5 ml soln, sulf 100 mg/5 ml soln, sulfate ir 15 mg tab, sulfate ir 30 mg tab)</i>	\$0-\$8.35 (Tier 2)	
<i>nalbuphine hcl (10 mg/ml ampul, 20 mg/ml ampul, 100 mg/10 ml vial, 200 mg/10 ml vial)</i>	\$0-\$3.35 (Tier 1)	PA
<i>oxycodone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>oxycodone hcl (5 mg/5 ml soln, 5 mg capsule, 100 mg/5 ml soln)</i>	\$0-\$8.35 (Tier 2)	
<i>oxymorphone hcl (5 mg tablet, 10 mg tablet)</i>	\$0-\$8.35 (Tier 2)	

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Analgesics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tramadol hcl 50 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (240 per 30 days)

Anesthetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lidocaine 5% patch</i>	\$0-\$3.35 (Tier 1)	PA, QL (90 per 30 days)
<i>lidocaine 2% viscous soln</i>	\$0-\$3.35 (Tier 1)	
<i>lidocaine hcl (0.5% vial, 2% vial, 2% 100 mg/5 ml, 2% jelly, 4% solution)</i>	\$0-\$3.35 (Tier 1)	
<i>lidocaine-prilocaine cream</i>	\$0-\$8.35 (Tier 2)	

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Anti-Addiction/Substance Abuse Treatment Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acamprosate calc dr 333 mg tab</i>	\$0-\$8.35 (Tier 2)	
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>naltrexone 50 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>buprenorphine 0.3 mg/ml vial</i>	\$0-\$3.35 (Tier 1)	
NICOTROL CARTRIDGE INHALER	\$0-\$8.35 (Tier 2)	QL (504 per 30 days)
NICOTROL NS 10 MG/ML SPRAY	\$0-\$8.35 (Tier 2)	QL (504 per 30 days)
<i>buprenorphin-naloxon 8-2 mg sl</i>	\$0-\$3.35 (Tier 1)	QL (90 per 30 days)
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>buprenorphn-naloxn 2-0.5 mg sl</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
NARCAN 4 MG NASAL SPRAY	\$0-\$8.35 (Tier 2)	QL (2 per 30 days)
VIVITROL (380 MG VIAL, 380 MG VIAL + DILUENT)	\$0-\$8.35 (Tier 2)	PA

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Anti-Addiction/Substance Abuse Treatment Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EVZIO 2 MG AUTO-INJECTOR	\$0-\$8.35 (Tier 2)	PA, QL (0.8 per 30 days)
<i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml carpject, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>bupropion hcl sr 150 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
CHANTIX (0.5 MG TABLET, 1 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
CHANTIX 1 MG CONT MONTH BOX	\$0-\$8.35 (Tier 2)	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX	\$0-\$8.35 (Tier 2)	QL (53 per 28 days)
<i>nicotine 14mg/24hr patch td24*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>nicotine 21 mg/24hr patch td24*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>nicotine 21-14-7mg patch dysq*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>nicotine 7mg/24hr patch td24*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>nicotine polacrilex 2 mg gum*</i>	\$0 (Tier 3)	QL (360 per 30 days)
<i>nicotine polacrilex 2 mg lozenge*</i>	\$0 (Tier 3)	QL (360 per 30 days)
<i>nicotine polacrilex 4 mg gum*</i>	\$0 (Tier 3)	QL (360 per 30 days)
<i>nicotine polacrilex 4 mg lozenge*</i>	\$0 (Tier 3)	QL (360 per 30 days)

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amikacin sulf 500 mg/2 ml vial</i>	\$0-\$3.35 (Tier 1)	
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, 0.3% eye drop, 3 mg/ml eye drop, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>gentamicin sulfate in ns (isoton 60 mg/50 ml, 60 mg/ns 50 ml pb, iso 100 mg/100 ml, isoton 80 mg/50 ml, 80 mg/ns 100 ml pb, isoton 80 mg/100 ml, 80 mg/ns 50 ml pb, 100 mg/ns 100 ml)</i>	\$0-\$3.35 (Tier 1)	
<i>neomycin 500 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>paramomycin 250 mg capsule</i>	\$0-\$3.35 (Tier 1)	
<i>streptomycin sulf 1 gm vial</i>	\$0-\$3.35 (Tier 1)	
TOBRADEX EYE OINTMENT	\$0-\$8.35 (Tier 2)	QL (7 per 30 days)
<i>tobramycin 0.3% eye drop</i>	\$0-\$3.35 (Tier 1)	
<i>tobramycin sulfate (1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	\$0-\$3.35 (Tier 1)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOBREX 0.3% EYE OINTMENT	\$0-\$8.35 (Tier 2)	
<i>amoxicillin 250 mg/5 ml susp</i>	\$0-\$3.35 (Tier 1)	
<i>azithromycin 500 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (3 per 30 days)
<i>azithromycin i.v. 500 mg vial</i>	\$0-\$3.35 (Tier 1)	
<i>cefotetan (1 gm vial, 2 gm vial)</i>	\$0-\$3.35 (Tier 1)	
<i>ceftriaxone (2 gm vial, 2 gm add vial)</i>	\$0-\$3.35 (Tier 1)	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	\$0-\$3.35 (Tier 1)	
<i>ciprofloxacin-d5w (ciprofloxacin-d5w 200 mg/100 ml, ciprofloxacin-d5w 400 mg/200 ml)</i>	\$0-\$3.35 (Tier 1)	
<i>clindamycin phosphate (150 mg/ml addvan, ph 300 mg/2 ml vl, ph 900 mg/6 ml vl, 900 mg/6 ml addvan)</i>	\$0-\$3.35 (Tier 1)	
<i>colistimethate 150 mg vial</i>	\$0-\$8.35 (Tier 2)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>daptomycin 500 mg vial</i>	\$0-\$8.35 (Tier 2)	PA
<i>doxycycline hyclate (50 mg cap, 100 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>doxycycline hyclate 100 mg cap</i>	\$0-\$8.35 (Tier 2)	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 75 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
ERYTHROCIN LACTOBIONATE (500 MG VIAL, 500 MG ADDVNT VL)	\$0-\$8.35 (Tier 2)	
<i>imipenem-cilastatin 500 mg vl</i>	\$0-\$3.35 (Tier 1)	
<i>levofloxacin (500 mg/20 ml vial, 750 mg/30 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>levofloxacin 500 mg/100 ml-d5w</i>	\$0-\$3.35 (Tier 1)	
<i>lincomycin hcl (3 gm/10 ml vial, 600 mg/2 ml vl)</i>	\$0-\$3.35 (Tier 1)	PA
<i>linezolid 600 mg/300 ml-d5w</i>	\$0-\$3.35 (Tier 1)	PA
<i>neomycin-polymyxin b (40 mg/ml vl, 40 mg/ml amp)</i>	\$0-\$3.35 (Tier 1)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>piperacil-tazobact 40.5 gram</i>	\$0-\$3.35 (Tier 1)	
SYNERCID 500 MG VIAL	\$0-\$8.35 (Tier 2)	PA
<i>vancomycin hcl (hcl 250 mg vial, 500 mg vial, 500 mg a-v vial)</i>	\$0-\$3.35 (Tier 1)	
<i>acetic acid 2% ear solution</i>	\$0-\$8.35 (Tier 2)	
<i>bacitracin (500 unit/gm ophth, 50,000 unit vial)</i>	\$0-\$3.35 (Tier 1)	
BACTROBAN NASAL 2% OINTMENT	\$0-\$8.35 (Tier 2)	
<i>benznidazole (12.5 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA, QL (240 per 365 days)
<i>chloramphen na succ 1 gm vl</i>	\$0-\$3.35 (Tier 1)	
CLEOCIN 100 MG VAGINAL OVULE	\$0-\$8.35 (Tier 2)	
<i>clindamycin 75 mg/5 ml soln</i>	\$0-\$3.35 (Tier 1)	
<i>clindamycin hcl (150 mg capsule, 300 mg capsule)</i>	\$0-\$8.35 (Tier 2)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin hcl 75 mg capsule</i>	\$0-\$3.35 (Tier 1)	
<i>clindamycin pediater 75 mg/5 ml</i>	\$0-\$3.35 (Tier 1)	
<i>clindamycin phosphate (9 g/60 ml vial, 300 mg/2 ml vl, 600 mg/4 ml vl)</i>	\$0-\$3.35 (Tier 1)	
<i>clindamycin phosphate (ph 1% solution, ph 1% gel, phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i>	\$0-\$8.35 (Tier 2)	
<i>clindamycin phosphate-d5w (clindamycin-d5w 900 mg/50 ml, clindamycin-d5w 600 mg/50 ml, clindamycin-d5w 300 mg/50 ml)</i>	\$0-\$3.35 (Tier 1)	
DALVANCE 500 MG VIAL	\$0-\$8.35 (Tier 2)	PA
<i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA
<i>metronidazole (0.75% lotion, topical 0.75% gl, 0.75% cream, topical 1% gel, vaginal 0.75% gl, 500 mg/100 ml)</i>	\$0-\$8.35 (Tier 2)	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
MONUROL 3 GM SACHET	\$0-\$8.35 (Tier 2)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mupirocin 2% cream</i>	\$0-\$8.35 (Tier 2)	
<i>mupirocin 2% ointment</i>	\$0-\$3.35 (Tier 1)	
<i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)</i>	\$0-\$8.35 (Tier 2)	PA-HRM
<i>nitrofurantoin mono-mcr 100 mg</i>	\$0-\$8.35 (Tier 2)	PA-HRM
ORBACTIV 400 MG VIAL	\$0-\$8.35 (Tier 2)	PA, QL (3 per 30 days)
<i>polymyxin b sulfate vial</i>	\$0-\$3.35 (Tier 1)	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	\$0-\$8.35 (Tier 2)	PA, QL (6 per 30 days)
SOLOSEC 2 GM GRANULE PACKET	\$0-\$8.35 (Tier 2)	PA
SULFAMYLON 8.5% CREAM	\$0-\$8.35 (Tier 2)	
<i>tigecycline 50 mg vial</i>	\$0-\$8.35 (Tier 2)	PA
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trimethoprim 100 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>vancomycin hcl (1 gm vial, 1 gm add-van vial, hcl 5 gm vial, hcl 10 gm vial)</i>	\$0-\$3.35 (Tier 1)	
<i>vancomycin hcl 125 mg capsule</i>	\$0-\$8.35 (Tier 2)	PA, QL (160 per 30 days)
XIFAXAN (200 MG TABLET, 550 MG TABLET)	\$0-\$8.35 (Tier 2)	PA
AVYCAZ 2.5 GRAM VIAL	\$0-\$8.35 (Tier 2)	PA
<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg/5 ml susp, 500 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>cefazolin sodium (1 gm vial, 10 gm vial, 500 mg vial)</i>	\$0-\$3.35 (Tier 1)	
<i>cefazolin sodium-0.9% nacl (cefazolin-0.9% 2 g/100 ml, cefazolin 2 g/100 ml-0.9%)</i>	\$0-\$8.35 (Tier 2)	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	\$0-\$3.35 (Tier 1)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp)</i>	\$0-\$3.35 (Tier 1)	
<i>cefotaxime sodium (1 gm vial, 2 gm vial, 500 mg vial)</i>	\$0-\$3.35 (Tier 1)	
<i>cefoxitin (1 gm vial, 2 gm vial, 10 gm vial)</i>	\$0-\$3.35 (Tier 1)	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg/5 ml susp, 100 mg tablet, 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>	\$0-\$3.35 (Tier 1)	
<i>ceftriaxone (1 gm vial, 10 gm vial, 250 mg vial, 500 mg vial)</i>	\$0-\$3.35 (Tier 1)	
<i>cefuroxime (250 mg tab, 500 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>cefuroxime sod 7.5 gm vial</i>	\$0-\$3.35 (Tier 1)	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 500 mg tablet, 500 mg capsule)</i>	\$0-\$3.35 (Tier 1)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUPRAX 400 MG CAPSULE	\$0-\$8.35 (Tier 2)	
TEFLARO (400 MG VIAL, 600 MG VIAL)	\$0-\$8.35 (Tier 2)	
ZERBAXA 1.5 GRAM VIAL	\$0-\$8.35 (Tier 2)	PA
AZACTAM 2 GM VIAL	\$0-\$8.35 (Tier 2)	
AZACTAM-ISO-OSMOT 2 GM/50 ML	\$0-\$8.35 (Tier 2)	
<i>aztreonam 1 gm vial</i>	\$0-\$3.35 (Tier 1)	
<i>ertapenem 1 gram vial</i>	\$0-\$8.35 (Tier 2)	PA
<i>imipenem-cilastatin 250 mg vl</i>	\$0-\$3.35 (Tier 1)	
INVANZ 1 GM VIAL	\$0-\$8.35 (Tier 2)	PA
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	\$0-\$3.35 (Tier 1)	PA
VABOMERE 2 GRAM VIAL	\$0-\$8.35 (Tier 2)	PA

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin (125 mg/5 ml susp, 125 mg tab chew, 250 mg capsule, 250 mg tab chew, 500 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>amoxicillin (200 mg/5 ml susp, 400 mg/5 ml susp, 500 mg tablet, 875 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 400-57 mg tab chew)</i>	\$0-\$3.35 (Tier 1)	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-62.5 mg/5 ml sus, 250-125 mg tablet, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>ampicillin 500 mg capsule</i>	\$0-\$3.35 (Tier 1)	
<i>ampicillin sodium (1 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial)</i>	\$0-\$3.35 (Tier 1)	
<i>ampicillin-sulbactam (1.5 gm vl, 3 gm vial, 15 gm vl)</i>	\$0-\$3.35 (Tier 1)	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	\$0-\$8.35 (Tier 2)	
BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS)	\$0-\$8.35 (Tier 2)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>naftillin sodium (1 gm vial, 10 gm bulk vial)</i>	\$0-\$3.35 (Tier 1)	
<i>oxacillin (1 50 ml inj, 2 50 ml inj)</i>	\$0-\$8.35 (Tier 2)	
<i>oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm vial)</i>	\$0-\$3.35 (Tier 1)	
<i>pen g 1.2 million unit/2 ml</i>	\$0-\$3.35 (Tier 1)	
<i>penicillin g na 5 million unit</i>	\$0-\$3.35 (Tier 1)	
<i>penicillin g potassium (g k 5 million, gk 20 million)</i>	\$0-\$3.35 (Tier 1)	
<i>penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)</i>	\$0-\$8.35 (Tier 2)	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>	\$0-\$3.35 (Tier 1)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AZASITE 1% EYE DROPS	\$0-\$8.35 (Tier 2)	
<i>azithromycin (1 gm pwd packet, 200 mg/5 ml susp)</i>	\$0-\$8.35 (Tier 2)	
<i>azithromycin 100 mg/5 ml susp</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>azithromycin 250 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (8 per 30 days)
<i>azithromycin 250 mg tablet (dose pack)</i>	\$0-\$3.35 (Tier 1)	QL (6 per 30 days)
<i>azithromycin 500 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (4 per 30 days)
<i>azithromycin 600 mg tablet</i>	\$0-\$8.35 (Tier 2)	PA
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	\$0-\$8.35 (Tier 2)	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>erythromycin (0.5% eye ointment, 2% solution, 250 mg filmtab, 500 mg filmtab)</i>	\$0-\$3.35 (Tier 1)	
<i>erythromycin 2% gel</i>	\$0-\$8.35 (Tier 2)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BAXDELA (300 MG VIAL, 450 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (28 per 14 days)
BESIVANCE 0.6% SUSP	\$0-\$8.35 (Tier 2)	PA, QL (5 per 30 days)
CILOXAN 0.3% OINTMENT	\$0-\$8.35 (Tier 2)	PA
<i>ciprofloxacin (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	\$0-\$3.35 (Tier 1)	
<i>ciprofloxacin 0.3% eye drop</i>	\$0-\$8.35 (Tier 2)	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>gatifloxacin 0.5% eye drops</i>	\$0-\$8.35 (Tier 2)	
<i>levofloxacin (25 mg/ml solution, 250 mg/10 ml soln, 500 mg/20 ml soln)</i>	\$0-\$8.35 (Tier 2)	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (28 per 14 days)
<i>levofloxacin 0.5% eye drops</i>	\$0-\$3.35 (Tier 1)	
<i>levofloxacin 750 mg/150 ml-d5w</i>	\$0-\$3.35 (Tier 1)	

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>moxifloxacin 0.5% eye drops</i>	\$0-\$8.35 (Tier 2)	PA
<i>ofloxacin (0.3% ear drops, 0.3% eye drops, 300 mg tablet, 400 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
SILVADENE 1% CREAM	\$0-\$8.35 (Tier 2)	
<i>silver sulfadiazine 1% cream</i>	\$0-\$8.35 (Tier 2)	
<i>sodium sulfacetamide 10% lot</i>	\$0-\$8.35 (Tier 2)	
SSD 1% CREAM	\$0-\$8.35 (Tier 2)	
<i>sulfacetamide sodium (10% drops, 10% ointment)</i>	\$0-\$3.35 (Tier 1)	
<i>sulfacetamide sodium (sod 10% top susp, sodium 10% lotn)</i>	\$0-\$8.35 (Tier 2)	
<i>sulfadiazine 500 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>sulfamethoxazole-trimethoprim (ds tablet, inj vial, ss tablet, susp)</i>	\$0-\$3.35 (Tier 1)	
<i>demeclocycline hcl (150 mg tablet, 300 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA

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Antibacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DOXY 100 VIAL	\$0-\$3.35 (Tier 1)	
<i>doxycycline hyclate (hyc 100 mg vial, hyclate 100 mg vl)</i>	\$0-\$3.35 (Tier 1)	
<i>doxycycline mono 100 mg cap</i>	\$0-\$8.35 (Tier 2)	
<i>doxycycline monohydrate (50 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
VIBRAMYCIN 50 MG/5 ML SYRUP	\$0-\$8.35 (Tier 2)	

Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diazepam 20 mg rectal gel syst</i>	\$0-\$8.35 (Tier 2)	
<i>fosphenytoin 100 mg pe/2 ml vl</i>	\$0-\$3.35 (Tier 1)	

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Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>phenytoin sodium (50 mg/ml vial, 50 mg/ml ampul, 100 mg/2 ml vial, 250 mg/5 ml vial)</i>	\$0-\$3.35 (Tier 1)	
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
BRIVIACT 10 MG/ML ORAL SOLN	\$0-\$8.35 (Tier 2)	PA NSO, QL (600 per 30 days)
BRIVIACT 50 MG/5 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO, QL (80 per 4 days)
EPIDIOLEX 100 MG/ML SOLUTION	\$0-\$8.35 (Tier 2)	PA NSO
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg/5 ml vial, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>levetiracetam er 500 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (180 per 30 days)
<i>levetiracetam er 750 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)</i>	\$0-\$8.35 (Tier 2)	
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	\$0-\$8.35 (Tier 2)	

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Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CELONTIN 300 MG KAPSEAL	\$0-\$8.35 (Tier 2)	
<i>ethosuximide 250 mg capsule</i>	\$0-\$8.35 (Tier 2)	
<i>ethosuximide 250 mg/5 ml soln</i>	\$0-\$3.35 (Tier 1)	
LYRICA (150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION	\$0-\$8.35 (Tier 2)	PA NSO, QL (960 per 30 days)
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>clonazepam (0.125 mg odt, 0.125 mg dis tab, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg odt, 1 mg dis tablet, 2 mg odt)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)

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Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonazepam 2 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (300 per 30 days)
<i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (180 per 30 days)
DIASTAT 2.5 MG PEDI SYSTEM	\$0-\$8.35 (Tier 2)	
DIASTAT ACUDIAL (5-7.5-10 MG KT, 12.5-15-20 MG)	\$0-\$8.35 (Tier 2)	
<i>divalproex dr 125 mg cap sprnk</i>	\$0-\$8.35 (Tier 2)	
<i>divalproex sodium (dr 125 mg tab, dr 250 mg tab, dr 500 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>divalproex sodium er (er 250 mg tab, er 500 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>gabapentin (100 mg capsule, 300 mg capsule, 600 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (180 per 30 days)
<i>gabapentin 250 mg/5 ml soln</i>	\$0-\$8.35 (Tier 2)	QL (2400 per 30 days)
<i>gabapentin 400 mg capsule</i>	\$0-\$8.35 (Tier 2)	QL (300 per 30 days)
<i>gabapentin 800 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (120 per 30 days)

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Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GABITRIL 12 MG TABLET	\$0-\$8.35 (Tier 2)	QL (90 per 30 days)
ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml soln, 20 mg/5 ml elix, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>primidone (50 mg tablet, 250 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
SABRIL 500 MG TABLET	\$0-\$8.35 (Tier 2)	
<i>tiagabine hcl (12 mg tablet, 16 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (90 per 30 days)
<i>tiagabine hcl (2 mg tablet, 4 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>valproate sod 500 mg/5 ml vl</i>	\$0-\$3.35 (Tier 1)	
<i>valproic acid (250 mg/5 ml soln, 250 mg capsule, 500 mg/10 ml sol)</i>	\$0-\$3.35 (Tier 1)	
<i>vigabatrin 500 mg powder packt</i>	\$0-\$3.35 (Tier 1)	

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Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)</i>	\$0-\$8.35 (Tier 2)	
FYCOMPA (8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
FYCOMPA 0.5 MG/ML ORAL SUSP	\$0-\$8.35 (Tier 2)	QL (680 per 28 days)
FYCOMPA 2 MG TABLET	\$0-\$8.35 (Tier 2)	QL (180 per 30 days)
FYCOMPA 4 MG TABLET	\$0-\$8.35 (Tier 2)	QL (120 per 30 days)
FYCOMPA 6 MG TABLET	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 25 mg tb start kit, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>lamotrigine tab start kit-blue</i>	\$0-\$3.35 (Tier 1)	
<i>lamotrigine tab start kt-green</i>	\$0-\$3.35 (Tier 1)	
<i>lamotrigine tab start kt-orang</i>	\$0-\$3.35 (Tier 1)	

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Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0-\$3.35 (Tier 1)	
SUBVENITE TAB START KIT (BLUE)	\$0-\$3.35 (Tier 1)	
SUBVENITE TAB START KIT(GREEN)	\$0-\$3.35 (Tier 1)	
SUBVENITE TAB START KT(ORANGE)	\$0-\$3.35 (Tier 1)	
<i>topiramate (15 mg cap, 25 mg cap)</i>	\$0-\$3.35 (Tier 1)	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
APTIOM 800 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	\$0-\$8.35 (Tier 2)	
<i>carbamazepine (100 mg/5 ml susp, 100 mg tab chew, 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	\$0-\$8.35 (Tier 2)	

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Anticonvulsants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE)	\$0-\$3.35 (Tier 1)	
DILANTIN 125 MG/5 ML SUSP	\$0-\$8.35 (Tier 2)	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>oxcarbazepine 300 mg/5 ml susp</i>	\$0-\$8.35 (Tier 2)	
PEGANONE 250 MG TABLET	\$0-\$8.35 (Tier 2)	
PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE)	\$0-\$3.35 (Tier 1)	
<i>phenytoin (50 mg infatab, 50 mg tablet chew)</i>	\$0-\$3.35 (Tier 1)	
<i>phenytoin 125 mg/5 ml susp</i>	\$0-\$8.35 (Tier 2)	
<i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>	\$0-\$3.35 (Tier 1)	
VIMPAT (10 MG/ML SOLUTION, 200 MG/20 ML VIAL)	\$0-\$8.35 (Tier 2)	
VIMPAT (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)

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Antidementia Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ergoloid mesylates 1 mg tab</i>	\$0-\$3.35 (Tier 1)	PA
<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>galantamine 4 mg/ml oral soln</i>	\$0-\$3.35 (Tier 1)	QL (200 per 30 days)
<i>galantamine er (er 8 mg capsule, er 16 mg capsule)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>galantamine er 24 mg capsule</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>memantine hcl (hcl 5 mg tablet, 5-10 mg titration pk, hcl 10 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>memantine hcl 2 mg/ml solution</i>	\$0-\$3.35 (Tier 1)	QL (480 per 30 days)

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Antidementia Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>memantine hcl er (er 14 mg capsule, er 21 mg capsule, er 28 mg capsule)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>memantine hcl er 7 mg capsule</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
NAMENDA XR TITRATION PACK	\$0-\$8.35 (Tier 2)	QL (28 per 28 days)

Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olanzapine-fluoxetine hcl (3-25 mg, 6-25 mg, 6-50 mg, 12-25 mg, 12-50 mg)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>perphenazine-amitriptyline (2 mg-25 mg tab, 2 mg-10 mg tab, 4 mg-50 mg tab, 4 mg-25 mg tab, 4 mg-10 mg tab)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>bupropion hcl 100 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>bupropion hcl 75 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (90 per 30 days)
<i>bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)

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Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	\$0-\$8.35 (Tier 2)	PA NSO
MARPLAN 10 MG TABLET	\$0-\$8.35 (Tier 2)	
<i>phenelzine sulfate 15 mg tab</i>	\$0-\$8.35 (Tier 2)	
<i>tranylcypromine sulf 10 mg tab</i>	\$0-\$8.35 (Tier 2)	
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>citalopram hbr 10 mg/5 ml soln</i>	\$0-\$3.35 (Tier 1)	QL (600 per 30 days)
<i>desvenlafaxine er 100 mg tab</i>	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
<i>desvenlafaxine er 50 mg tab</i>	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)

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Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desvenlafaxine suc er 100 mg</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (120 per 30 days)
<i>desvenlafaxine succinate er (er 25 mg tb, er 50 mg tb)</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (30 per 30 days)
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>escitalopram oxalate 5 mg/5 ml</i>	\$0-\$8.35 (Tier 2)	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
FETZIMA 20-40 MG TITRATION PAK	\$0-\$8.35 (Tier 2)	PA NSO, QL (28 per 28 days)
<i>fluoxetine 20 mg/5 ml solution</i>	\$0-\$3.35 (Tier 1)	QL (600 per 30 days)
<i>fluoxetine hcl (10 mg tablet, 10 mg capsule, 40 mg capsule)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>fluoxetine hcl (20 mg tablet, 20 mg capsule)</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)

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Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>fluvoxamine maleate 100 mg tab</i>	\$0-\$8.35 (Tier 2)	QL (90 per 30 days)
<i>maprotiline hcl (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (30 per 30 days)
<i>paroxetine hcl 30 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (60 per 30 days)
PAXIL 10 MG/5 ML SUSPENSION	\$0-\$8.35 (Tier 2)	PA NSO
<i>sertraline hcl (20 mg/ml oral soln, 20 mg/ml oral conc)</i>	\$0-\$8.35 (Tier 2)	QL (300 per 30 days)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>sertraline hcl 100 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i>	\$0-\$3.35 (Tier 1)	

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Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (90 per 30 days)
<i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab, er 225 mg tab)</i>	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
<i>venlafaxine hcl er 150 mg tab</i>	\$0-\$8.35 (Tier 2)	ST, QL (60 per 30 days)
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA NSO

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Antidepressants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>nortriptyline 10 mg/5 ml soln</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>nortriptyline 20 mg/10 ml soln</i>	\$0-\$8.35 (Tier 2)	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>trimipramine maleate (25 mg cap, 50 mg cap)</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (90 per 30 days)
<i>trimipramine maleate 100 mg cp</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (60 per 30 days)

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Antiemetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALOXI 0.25 MG/5 ML VIAL	\$0-\$8.35 (Tier 2)	PA
<i>aprepitant (80 mg capsule, 125 mg capsule)</i>	\$0-\$3.35 (Tier 1)	PA, QL (12 per 30 days)
<i>aprepitant 125-80-80 mg pack</i>	\$0-\$3.35 (Tier 1)	PA
<i>aprepitant 40 mg capsule</i>	\$0-\$3.35 (Tier 1)	PA, QL (10 per 30 days)
<i>granisetron hcl 4 mg/4 ml vial</i>	\$0-\$3.35 (Tier 1)	
<i>palonosetron hcl (0.25 mg/5 ml vial, 0.25 mg/2 ml vial)</i>	\$0-\$8.35 (Tier 2)	PA
<i>diphenhydramine hcl (50 mg/ml syrng, 50 mg/ml vial)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/2 ml vial, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>prochlorperazine 10 mg/2 ml vl</i>	\$0-\$3.35 (Tier 1)	

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Antiemetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prochlorperazine 25 mg supp</i>	\$0-\$3.35 (Tier 1)	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg tablet, 12.5 mg suppos, 25 mg tablet, 25 mg/ml ampul, 25 mg/ml vial, 25 mg suppository, 50 mg/ml ampul, 50 mg/ml vial, 50 mg tablet, 50 mg suppository)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>scopolamine 1 mg/3 day patch</i>	\$0-\$3.35 (Tier 1)	QL (10 per 30 days)
<i>trimethobenzamide 300 mg cap</i>	\$0-\$3.35 (Tier 1)	PA-HRM
CESAMET 1 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA
<i>dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0-\$8.35 (Tier 2)	PA
<i>granisetron hcl (0.1 mg/ml vial, 1 mg/ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>granisetron hcl 1 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)

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Antiemetics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ondansetron hcl (hcl 4 mg/2 ml amp, 4 mg/2 ml isecure, 4 mg/5 ml solution, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>ondansetron hcl 24 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
SYNDROS 5 MG/ML SOLUTION	\$0-\$8.35 (Tier 2)	PA, QL (120 per 30 days)

Antifungals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABELCET 100 MG/20 ML VIAL	\$0-\$8.35 (Tier 2)	PA
AMBISOME 50 MG VIAL	\$0-\$8.35 (Tier 2)	PA
<i>amphotericin b 50 mg vial</i>	\$0-\$3.35 (Tier 1)	PA
<i>caspofungin acetate (50 mg vial, 70 mg vial)</i>	\$0-\$8.35 (Tier 2)	PA

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Antifungals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciclopirox (0.77% topical susp, 0.77% cream, 8% solution)</i>	\$0-\$3.35 (Tier 1)	
<i>clotrimazole (1% cream, 10 mg troche)</i>	\$0-\$3.35 (Tier 1)	
<i>econazole nitrate 1% cream</i>	\$0-\$3.35 (Tier 1)	
ERAXIS (WATER DILUENT) (DIL) 50 MG VIAL, DIL) 100 MG VIAL)	\$0-\$8.35 (Tier 2)	PA
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>fluconazole 150 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (4 per 30 days)
<i>fluconazole in saline (200 mg/100 ml, 400 mg/200 ml)</i>	\$0-\$3.35 (Tier 1)	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	\$0-\$3.35 (Tier 1)	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	\$0-\$8.35 (Tier 2)	PA
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	\$0-\$8.35 (Tier 2)	

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Antifungals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>itraconazole 10 mg/ml solution</i>	\$0-\$3.35 (Tier 1)	
<i>itraconazole 100 mg capsule</i>	\$0-\$8.35 (Tier 2)	
<i>ketoconazole (2% cream, 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>ketoconazole 2% shampoo</i>	\$0-\$8.35 (Tier 2)	
<i>miconazole 3 200 mg vag supp</i>	\$0-\$3.35 (Tier 1)	
MYCAMINE (50 MG VIAL, 100 MG VIAL)	\$0-\$8.35 (Tier 2)	PA
<i>naftifine hcl (1% cream, 2% cream)</i>	\$0-\$8.35 (Tier 2)	
NATACYN EYE DROPS	\$0-\$8.35 (Tier 2)	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	\$0-\$8.35 (Tier 2)	PA
NYAMYC 100,000 UNITS/GM POWDER	\$0-\$3.35 (Tier 1)	
<i>nystatin (100,000 unit/gm powd, 100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml sus)</i>	\$0-\$3.35 (Tier 1)	

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Antifungals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nystatin-triamcinolone (cream, ointm)</i>	\$0-\$3.35 (Tier 1)	
NYSTOP 100,000 UNITS/GM POWDER	\$0-\$3.35 (Tier 1)	
<i>oxiconazole nitrate 1% cream</i>	\$0-\$8.35 (Tier 2)	
OXISTAT 1% LOTION	\$0-\$8.35 (Tier 2)	
SPORANOX 10 MG/ML SOLUTION	\$0-\$8.35 (Tier 2)	
<i>terbinafine hcl 250 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>terconazole (0.4% cream, 0.8% cream)</i>	\$0-\$8.35 (Tier 2)	
<i>terconazole 80 mg suppository</i>	\$0-\$3.35 (Tier 1)	
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg vial, 200 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA

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Antigout Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
DUZALLO 200-300 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>probenecid 500 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>probenecid-colchicine tabs</i>	\$0-\$3.35 (Tier 1)	
ZURAMPIC 200 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)

Antimigraine Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dihydroergotamine 1 mg/ml amp</i>	\$0-\$3.35 (Tier 1)	
<i>dihydroergotamine 4 mg/ml spry</i>	\$0-\$8.35 (Tier 2)	PA

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Antimigraine Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MIGERGOT SUPPOSITORY	\$0-\$3.35 (Tier 1)	QL (24 per 30 days)
AIMOVIG 140 MG DOSE-2 AUTOINJ	\$0-\$8.35 (Tier 2)	PA, QL (2 per 28 days)
AIMOVIG 70 MG/ML AUTOINJECTOR	\$0-\$8.35 (Tier 2)	PA, QL (2 per 28 days)
<i>naratriptan (1 mg tablet, 2.5 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (12 per 30 days)
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan (5 mg tablet, 5 mg odt, 10 mg tablet, 10 mg odt)</i>	\$0-\$8.35 (Tier 2)	QL (18 per 28 days)
<i>sumatriptan (5 mg nasal spray, 20 mg nasal spray)</i>	\$0-\$8.35 (Tier 2)	QL (12 per 30 days)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate (4 mg/0.5 ml inject, 4 mg/0.5 ml cart, 6 mg/0.5 ml refill, 6 mg/0.5 ml vial, 6 mg/0.5 ml inject)</i>	\$0-\$8.35 (Tier 2)	QL (4 per 28 days)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (6 per 30 days)

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Antimigraine Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zolmitriptan odt (2.5 mg odt, 5 mg odt)</i>	\$0-\$8.35 (Tier 2)	QL (6 per 30 days)

Antimyasthenic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>guanidine hcl 125 mg tablet</i>	\$0-\$8.35 (Tier 2)	
MESTINON 60 MG/5 ML SYRUP	\$0-\$8.35 (Tier 2)	
<i>pyridostigmine br 60 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>pyridostigmine er 180 mg tab</i>	\$0-\$8.35 (Tier 2)	

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Antimycobacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
PASER GRANULES 4 GM PACKET	\$0-\$3.35 (Tier 1)	
<i>rifabutin 150 mg capsule</i>	\$0-\$8.35 (Tier 2)	
CAPASTAT SULFATE 1 GM VIAL	\$0-\$8.35 (Tier 2)	
<i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>isoniazid (50 mg/5 ml solution, 100 mg/ml vial)</i>	\$0-\$3.35 (Tier 1)	
PRIFTIN 150 MG TABLET	\$0-\$8.35 (Tier 2)	
<i>pyrazinamide 500 mg tablet</i>	\$0-\$3.35 (Tier 1)	
RIFAMATE CAPSULE	\$0-\$3.35 (Tier 1)	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	\$0-\$3.35 (Tier 1)	

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Antimycobacterials

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RIFATER TABLET	\$0-\$8.35 (Tier 2)	
SIRTURO 100 MG TABLET	\$0-\$8.35 (Tier 2)	PA
TRECTOR 250 MG TABLET	\$0-\$8.35 (Tier 2)	

Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	\$0-\$8.35 (Tier 2)	PA NSO
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO
HEXALEN 50 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO
LEUKERAN 2 MG TABLET	\$0-\$8.35 (Tier 2)	
MATULANE 50 MG CAPSULE	\$0-\$8.35 (Tier 2)	

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>melfhalan hcl (50 mg vial w-diluent, hcl 50 mg vial)</i>	\$0-\$3.35 (Tier 1)	PA NSO
MUSTARGEN 10 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
VALCHLOR 0.016% GEL	\$0-\$8.35 (Tier 2)	PA NSO
YONDELIS 1 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
<i>bicalutamide 50 mg tablet</i>	\$0-\$3.35 (Tier 1)	
ERLEADA 60 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO
<i>flutamide 125 mg capsule</i>	\$0-\$3.35 (Tier 1)	
<i>nilutamide 150 mg tablet</i>	\$0-\$3.35 (Tier 1)	
XTANDI 40 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
YONSA 125 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
ZYTIGA 250 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYTIGA 500 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, LA
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO
EMCYT 140 MG CAPSULE	\$0-\$8.35 (Tier 2)	
FARESTON 60 MG TABLET	\$0-\$8.35 (Tier 2)	
SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML SOLN)	\$0-\$8.35 (Tier 2)	
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>clofarabine 20 mg/20 ml vial</i>	\$0-\$8.35 (Tier 2)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DROXIA (200 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE)	\$0-\$8.35 (Tier 2)	
<i>hydroxyurea 500 mg capsule</i>	\$0-\$3.35 (Tier 1)	
<i>mercaptopurine 50 mg tablet</i>	\$0-\$8.35 (Tier 2)	
NIPENT 10 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
PURIXAN 20 MG/ML ORAL SUSP	\$0-\$8.35 (Tier 2)	
TABLOID 40 MG TABLET	\$0-\$8.35 (Tier 2)	
ABRAXANE 100 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
ADRIAMYCIN (10 MG VIAL, 50 MG VIAL)	\$0-\$3.35 (Tier 1)	
ALIMTA (100 MG VIAL, 500 MG VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
ALIQOPA 60 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO, QL (3 per 28 days)
ARRANON 250 MG/50 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>arsenic trioxide 10 mg/10ml vial</i>	\$0-\$8.35 (Tier 2)	
AVASTIN (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
BAVENCIO 200 MG/10 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
<i>bcg vaccine (tice strain) vial</i>	\$0-\$8.35 (Tier 2)	PA NSO
BENDEKA 100 MG/4 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
BICNU 100 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
<i>bleomycin sulfate 30 unit vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>bortezomib 3.5 mg vial</i>	\$0-\$8.35 (Tier 2)	PA NSO
BRAFTOVI 50 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
BRAFTOVI 75 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (180 per 30 days)
<i>busulfan 60 mg/10 ml vial</i>	\$0-\$3.35 (Tier 1)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CALQUENCE 100 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>carmustine 100 mg vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>cladribine 10 mg/10 ml vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>cytarabine (2 g/20 ml vial, 20 mg/ml vial, 1000 mg/50 ml vial)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>dacarbazine 200 mg vial</i>	\$0-\$3.35 (Tier 1)	
<i>dactinomycin 0.5 mg vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
DARZALEX (100 MG/5 ML VIAL, 400 MG/20 ML VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
<i>daunorubicin hcl (20 mg/4 ml vial, 50 mg/10 ml vial)</i>	\$0-\$8.35 (Tier 2)	
<i>decitabine 50 mg vial</i>	\$0-\$8.35 (Tier 2)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dexrazoxane 250 mg vial</i>	\$0-\$3.35 (Tier 1)	PA
<i>docetaxel (20 mg/2 ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial)</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>docetaxel 200 mg/20 ml vial</i>	\$0-\$8.35 (Tier 2)	
<i>doxorubicin hcl (10 mg/5 ml vial, 10 mg vial, 20 mg/10 ml vial, 50 mg/25 ml vial, 50 mg vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>doxorubicin hcl liposome (20mg/10ml, 50mg/25ml)</i>	\$0-\$3.35 (Tier 1)	PA NSO
ELITEK 1.5 MG VIAL	\$0-\$8.35 (Tier 2)	PA
<i>epirubicin 200 mg/100 ml vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
ERBITUX 100 MG/50 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
ERWINAZE 10,000 UNITS VIAL	\$0-\$8.35 (Tier 2)	PA NSO
FASLODEX 250 MG/5 ML SYRINGE	\$0-\$8.35 (Tier 2)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fludarabine 50 mg vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>fluorouracil (2.5 gm/50 ml btl, 2.5 gm/50 ml vial, 5 gm/100 ml vial, 5 gm/100 ml btl, 500 mg/10 ml vial, 1,000 mg/20 ml vl, 2,500 mg/50 ml vl, 5,000 mg/100 ml)</i>	\$0-\$3.35 (Tier 1)	PA BvD
FOLOTYN 40 MG/2 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
<i>gemcitabine hcl (1 gram vial, 200 mg vial)</i>	\$0-\$3.35 (Tier 1)	PA NSO
HALAVEN 1 MG/2 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
HERCEPTIN (150 MG VIAL, 440 MG VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
<i>idarubicin hcl (5 mg/5 ml vial, 10 mg/10 ml vl, 20 mg/20 ml vl)</i>	\$0-\$3.35 (Tier 1)	PA NSO
IDHIFA (50 MG TABLET, 100 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>ifosfamide 1 gm vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>irinotecan hcl 100 mg/5 ml vl</i>	\$0-\$3.35 (Tier 1)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISTODAX (10 MG KIT, 10 MG VIAL)	\$0-\$8.35 (Tier 2)	
KADCYLA (100 MG VIAL, 160 MG VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
KEYTRUDA 100 MG/4 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
KISQALI 200 MG DAILY DOSE	\$0-\$8.35 (Tier 2)	PA NSO, QL (21 per 28 days)
KISQALI 400 MG DAILY DOSE	\$0-\$8.35 (Tier 2)	PA NSO, QL (42 per 28 days)
KISQALI 600 MG DAILY DOSE	\$0-\$8.35 (Tier 2)	PA NSO, QL (63 per 28 days)
KYPROLIS (10 MG VIAL, 30 MG VIAL, 60 MG VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
LENVIMA (4 MG CAPSULE, 12 MG DAILY DOSE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>levoleucovorin calcium (50 mg vial, 175 mg/17.5 ml, 250 mg/25 ml vial)</i>	\$0-\$3.35 (Tier 1)	PA NSO
MEKTOVI 15 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (180 per 30 days)
<i>mitomycin (5 mg vial, 20 mg vial, 40 mg vial)</i>	\$0-\$3.35 (Tier 1)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MUTAMYCIN (5 MG VIAL, 20 MG VIAL, 40 MG VIAL)	\$0-\$3.35 (Tier 1)	PA NSO
MYLOTARG 4.5 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
NERLYNX 40 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (180 per 30 days)
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>oxaliplatin 100 mg/20 ml vial</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>paclitaxel (30 mg/5 ml vial, 100 mg/16.7 ml vial, 150 mg/25 ml vial, 300 mg/50 ml vial)</i>	\$0-\$3.35 (Tier 1)	PA NSO
PERJETA 420 MG/14 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
PROLEUKIN 22 MILLION UNIT VIAL	\$0-\$8.35 (Tier 2)	PA NSO
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
SYLVANT (100 MG VIAL, 400 MG VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
SYNRIBO 3.5 MG/ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TALZENNA 0.25 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
TALZENNA 1 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>thiotepa 15 mg vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
TIBSOVO 250 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
TREANDA (25 MG VIAL, 100 MG VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
TRISENOX 12 MG/6 ML VIAL	\$0-\$8.35 (Tier 2)	
VECTIBIX 100 MG/5 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
VELCADE 3.5 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>vinblastine 1 mg/ml vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>vincristine 1 mg/ml vial</i>	\$0-\$3.35 (Tier 1)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vinorelbine 50 mg/5 ml vial</i>	\$0-\$3.35 (Tier 1)	
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
VYXEOS 44 MG-100 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
YERVOY 50 MG/10 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
ZALTRAP 100 MG/4 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
ZANOSAR 1 GM POWDER VIAL	\$0-\$8.35 (Tier 2)	PA NSO
<i>calcium folinate 10 mg/ml vial</i>	\$0-\$3.35 (Tier 1)	
KISQALI FEMARA 200 MG CO-PACK	\$0-\$8.35 (Tier 2)	PA NSO, QL (49 per 28 days)
KISQALI FEMARA 400 MG CO-PACK	\$0-\$8.35 (Tier 2)	PA NSO, QL (70 per 28 days)
KISQALI FEMARA 600 MG CO-PACK	\$0-\$8.35 (Tier 2)	PA NSO, QL (91 per 28 days)
<i>leucovorin calcium (cal 500 mg/50 ml vl, calcium 5 mg tab, calcium 10 mg tab, calcium 15 mg tab, calcium 25 mg tab, calcium 50 mg vial, calcium 100 mg vial, calcium 200 mg vial, calcium 350 mg vial, calcium 500 mg vl)</i>	\$0-\$3.35 (Tier 1)	

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO
<i>mitoxantrone hcl (20 mg/10 ml vial, 25 mg/12.5 ml vl, 30 mg/15 ml vial)</i>	\$0-\$3.35 (Tier 1)	
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (3 per 28 days)
ZOLINZA 100 MG CAPSULE	\$0-\$8.35 (Tier 2)	
<i>anastrozole 1 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>exemestane 25 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>letrozole 2.5 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>topotecan hcl 4 mg vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
AFINITOR (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET, 5 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALECENSA 150 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (240 per 30 days)
ALUNBRIG (90 MG-180 MG TAB PACK, 90 MG TABLET, 180 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
ALUNBRIG 30 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (180 per 30 days)
BELEODAQ 500 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
BOSULIF (400 MG TABLET, 500 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
BOSULIF 100 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (180 per 30 days)
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
CAPRELSA 100 MG TABLET	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
CAPRELSA 300 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	\$0-\$8.35 (Tier 2)	PA NSO
COTELLIC 20 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (63 per 28 days)

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CYRAMZA (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
ERIVEDGE 150 MG CAPSULE	\$0-\$8.35 (Tier 2)	
FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (6 per 21 days)
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (21 per 28 days)
ICLUSIG (15 MG TABLET, 45 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>imatinib mesylate (100 mg tab, 400 mg tab)</i>	\$0-\$3.35 (Tier 1)	PA NSO
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
IMBRUVICA 140 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
INLYTA 1 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INLYTA 5 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
IRESSA 250 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
JEVTANA (60 MG/1.5 ML KIT, 60 MG/1.5 ML VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
LENVIMA (18 MG DAILY, 24 MG DAILY)	\$0-\$8.35 (Tier 2)	PA NSO, QL (90 per 30 days)
LENVIMA (8 MG DAILY, 10 MG DAILY, 20 MG DAILY)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
LENVIMA 14 MG DAILY DOSE	\$0-\$8.35 (Tier 2)	PA NSO
LORBRENA 100 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
LORBRENA 25 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
LYNPARZA (100 MG TABLET, 150 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYNPARZA 50 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (480 per 30 days)
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO
NEXAVAR 200 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
ODOMZO 200 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
RYDAPT 25 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (240 per 30 days)
SPRYCEL (20 MG TABLET, 50 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
SPRYCEL 70 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
STIVARGA 40 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (84 per 28 days)
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAGRISSE (40 MG TABLET, 80 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
TARCEVA (25 MG TABLET, 100 MG TABLET, 150 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
TYKERB 250 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO
VENCLEXTA 10 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
VENCLEXTA 100 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
VENCLEXTA 50 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
VENCLEXTA STARTING PACK	\$0-\$8.35 (Tier 2)	PA NSO, QL (42 per 28 days)
VOTRIENT 200 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
ZEJULA 100 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (90 per 30 days)

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZELBORAF 240 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (240 per 30 days)
ZYDELIG (100 MG TABLET, 150 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
ZYKADIA 150 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO
EMPLICITI (300 MG VIAL, 400 MG VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
IMFINZI (120 MG/2.4 ML VIAL, 500 MG/10 ML VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
LARTRUVO (190 MG/19 ML VIAL, 500 MG/50 ML VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
OPDIVO (40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 240 MG/24 ML VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
RITUXAN 10 MG/ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
TECENTRIQ 1,200 MG/20 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO, QL (20 per 21 days)
<i>bexarotene 75 mg capsule</i>	\$0-\$8.35 (Tier 2)	PA NSO
PANRETIN 0.1% GEL	\$0-\$8.35 (Tier 2)	PA NSO

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Antineoplastics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TARGRETIN 1% GEL	\$0-\$8.35 (Tier 2)	PA NSO
<i>tretinoin 10 mg capsule</i>	\$0-\$3.35 (Tier 1)	PA NSO
ELITEK 7.5 MG VIAL	\$0-\$8.35 (Tier 2)	PA
<i>mesna (1 gram/10 ml vial, 100 mg/ml vial)</i>	\$0-\$8.35 (Tier 2)	
MESNEX 400 MG TABLET	\$0-\$8.35 (Tier 2)	

Antiparasitics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albendazole 200 mg tablet</i>	\$0-\$3.35 (Tier 1)	
ALBENZA 200 MG TABLET	\$0-\$8.35 (Tier 2)	
BILTRICIDE 600 MG TABLET	\$0-\$8.35 (Tier 2)	

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Antiparasitics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ivermectin 3 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>praziquantel 600 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>pyrantel pamoate 50 mg/ml oral susp*</i>	\$0 (Tier 3)	QL (12 per 30 days)
ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)	\$0-\$8.35 (Tier 2)	
<i>atovaquone 750 mg/5 ml susp</i>	\$0-\$8.35 (Tier 2)	PA
<i>atovaquone-proguanil hcl (62.5-25, 250-100)</i>	\$0-\$8.35 (Tier 2)	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
COARTEM TABLETS	\$0-\$8.35 (Tier 2)	QL (24 per 30 days)
DARAPRIM 25 MG TABLET	\$0-\$8.35 (Tier 2)	PA
<i>hydroxychloroquine 200 mg tab</i>	\$0-\$8.35 (Tier 2)	
<i>mefloquine hcl 250 mg tablet</i>	\$0-\$3.35 (Tier 1)	

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Antiparasitics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NEBUPENT 300 MG INHAL POWDER	\$0-\$8.35 (Tier 2)	
PENTAM 300 VIAL	\$0-\$8.35 (Tier 2)	
<i>primaquine 26.3 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>quinine sulfate 324 mg capsule</i>	\$0-\$8.35 (Tier 2)	PA
EURAX 10% CREAM	\$0-\$8.35 (Tier 2)	PA
EURAX 10% LOTION	\$0-\$8.35 (Tier 2)	PA, QL (454 per 30 days)
<i>malathion 0.5% lotion</i>	\$0-\$8.35 (Tier 2)	
<i>permethrin 1 % liquid*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>permethrin 5% cream</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)

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Antiparkinson Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>benztropine mesylate (2 mg/2 ml ampule, 2 mg/2 ml vial)</i>	\$0-\$8.35 (Tier 2)	PA-HRM
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>carbidopa-levodopa-entacapone (carbidopa-levodopa 50 mg-enta, carbidopa-levodopa 75 mg-enta, carbidopa-levodopa 100 mg-enta, carbidopa-levodopa 125 mg-enta, carbidopa-levodopa 150 mg-enta, carbidopa-levodopa 200 mg-enta, carbidopa-levodopa-enta 50 mg, carbidopa-levodopa-enta 75 mg, carbidopa-levodopa-enta 100 mg, carbidopa-levodopa-enta 125 mg, carbidopa-levodopa-enta 150 mg, carbidopa-levodopa-enta 200 mg)</i>	\$0-\$8.35 (Tier 2)	
<i>selegiline hcl 5 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg/10 ml soln)</i>	\$0-\$3.35 (Tier 1)	
<i>entacapone 200 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (240 per 30 days)
<i>tolcapone 100 mg tablet</i>	\$0-\$8.35 (Tier 2)	PA

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Antiparkinson Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amantadine 100 mg tablet</i>	\$0-\$3.35 (Tier 1)	
APOKYN 30 MG/3 ML CARTRIDGE	\$0-\$8.35 (Tier 2)	PA
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	\$0-\$8.35 (Tier 2)	
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-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>pramipexole 0.75 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (180 per 30 days)
<i>pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>pramipexole dihydrochloride (1 mg tablet, 1.5 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (90 per 30 days)
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>carbidopa 25 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg odt, carbidopa-levodopa 25-250 mg odt, carbidopa-levodopa 25-100 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	\$0-\$3.35 (Tier 1)	

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Antiparkinson Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i>	\$0-\$3.35 (Tier 1)	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	\$0-\$8.35 (Tier 2)	
<i>selegiline hcl 5 mg capsule</i>	\$0-\$3.35 (Tier 1)	
ZELAPAR 1.25 MG ODT TABLET	\$0-\$8.35 (Tier 2)	

Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorpromazine hcl (10 mg tablet, 25 mg/ml amp, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>fluphenazine dec 125 mg/5 ml</i>	\$0-\$3.35 (Tier 1)	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg/ml conc, 5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	

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Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>haloperidol dec 100 mg/ml amp</i>	\$0-\$8.35 (Tier 2)	
<i>haloperidol decanoate (dec 50 mg/ml vial, dec 100 mg/ml amp, dec 100 mg/ml vial, dec 500 mg/5 ml vl, decan 50 mg/ml amp)</i>	\$0-\$8.35 (Tier 2)	
<i>haloperidol lac 2 mg/ml conc</i>	\$0-\$3.35 (Tier 1)	
<i>haloperidol lactate (5 mg/ml ampul, 5 mg/ml syringe, 5 mg/ml vial, 50 mg/10 ml vl)</i>	\$0-\$8.35 (Tier 2)	
<i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>pimozide (1 mg tablet, 2 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0-\$3.35 (Tier 1)	

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Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
ABILIFY MAINTENA (ER 300 MG SYR, ER 400 MG SYR, ER 400 MG VL)	\$0-\$8.35 (Tier 2)	QL (1 per 28 days)
ABILIFY MAINTENA ER 300 MG VL	\$0-\$8.35 (Tier 2)	QL (2 per 28 days)
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole 1 mg/ml solution</i>	\$0-\$3.35 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
ARISTADA ER 1064 MG/3.9 ML SYR	\$0-\$8.35 (Tier 2)	QL (3.9 per 28 days)
ARISTADA ER 441 MG/1.6 ML SYRN	\$0-\$8.35 (Tier 2)	QL (1.6 per 28 days)
ARISTADA ER 662 MG/2.4 ML SYRN	\$0-\$8.35 (Tier 2)	QL (2.4 per 28 days)
ARISTADA ER 882 MG/3.2 ML SYRN	\$0-\$8.35 (Tier 2)	QL (3.2 per 28 days)

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Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
FANAPT TITRATION PACK	\$0-\$8.35 (Tier 2)	
GEODON 20 MG/ML VIAL	\$0-\$8.35 (Tier 2)	
INVEGA SUSTENNA (39 MG/0.25 ML, 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	\$0-\$8.35 (Tier 2)	
INVEGA TRINZA (273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML)	\$0-\$8.35 (Tier 2)	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
LATUDA 80 MG TABLET	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
NUPLAZID 17 MG TABLET	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)

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Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olanzapine 10 mg vial</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>paliperidone er 6 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
RISPERDAL CONSTA (12.5 MG SYR, 25 MG SYR, 37.5 MG SYR, 50 MG SYR)	\$0-\$8.35 (Tier 2)	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>risperidone 0.25 mg odt</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>risperidone 1 mg/ml solution</i>	\$0-\$8.35 (Tier 2)	QL (240 per 30 days)

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Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
SAPHRIS (2.5 MG TAB SUBLINGUAL, 5 MG TAB SUBLINGUAL, 5 MG TAB SL BLK CHERRY, 10 MG TAB SL BLK CHERY, 10 MG TAB SUBLINGUAL)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	\$0-\$8.35 (Tier 2)	PA NSO, QL (7 per 7 days)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	\$0-\$8.35 (Tier 2)	QL (4 per 28 days)
<i>quetiapine er 400 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	

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Antipsychotics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
VERSACLOZ 50 MG/ML SUSPENSION	\$0-\$8.35 (Tier 2)	

Antispasticity Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>baclofen (10 mg tablet, 20 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
BOTOX (100 VIAL, 200 VIAL)	\$0-\$8.35 (Tier 2)	PA
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	\$0-\$8.35 (Tier 2)	
DYSPORE (300 UNIT VIAL, 500 UNITS VIAL)	\$0-\$8.35 (Tier 2)	PA
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
XEOMIN (50 VIAL, 100 VIAL)	\$0-\$8.35 (Tier 2)	PA

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENVOYA TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW)	\$0-\$8.35 (Tier 2)	
ISENTRESS 400 MG TABLET	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
ISENTRESS HD 600 MG TABLET	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
STRIBILD TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
TIVICAY (10 MG TABLET, 25 MG TABLET, 50 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
ATRIPLA TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
COMPLERA TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
EDURANT 25 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	\$0-\$3.35 (Tier 1)	

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTELENCE (25 MG TABLET, 100 MG TABLET, 200 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (120 per 30 days)
<i>nevirapine 200 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>nevirapine er (er 100 mg tablet, er 400 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
ODEFSEY TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
PIFELTRO 100 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
RESCRIPTOR (100 MG TABLET, 200 MG TABLET)	\$0-\$8.35 (Tier 2)	
SUSTIVA (200 MG CAPSULE, 600 MG TABLET)	\$0-\$8.35 (Tier 2)	
VIRAMUNE 50 MG/5 ML SUSP	\$0-\$8.35 (Tier 2)	
<i>abacavir 20 mg/ml solution</i>	\$0-\$3.35 (Tier 1)	QL (900 per 30 days)
<i>abacavir 300 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>abacavir-lamivudine-zidov tab</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>didanosine (dr 200 mg capsule, dr 250 mg capsule, dr 400 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	\$0-\$8.35 (Tier 2)	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>lamivudine-zidovudine tablet</i>	\$0-\$3.35 (Tier 1)	
RETROVIR 200 MG/20 ML VIAL	\$0-\$8.35 (Tier 2)	
<i>stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
TRUVADA 200 MG-300 MG TABLET	\$0-\$8.35 (Tier 2)	
VIDEX (2 GM SOLN, 4 GM SOLN)	\$0-\$8.35 (Tier 2)	
VIDEX EC 125 MG CAPSULE	\$0-\$8.35 (Tier 2)	

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZERIT 1 MG/ML SOLUTION	\$0-\$8.35 (Tier 2)	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
BIKTARVY 50-200-25 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
CIMDUO 300-300 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
DELSTRIGO 100-300-300 MG TAB	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
DESCOVY 200-25 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
FUZEON 90 MG VIAL	\$0-\$8.35 (Tier 2)	
JULUCA 50-25 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
SELZENTRY 150 MG TABLET	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
SELZENTRY 300 MG TABLET	\$0-\$8.35 (Tier 2)	QL (120 per 30 days)
SYMFI 600-300-300 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMFI LO 400-300-300 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
SYMTUZA 800-150-200-10 MG TAB	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
TYBOST 150 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	\$0-\$8.35 (Tier 2)	
<i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>	\$0-\$8.35 (Tier 2)	
CRIXIVAN (200 MG CAPSULE, 400 MG CAPSULE)	\$0-\$8.35 (Tier 2)	
EVOTAZ 300 MG-150 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>fosamprenavir 700 mg tablet</i>	\$0-\$3.35 (Tier 1)	
INVIRASE (200 MG CAPSULE, 500 MG TABLET)	\$0-\$8.35 (Tier 2)	
KALETRA (100-25 MG TABLET, 200-50 MG TABLET)	\$0-\$8.35 (Tier 2)	
LEXIVA 50 MG/ML SUSPENSION	\$0-\$8.35 (Tier 2)	

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORVIR (80 MG/ML SOLUTION, 100 MG SOFTGEL CAP, 100 MG POWDER PACKET)	\$0-\$8.35 (Tier 2)	
PREZCOBIX 800 MG-150 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	\$0-\$8.35 (Tier 2)	
REYATAZ (50 MG POWDER PACKET, 150 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	\$0-\$8.35 (Tier 2)	
<i>ritonavir 100 mg tablet</i>	\$0-\$3.35 (Tier 1)	
VIRACEPT (250 MG TABLET, 625 MG TABLET)	\$0-\$8.35 (Tier 2)	
<i>cidofovir 375 mg/5 ml vial</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)</i>	\$0-\$3.35 (Tier 1)	PA NSO
PREVYMIS (240 MG TABLET, 480 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
PREVYMIS (240 MG/12 ML VIAL, 480 MG/24 ML VIAL)	\$0-\$8.35 (Tier 2)	PA, QL (720 per 30 days)

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valganciclovir 450 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (102 per 30 days)
ZIRGAN 0.15% OPHTHALMIC GEL	\$0-\$8.35 (Tier 2)	
<i>adefovir dipivoxil 10 mg tab</i>	\$0-\$3.35 (Tier 1)	PA
BARACLUDE 0.05 MG/ML SOLUTION	\$0-\$8.35 (Tier 2)	PA
<i>entecavir (0.5 mg tablet, 1 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA
EPIVIR HBV 25 MG/5 ML SOLN	\$0-\$8.35 (Tier 2)	PA NSO
INTRON A 18 MILLION UNITS VIAL	\$0-\$8.35 (Tier 2)	PA NSO
<i>lamivudine 100 mg tablet</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>lamivudine hbv 100 mg tablet</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>tenofovir disop fum 300 mg tb</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIREAD POWDER	\$0-\$8.35 (Tier 2)	QL (240 per 30 days)
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	\$0-\$8.35 (Tier 2)	PA NSO
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	\$0-\$8.35 (Tier 2)	PA
PEGASYS PROCLICK 180 MCG/0.5	\$0-\$8.35 (Tier 2)	PA
RIBASPHERE (400 MG TABLET, 600 MG TABLET)	\$0-\$3.35 (Tier 1)	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA
SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT)	\$0-\$8.35 (Tier 2)	PA NSO
DAKLINZA (30 MG TABLET, 60 MG TABLET, 90 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (28 per 28 days)
EPCLUSA 400 MG-100 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (28 per 28 days)
HARVONI 90-400 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (28 per 28 days)

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAVYRET 100-40 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (84 per 28 days)
SOVALDI 400 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (28 per 28 days)
TECHNIVIE DOSE PACK	\$0-\$8.35 (Tier 2)	PA, QL (56 per 28 days)
VIEKIRA PAK	\$0-\$8.35 (Tier 2)	PA, QL (112 per 28 days)
VIEKIRA XR TABLET	\$0-\$8.35 (Tier 2)	PA, QL (84 per 28 days)
VOSEVI 400-100-100 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (28 per 28 days)
ZEPATIER 50-100 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>oseltamivir 6 mg/ml suspension</i>	\$0-\$3.35 (Tier 1)	QL (350 per 180 days)
RELENZA 5 MG DISKHALER	\$0-\$8.35 (Tier 2)	QL (56 per 180 days)
<i>rimantadine hcl 100 mg tablet</i>	\$0-\$3.35 (Tier 1)	
TAMIFLU 6 MG/ML SUSPENSION	\$0-\$8.35 (Tier 2)	QL (350 per 180 days)

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>acyclovir 200 mg/5 ml susp</i>	\$0-\$8.35 (Tier 2)	
<i>acyclovir 5% ointment</i>	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	\$0-\$3.35 (Tier 1)	PA
DENAVIR 1% CREAM	\$0-\$8.35 (Tier 2)	PA, QL (5 per 30 days)
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>trifluridine 1% eye drops</i>	\$0-\$8.35 (Tier 2)	
<i>valacyclovir (1 gram tablet, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
ZOVIRAX 5% CREAM	\$0-\$8.35 (Tier 2)	PA, QL (8 per 30 days)
<i>abacavir-lamivudine 600-300 mg</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>lopinavir-ritonavir 80-20mg/ml</i>	\$0-\$3.35 (Tier 1)	

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Antivirals

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oseltamivir phos 30 mg capsule</i>	\$0-\$3.35 (Tier 1)	QL (56 per 180 days)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	\$0-\$3.35 (Tier 1)	QL (28 per 180 days)
PEGASYS PROCLICK 135 MCG/0.5	\$0-\$8.35 (Tier 2)	PA
SELZENTRY 20 MG/ML ORAL SOLN	\$0-\$8.35 (Tier 2)	QL (1840 per 30 days)
SELZENTRY 25 MG TABLET	\$0-\$8.35 (Tier 2)	QL (240 per 30 days)
SELZENTRY 75 MG TABLET	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	\$0-\$8.35 (Tier 2)	QL (28 per 180 days)
TAMIFLU 30 MG CAPSULE	\$0-\$8.35 (Tier 2)	QL (56 per 180 days)
TRIUMEQ 600-50-300 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>valganciclovir hcl 50 mg/ml</i>	\$0-\$3.35 (Tier 1)	
VEMLIDY 25 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)

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Anxiolytics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bupirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>hydroxyzine hcl (hcl 10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 25 mg tablet, 25 mg/ml vial, 50 mg/ml vial, hcl 50 mg tablet, 50 mg/25 ml syrup, 100 mg/2 ml vial, 500 mg/10 ml vial)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>meprobamate (200 mg tablet, 400 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (120 per 30 days)
<i>alprazolam 2 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (150 per 30 days)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule, 25 mg capsule)</i>	\$0-\$3.35 (Tier 1)	PA-HRM, QL (120 per 30 days)
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (120 per 30 days)
<i>diazepam (5 mg/5 ml solution, 5 mg/ml oral conc)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)

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Anxiolytics

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lorazepam 2 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (150 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i>	\$0-\$3.35 (Tier 1)	
LORAZEPAM INTENSOL 2 MG/ML	\$0-\$3.35 (Tier 1)	
<i>oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>triazolam (0.125 mg tablet, 0.25 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA-HRM, QL (30 per 30 days)

Bipolar Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium 8 meq/5 ml solution</i>	\$0-\$8.35 (Tier 2)	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	\$0-\$8.35 (Tier 2)	
<i>lithium carbonate er 300 mg tb</i>	\$0-\$8.35 (Tier 2)	

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Bipolar Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium carbonate er 450 mg tb</i>	\$0-\$3.35 (Tier 1)	

Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (90 per 30 days)
<i>alogliptin (6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
AVANDIA 2 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
AVANDIA 4 MG TABLET	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
BYDUREON 2 MG PEN INJECT	\$0-\$8.35 (Tier 2)	PA NSO, QL (4 per 28 days)
BYDUREON 2 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO, QL (4 per 28 days)
BYDUREON BCISE 2 MG AUTOINJECT	\$0-\$8.35 (Tier 2)	PA NSO, QL (3.4 per 28 days)

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Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BYETTA 10 MCG DOSE PEN INJ	\$0-\$8.35 (Tier 2)	ST, QL (2.4 per 30 days)
BYETTA 5 MCG DOSE PEN INJ	\$0-\$8.35 (Tier 2)	ST, QL (1.2 per 30 days)
<i>colesevelam hcl (hcl 3.75 g packet, 625 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>glimepiride (1 mg tablet, 2 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>glimepiride 4 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>glipizide 10 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>glipizide 5 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (90 per 30 days)
<i>glipizide er (er 2.5 mg tablet, er 5 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>glipizide er 10 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>glipizide xl (2.5 mg tablet, 5 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>glipizide xl 10 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)

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Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glyburide (1.25 mg tablet, 2.5 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA-HRM, QL (120 per 30 days)
<i>glyburide 5 mg tablet</i>	\$0-\$8.35 (Tier 2)	PA-HRM, QL (240 per 30 days)
INVOKANA (100 MG TABLET, 300 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>metformin hcl 1,000 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>metformin hcl 500 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>metformin hcl 850 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (90 per 30 days)
<i>metformin hcl er 500 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (120 per 30 days)
<i>metformin hcl er 750 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (90 per 30 days)
<i>nateglinide (60 mg tablet, 120 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (90 per 30 days)

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Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ONGLYZA (2.5 MG TABLET, 5 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>pioglitazone hcl (15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>repaglinide (1 mg tablet, 2 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (240 per 30 days)
<i>repaglinide 0.5 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
SEGLUROMET (2.5-500 MG TABLET, 2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
STEGLATRO (5 MG TABLET, 15 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
STEGLUJAN (5-100 MG TABLET, 15-100 MG TABLET)	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
SYMLINPEN 120 PEN INJECTOR	\$0-\$8.35 (Tier 2)	PA
SYMLINPEN 60 PEN INJECTOR	\$0-\$8.35 (Tier 2)	PA
<i>tolazamide (250 mg tablet, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)

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Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tolbutamide 500 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (180 per 30 days)
TRADJENTA 5 MG TABLET	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
VICTOZA 2-PAK 18 MG/3 ML PEN	\$0-\$8.35 (Tier 2)	ST, QL (9 per 30 days)
VICTOZA 3-PAK 18 MG/3 ML PEN	\$0-\$8.35 (Tier 2)	ST, QL (9 per 30 days)
WELCHOL 3.75G PACKET	\$0-\$8.35 (Tier 2)	
<i>alogliptin-metformin (12.5-500, 12.5-1000)</i>	\$0-\$8.35 (Tier 2)	ST, QL (60 per 30 days)
<i>alogliptin-pioglitazone (12.5-45 mg, 12.5-30 mg, 12.5-15 mg, 25-30 mg tb, 25-45 mg tb, 25-15 mg tb)</i>	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
BASAGLAR 100 UNIT/ML KWIKPEN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>glipizide-metformin 2.5-250 mg</i>	\$0-\$3.35 (Tier 1)	QL (90 per 30 days)

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Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glyburid-metformin 1.25-250 mg</i>	\$0-\$3.35 (Tier 1)	PA-HRM, QL (90 per 30 days)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	\$0-\$3.35 (Tier 1)	PA-HRM, 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-\$8.35 (Tier 2)	ST, QL (60 per 30 days)
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-500 MG TABLET, 150-1,000 MG TAB)	\$0-\$8.35 (Tier 2)	ST, QL (60 per 30 days)
JANUMET (50-500 MG TABLET, 50-1,000 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
JENTADUETO (2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB, 2.5 MG-1000 MG TAB)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
KOMBIGLYZE XR (5-500 MG TABLET, 5-1,000 MG TAB)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
KOMBIGLYZE XR 2.5-1,000 MG TAB	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)

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Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SOLIQUA 100 UNIT-33 MCG/ML PEN	\$0-\$8.35 (Tier 2)	PA NSO, QL (18 per 30 days)
SYNJARDY (5-1,000 MG TABLET, 5-500 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	\$0-\$8.35 (Tier 2)	ST, QL (60 per 30 days)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	\$0-\$8.35 (Tier 2)	ST, QL (60 per 30 days)
GLUCAGON 1 MG EMERGENCY KIT	\$0-\$8.35 (Tier 2)	QL (4 per 28 days)
PROGLYCEM 50 MG/ML ORAL SUSP	\$0-\$8.35 (Tier 2)	PA
APIDRA 100 UNITS/ML VIAL	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
APIDRA SOLOSTAR 100 UNITS/ML	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMALOG (100 CARTRIDGE, 100 VIAL)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMALOG 100 UNITS/ML KWIKPEN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)

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Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMALOG 200 UNITS/ML KWIKPEN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMALOG JR 100 UNIT/ML KWIKPEN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 50-50 VIAL	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMALOG MIX 75-25 VIAL	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMULIN 70-30 (70-30 VIAL, RELION 70-30 VIAL)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMULIN 70/30 KWIKPEN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMULIN N (N 100 UNITS/ML VIAL, RELION N 100 UNIT/ML)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMULIN N 100 UNITS/ML KWIKPEN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
HUMULIN R (R 100 UNITS/ML VIAL, RELION R 100 UNIT/ML)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)

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Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LANTUS 100 UNIT/ML VIAL	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
LANTUS SOLOSTAR 100 UNIT/ML	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
LEVEMIR 100 UNITS/ML VIAL	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
LEVEMIR FLEXTOUCH 100 UNITS/ML	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
NOVOLIN 70-30 (RELION 70-30 VIAL, 70-30 100 UNIT/ML VIAL)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
NOVOLIN 70-30 FLEXPEN (RELION 70-30, 70-30)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
NOVOLIN N (N 100 UNITS/ML VIAL, RELION N 100 UNIT/ML)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
NOVOLIN R (R 100 UNITS/ML VIAL, RELION R 100 UNIT/ML)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
NOVOLOG (100 VIAL, 100 CARTRIDGE)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
NOVOLOG 100 UNITS/ML FLEXPEN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
NOVOLOG MIX 70-30 FLEXPEN SYRN	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)

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Blood Glucose Regulators

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG MIX 70-30 VIAL	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
TOUJEO MAX SOLOSTAR 300UNIT/ML	\$0-\$8.35 (Tier 2)	ST
TOUJEO SOLOSTAR 300 UNIT/ML	\$0-\$8.35 (Tier 2)	ST
TRESIBA FLEXTOUCH 100 UNITS/ML	\$0-\$8.35 (Tier 2)	ST
TRESIBA FLEXTOUCH 200 UNITS/ML	\$0-\$8.35 (Tier 2)	ST

Blood Products/Modifiers/Volume Expanders

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BEVYXXA (40 MG CAPSULE, 80 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA
COUMADIN (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-\$8.35 (Tier 2)	

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Blood Products/Modifiers/Volume Expanders

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
ELIQUIS 5 MG STARTER PACK	\$0-\$8.35 (Tier 2)	QL (74 per 365 days)
<i>enoxaparin 30 mg/0.3 ml syr</i>	\$0-\$8.35 (Tier 2)	QL (8.4 per 30 days)
<i>enoxaparin 40 mg/0.4 ml syr</i>	\$0-\$8.35 (Tier 2)	QL (11.2 per 30 days)
<i>enoxaparin 60 mg/0.6 ml syr</i>	\$0-\$8.35 (Tier 2)	QL (16.8 per 30 days)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	\$0-\$8.35 (Tier 2)	QL (28 per 30 days)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	\$0-\$8.35 (Tier 2)	QL (22.4 per 30 days)
<i>fondaparinux sodium (2.5 mg/0.5 ml syr, 5 mg/0.4 ml syr, 7.5 mg/0.6 ml syr, 10 mg/0.8 ml syr)</i>	\$0-\$8.35 (Tier 2)	PA
FRAGMIN (2,500 UNITS/0.2 ML SYR, 5,000 UNITS/0.2 ML SYR, 7,500 UNITS/0.3 ML SYR, 10,000 UNITS/ML SYRING, 12,500 UNITS/0.5 ML, 15,000 UNITS/0.6 ML, 18,000 UNITS/0.72 ML, 25,000 UNITS/ML VIAL, 95,000 UNITS/3.8 ML VL)	\$0-\$8.35 (Tier 2)	PA

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Blood Products/Modifiers/Volume Expanders

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>heparin sodium (sod 1,000 unit/ml vial, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 50,000 unit/10 ml vial)</i>	\$0-\$8.35 (Tier 2)	
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-\$3.35 (Tier 1)	
PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, STARTER PACK)	\$0-\$8.35 (Tier 2)	
ZONTIVITY 2.08 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	\$0-\$8.35 (Tier 2)	PA

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Blood Products/Modifiers/Volume Expanders

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>azacitidine 100 mg vial</i>	\$0-\$8.35 (Tier 2)	PA NSO
CATHFLO ACTIVASE 2 MG VIAL*	\$0 (Tier 3)	PA
EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/2 ML VIAL, 20,000 UNITS/ML VIAL)	\$0-\$8.35 (Tier 2)	PA
LEUKINE 250 MCG VIAL	\$0-\$8.35 (Tier 2)	PA
MOZOBIL (20 MG/ML VIAL, 24 MG/1.2 ML VIAL)	\$0-\$8.35 (Tier 2)	PA
NEULASTA 6 MG/0.6 ML SYRINGE	\$0-\$8.35 (Tier 2)	PA
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	\$0-\$8.35 (Tier 2)	PA
PROCRIT (2,000 VIAL, 3,000 VIAL, 4,000 VIAL, 10,000 VIAL, 20,000 VIAL, 40,000 VIAL)	\$0-\$8.35 (Tier 2)	PA
PROMACTA (12.5 MG TABLET, 25 MG TABLET, 75 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, LA, QL (90 per 30 days)
PROMACTA 50 MG TABLET	\$0-\$8.35 (Tier 2)	PA, LA, QL (30 per 30 days)

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Blood Products/Modifiers/Volume Expanders

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RETACRIT (2,000 VIAL, 3,000 VIAL, 4,000 VIAL, 10,000 VIAL, 40,000 VIAL)	\$0-\$8.35 (Tier 2)	PA
ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	\$0-\$8.35 (Tier 2)	PA
<i>tranexamic acid 1,000 mg/10 ml</i>	\$0-\$3.35 (Tier 1)	
<i>tranexamic acid 650 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>aspirin-dipyridam er 25-200 mg</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
BRILINTA (60 MG TABLET, 90 MG TABLET)	\$0-\$8.35 (Tier 2)	
<i>cilostazol (50 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>clopidogrel 75 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA-HRM
<i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonidine (0.1 patch, 0.2 patch, 0.3 patch)</i>	\$0-\$3.35 (Tier 1)	QL (4 per 28 days)
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>methyldopa (250 mg tablet, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>methyldopate 250 mg/5 ml vial</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA
NORTHERA (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA, QL (84 per 14 days)
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	\$0-\$8.35 (Tier 2)	
<i>phenoxybenzamine hcl 10 mg cap</i>	\$0-\$8.35 (Tier 2)	PA
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	\$0-\$8.35 (Tier 2)	
<i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0-\$3.35 (Tier 1)	

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb, 32 mg tb)</i>	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
<i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>benazepril hcl 40 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	\$0-\$8.35 (Tier 2)	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lisinopril 40 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>moexipril hcl 15 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>moexipril hcl 7.5 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>perindopril erbumine 2 mg tab</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>perindopril erbumine 4 mg tab</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>perindopril erbumine 8 mg tab</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>ramipril 10 mg capsule</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>trandolapril (1 mg tablet, 2 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>trandolapril 4 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amiodarone hcl (150 mg/3 ml amp, 150 mg/3 ml vial, hcl 200 mg tablet, hcl 400 mg tablet, 450 mg/9 ml vial, 900 mg/18 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>	\$0-\$8.35 (Tier 2)	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	\$0-\$8.35 (Tier 2)	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
MULTAQ 400 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
<i>procainamide hcl (100 mg/ml vial, 500 mg/ml vial, 1,000 mg/2 ml vl, 1,000 mg/10 ml vl)</i>	\$0-\$3.35 (Tier 1)	
<i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>propafenone hcl er (er 225 mg cap, er 325 mg cap, er 425 mg cap)</i>	\$0-\$8.35 (Tier 2)	
<i>quinidine gluc 80 mg/ml vial</i>	\$0-\$8.35 (Tier 2)	

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinidine gluc er 324 mg tab</i>	\$0-\$3.35 (Tier 1)	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>sotalol (80 mg tablet, 160 mg tablet, 240 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>sotalol af 120 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>labetalol hcl (100 mg/20 ml vl, 200 mg/40 ml vl)</i>	\$0-\$3.35 (Tier 1)	

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metoprolol succ er 200 mg tab</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>metoprolol tartrate (5 mg/5 ml carpject, tart 5 mg/5 ml amp, tart 5 mg/5 ml vial, tartrate 25 mg tab, tartrate 50 mg tab, tartrate 100 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>pindolol (5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg/5 ml soln, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i>	\$0-\$8.35 (Tier 2)	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
AFEDITAB CR (CR 30 MG TABLET, CR 60 MG TABLET)	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	\$0-\$3.35 (Tier 1)	
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	\$0-\$3.35 (Tier 1)	
<i>diltiazem 12hr er (12hr er 120 mg cap, 12hr er 60 mg cap, 12hr er 90 mg cap)</i>	\$0-\$3.35 (Tier 1)	
<i>diltiazem 24hr cd (24hr 360 mg cap, 24hr 300 mg cap, 24hr 120 mg cap, 24hr 180 mg cap)</i>	\$0-\$8.35 (Tier 2)	
<i>diltiazem 24hr cd 240 mg cap</i>	\$0-\$3.35 (Tier 1)	
<i>diltiazem 24hr er (24hr er 300 mg cap, 24hr er 420 mg cap, 24hr er 360 mg cap, 24hr er 120 mg cap, 24hr er 180 mg cap)</i>	\$0-\$8.35 (Tier 2)	
<i>diltiazem 24hr er 240 mg cap</i>	\$0-\$3.35 (Tier 1)	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>nifedipine 10 mg capsule</i>	\$0-\$8.35 (Tier 2)	PA-HRM
<i>nifedipine 20 mg capsule</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>nifedipine er 90 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>nimodipine 30 mg capsule</i>	\$0-\$3.35 (Tier 1)	
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	\$0-\$3.35 (Tier 1)	
<i>verapamil 360 mg cap pellet</i>	\$0-\$8.35 (Tier 2)	
<i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg tablet, er 180 mg capsule, er 240 mg capsule)</i>	\$0-\$8.35 (Tier 2)	
<i>verapamil er 240 mg tablet</i>	\$0-\$3.35 (Tier 1)	

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>verapamil er pm (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)</i>	\$0-\$8.35 (Tier 2)	
<i>verapamil hcl (2.5 mg/ml vial, 2.5 mg/ml ampul, 5 mg/2 ml vial, 10 mg/4 ml vial, 40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i>	\$0-\$8.35 (Tier 2)	
ALLI 60 MG CAPSULE*	\$0 (Tier 3)	PA, QL (90 per 30 days)
<i>amiloride hcl-hctz 5-50 mg tab</i>	\$0-\$3.35 (Tier 1)	
<i>amiodarone hcl 100 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>amlodipine besylate-benazepril (2.5-10, 5-40 mg, 5-10 mg, 5-20 mg, 10-40 mg, 10-20 mg)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>amlodipine-atorvastatin (2.5-40 mg, 2.5-10 mg, 2.5-20 mg, 5-40 mg, 5-10 mg, 5-20 mg, 5-80 mg, 10-40 mg, 10-80 mg, 10-10 mg, 10-20 mg)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>atenolol-chlorthalidone (50-25, 100-25)</i>	\$0-\$3.35 (Tier 1)	
<i>benazepril-hctz 5-6.25 mg tab</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benazepril-hydrochlorothiazide (10-12.5 mg tab, 20-25 mg tab, 20-12.5 mg tab)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>candesartan-hydrochlorothiazid (16-12.5 mg tb, 32-12.5 mg tb, 32-25 mg tab)</i>	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
<i>captopril-hydrochlorothiazide (25-15 mg tablet, 25-25 mg tablet, 50-15 mg tablet, 50-25 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
DEMSER 250 MG CAPSULE	\$0-\$8.35 (Tier 2)	
<i>diltiazem hcl (25 mg/5 ml vial, 50 mg/10 ml vial, hcl 100 mg vial, 125 mg/25 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>enalapril-hctz 10-25 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>enalapril-hctz 5-12.5 mg tab</i>	\$0-\$3.35 (Tier 1)	
<i>ezetimibe 10 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA NSO, QL (30 per 30 days)
<i>fosinopril-hctz 10-12.5 mg tab</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fosinopril-hctz 20-12.5 mg tab</i>	\$0-\$3.35 (Tier 1)	QL (120 per 30 days)
<i>furosemide 10 mg/ml solution</i>	\$0-\$3.35 (Tier 1)	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
KEVEYIS 50 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (120 per 30 days)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>methyldopa-hctz 250-25 mg tab</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>metoprolol-hctz 100-50 mg tab</i>	\$0-\$3.35 (Tier 1)	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab)</i>	\$0-\$8.35 (Tier 2)	
<i>moexipril-hctz 15-25 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>moexipril-hydrochlorothiazide (7.5-12.5 mg tab, 15-12.5 mg tab)</i>	\$0-\$3.35 (Tier 1)	

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>nifedipine er 90 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
<i>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
<i>omega-3 fatty acids 100 mg tab chew*</i>	\$0 (Tier 3)	PA, QL (60 per 30 days)
<i>propranolol-hydrochlorothiazid (40-25 mg tab, 80-25 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>quinapril-hctz 20-25 mg tab</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>spironolactone-hctz 25-25 tab</i>	\$0-\$8.35 (Tier 2)	
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab, 80-12.5 mg tb)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamterene-hctz 37.5-25 mg cp</i>	\$0-\$3.35 (Tier 1)	
<i>triamterene-hydrochlorothiazid (37.5-25 mg tb, 75-50 mg tab)</i>	\$0-\$8.35 (Tier 2)	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
VASCEPA 0.5 GM CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
DIGITEK (125 MCG TABLET, 250 MCG TABLET)	\$0-\$3.35 (Tier 1)	
DIGOX (125 MCG TABLET, 250 MCG TABLET)	\$0-\$8.35 (Tier 2)	
<i>digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>digoxin 500 mcg/2 ml ampule</i>	\$0-\$3.35 (Tier 1)	
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	\$0-\$8.35 (Tier 2)	
<i>pentoxifylline er 400 mg tab</i>	\$0-\$3.35 (Tier 1)	
RANEXA (ER 500 MG TABLET, ER 1,000 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO
<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>acetazolamide er 500 mg cap</i>	\$0-\$8.35 (Tier 2)	
<i>acetazolamide sod 500 mg vial</i>	\$0-\$3.35 (Tier 1)	
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>bumetanide (0.25 mg/ml vial, 1 mg/4 ml vial, 2.5 mg/10 ml vial)</i>	\$0-\$3.35 (Tier 1)	
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>ethacrynate sodium 50 mg vial</i>	\$0-\$8.35 (Tier 2)	
<i>furosemide (20 mg/2 ml vial, 20 mg tablet, 40 mg/4 ml vial, 40 mg tablet, 80 mg tablet, 100 mg/10 ml vial)</i>	\$0-\$8.35 (Tier 2)	

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>furosemide (40 mg/4 ml syringe, 40 mg/5 ml soln, 100 mg/10 ml syringe)</i>	\$0-\$3.35 (Tier 1)	
<i>torseamide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>amiloride hcl 5 mg tablet</i>	\$0-\$8.35 (Tier 2)	
CAROSPIR 25 MG/5 ML SUSPENSION	\$0-\$8.35 (Tier 2)	PA
<i>eplerenone (25 mg tablet, 50 mg tablet)</i>	\$0-\$8.35 (Tier 2)	ST
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>chlorothiazide (250 mg tablet, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>chlorothiazide sod 500 mg vial</i>	\$0-\$8.35 (Tier 2)	
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
DIURIL 250 MG/5 ML ORAL SUSP	\$0-\$8.35 (Tier 2)	
<i>hydrochlorothiazide (12.5 mg tb, 25 mg tab, 50 mg tab)</i>	\$0-\$3.35 (Tier 1)	

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrochlorothiazide 12.5 mg cp</i>	\$0-\$8.35 (Tier 2)	
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>methyclothiazide 5 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>fenofibrate (40 mg tablet, 50 mg capsule, 120 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>fenofibrate (43 mg capsule, 48 mg tablet, 130 mg capsule, 145 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>fenofibrate (54 mg tablet, 67 mg capsule, 134 mg capsule, 160 mg tablet, 200 mg capsule)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>fenofibrate 150 mg capsule</i>	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>gemfibrozil 600 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>lovastatin 40 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>simvastatin 10 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>simvastatin 20 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (45 per 30 days)
<i>simvastatin 40 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>simvastatin 5 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>cholestyramine (packet, powder)</i>	\$0-\$3.35 (Tier 1)	
<i>cholestyramine light powder</i>	\$0-\$3.35 (Tier 1)	
<i>colestipol hcl (hcl 1 gm tablet, hcl granules, hcl granules packet, micronized 1 gm tab)</i>	\$0-\$8.35 (Tier 2)	

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
JUXTAPID 20 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA, QL (90 per 30 days)
JUXTAPID 30 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
KYNAMRO 200 MG/ML SYRINGE	\$0-\$8.35 (Tier 2)	PA, QL (4 per 28 days)
<i>niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
<i>omega-3 ethyl esters 1 gm cap</i>	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
PRALUENT PEN (75 MG/ML PEN, 150 MG/ML PEN)	\$0-\$8.35 (Tier 2)	PA
REPATHA 140 MG/ML SURECLICK	\$0-\$8.35 (Tier 2)	PA
REPATHA 140 MG/ML SYRINGE	\$0-\$8.35 (Tier 2)	PA
REPATHA 420 MG/3.5ML PUSHTRONX	\$0-\$8.35 (Tier 2)	PA

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VASCEPA 1 GM CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (120 per 30 days)
<i>hydralazine hcl (10 mg tablet, 20 mg/ml vial, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>isosorbide dinitr er 40 mg tab</i>	\$0-\$3.35 (Tier 1)	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	\$0-\$3.35 (Tier 1)	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	\$0-\$8.35 (Tier 2)	
<i>isosorbide mononitrate er (mn er 60 mg tablet, mononit er 30 mg tb, mononit er 60 mg tb, mononit er 120 mg)</i>	\$0-\$3.35 (Tier 1)	
NITRO-BID 2% OINTMENT	\$0-\$3.35 (Tier 1)	
<i>nitroglycerin 5 mg/ml vial</i>	\$0-\$3.35 (Tier 1)	
<i>nitroglycerin lingual 0.4 mg</i>	\$0-\$8.35 (Tier 2)	

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Cardiovascular Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nitroglycerin patch (0.1 patch, 0.2 patch, 0.4 patch, 0.6 patch)</i>	\$0-\$3.35 (Tier 1)	
NITROSTAT (0.3 MG TABLET, 0.4 MG TABLET, 0.6 MG TABLET)	\$0-\$8.35 (Tier 2)	
RECTIV 0.4% OINTMENT	\$0-\$8.35 (Tier 2)	QL (30 per 21 days)

Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextroamp-amphetamin 30 mg tab</i>	\$0-\$3.35 (Tier 1)	PA, QL (60 per 30 days)
<i>dextroamphetamine 10 mg tab</i>	\$0-\$3.35 (Tier 1)	PA, QL (180 per 30 days)
<i>dextroamphetamine 5 mg tab</i>	\$0-\$3.35 (Tier 1)	PA, QL (90 per 30 days)
<i>dextroamphetamine er 10 mg cap</i>	\$0-\$8.35 (Tier 2)	PA, QL (150 per 30 days)
<i>dextroamphetamine er 15 mg cap</i>	\$0-\$8.35 (Tier 2)	PA, QL (120 per 30 days)

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Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextroamphetamine er 5 mg cap</i>	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	\$0-\$3.35 (Tier 1)	PA, QL (90 per 30 days)
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>clonidine hcl er 0.1 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (120 per 30 days)
DAYTRANA (10 MG/9 HR PATCH, 15 MG/9 HR PATCH, 20 MG/9 HOUR PATCH, 30 MG/9 HOUR PATCH)	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>guanfacine hcl er (er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate 10 mg/5 ml sol</i>	\$0-\$8.35 (Tier 2)	PA, QL (900 per 30 days)

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Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate 5 mg/5 ml soln</i>	\$0-\$8.35 (Tier 2)	PA, QL (1800 per 30 days)
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab, er 72 mg tab)</i>	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 40mg cp)</i>	\$0-\$3.35 (Tier 1)	PA, QL (30 per 30 days)
<i>methylphenidate er 20 mg tab</i>	\$0-\$8.35 (Tier 2)	PA, QL (90 per 30 days)
<i>methylphenidate er 36 mg tab</i>	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
<i>methylphenidate er(la) 30mg cp</i>	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA, QL (90 per 30 days)
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>	\$0-\$3.35 (Tier 1)	PA, QL (30 per 30 days)
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp, er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	\$0-\$3.35 (Tier 1)	PA, QL (30 per 30 days)
<i>methylphenidate la (10 mg cap, 20 mg cap, 40 mg cap, 60 mg cap)</i>	\$0-\$3.35 (Tier 1)	PA, QL (30 per 30 days)

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Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate la 30 mg cap</i>	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>methylphenidate sr 20 mg tab</i>	\$0-\$8.35 (Tier 2)	PA, QL (90 per 30 days)
BELVIQ 10 MG TABLET*	\$0 (Tier 3)	PA, QL (60 per 30 days)
INGREZZA 40 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
INGREZZA 80 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
<i>phentermine hcl 15 mg capsule*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>phentermine hcl 30 mg capsule*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
LYRICA CR (CR 82.5 MG TABLET, CR 165 MG TABLET, CR 330 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>naltrexone/bupropion 8-90 mg tablet*</i>	\$0 (Tier 3)	PA, QL (120 per 30 days)
NUEDEXTA 20-10 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
RADICAVA 30 MG/100 ML BAG	\$0-\$8.35 (Tier 2)	PA, QL (2800 per 28 days)
<i>riluzole 50 mg tablet</i>	\$0-\$8.35 (Tier 2)	

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Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA NSO
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (60 per 30 days)
SAVELLA TITRATION PACK	\$0-\$8.35 (Tier 2)	PA NSO, QL (55 per 28 days)
AMPYRA ER 10 MG TABLET	\$0-\$8.35 (Tier 2)	PA
AUBAGIO (7 MG TABLET, 14 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	\$0-\$8.35 (Tier 2)	PA
AVONEX PEN 30 MCG/0.5 ML KIT	\$0-\$8.35 (Tier 2)	PA
BETASERON 0.3 MG KIT	\$0-\$8.35 (Tier 2)	PA
<i>dalfampridine er 10 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA
GILENYA 0.5 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)</i>	\$0-\$3.35 (Tier 1)	PA

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Central Nervous System Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLATOPA 20 MG/ML SYRINGE	\$0-\$3.35 (Tier 1)	PA
PLEGRIDY (125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK)	\$0-\$8.35 (Tier 2)	PA, QL (1 per 28 days)
PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK)	\$0-\$8.35 (Tier 2)	PA, QL (1 per 28 days)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE, TITRATION PACK)	\$0-\$8.35 (Tier 2)	PA
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML, TITRATION PACK)	\$0-\$8.35 (Tier 2)	PA
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
TYSABRI 300 MG/15 ML VIAL	\$0-\$8.35 (Tier 2)	PA, LA

Dental and Oral Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cevimeline hcl 30 mg capsule</i>	\$0-\$8.35 (Tier 2)	

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Dental and Oral Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>chlorhexidine 0.12% rinse</i>	\$0-\$3.35 (Tier 1)	
<i>doxycycline hyclate 20 mg tab</i>	\$0-\$3.35 (Tier 1)	
KEPIVANCE 6.25 MG VIAL	\$0-\$8.35 (Tier 2)	PA
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>triamcinolone 0.1% paste</i>	\$0-\$3.35 (Tier 1)	

Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABREVA 10% CREAM*	\$0 (Tier 3)	PA, QL (4 per 30 days)
ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA NSO
<i>acitretin (10 mg capsule, 25 mg capsule)</i>	\$0-\$8.35 (Tier 2)	PA

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Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acitretin 17.5 mg capsule</i>	\$0-\$3.35 (Tier 1)	PA
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	\$0-\$3.35 (Tier 1)	PA NSO
<i>bacitracin 500 unit/g oint. (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>bacitracin zinc 500 unit/g oint. (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>benzoyl peroxide 5 % gel (gram)*</i>	\$0 (Tier 3)	QL (60 per 30 days)
<i>betamethasone dp 0.05% oint</i>	\$0-\$8.35 (Tier 2)	
<i>calcipotriene (0.005% ointment, 0.005% cream)</i>	\$0-\$8.35 (Tier 2)	PA
<i>calcipotriene 0.005% solution</i>	\$0-\$3.35 (Tier 1)	PA
CLARAVIS 10 MG CAPSULE	\$0-\$3.35 (Tier 1)	PA NSO
<i>clind ph-benzoyl perox 1.2-5%</i>	\$0-\$8.35 (Tier 2)	
<i>clotrimazole 1 % cream/appl*</i>	\$0 (Tier 3)	QL (45 per 30 days)
<i>clotrimazole 1% solution</i>	\$0-\$3.35 (Tier 1)	

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Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clotrimazole 2 % cream/appl*</i>	\$0 (Tier 3)	QL (45 per 30 days)
<i>clotrimazole-betamethasone crm</i>	\$0-\$8.35 (Tier 2)	
<i>clotrimazole-betamethasone lot</i>	\$0-\$3.35 (Tier 1)	
CONDYLOX 0.5% GEL	\$0-\$8.35 (Tier 2)	
CORTISPORIN OINTMENT	\$0-\$8.35 (Tier 2)	
COSENTYX 300 MG DOSE-2 PENS	\$0-\$8.35 (Tier 2)	PA
COSENTYX 300 MG DOSE-2 SYRINGE	\$0-\$8.35 (Tier 2)	PA
<i>diclofenac sodium 3% gel</i>	\$0-\$8.35 (Tier 2)	PA
<i>doxepin 5% cream</i>	\$0-\$8.35 (Tier 2)	PA
DUPIXENT 300 MG/2 ML SAFE SYRG	\$0-\$8.35 (Tier 2)	PA, QL (3 per 28 days)
ELIDEL 1% CREAM	\$0-\$8.35 (Tier 2)	PA

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Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>erythromycin-benzoyl gel</i>	\$0-\$8.35 (Tier 2)	
<i>fluocinonide 0.05% cream</i>	\$0-\$3.35 (Tier 1)	
<i>fluorouracil (0.5% cream, 2% topical soln, 5% cream, 5% topical soln)</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>hydrocortisone 0.5 % cream (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>imiquimod 5% cream packet</i>	\$0-\$3.35 (Tier 1)	QL (12 per 30 days)
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>methoxsalen (10 mg capsule, 10 mg softgel)</i>	\$0-\$3.35 (Tier 1)	
<i>miconazole nitrate 2 % cream (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>miconazole nitrate 2 % cream/appl*</i>	\$0 (Tier 3)	QL (45 per 30 days)
<i>miconazole nitrate 200 mg-2 % kit*</i>	\$0 (Tier 3)	QL (1 per 30 days)
MYORISAN (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	\$0-\$3.35 (Tier 1)	PA NSO
<i>neomycin/bacitracin/polymyxinb 3.5-400-5k oint. (g)*</i>	\$0 (Tier 3)	QL (30 per 30 days)

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Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>podofilox 0.5% topical soln</i>	\$0-\$8.35 (Tier 2)	
REGRANEX 0.01% GEL	\$0-\$8.35 (Tier 2)	PA
SANTYL OINTMENT	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>selenium sulfide 1 % shampoo*</i>	\$0 (Tier 3)	QL (207 per 30 days)
<i>selenium sulfide 2.5% lotion</i>	\$0-\$3.35 (Tier 1)	
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	\$0-\$8.35 (Tier 2)	PA
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	\$0-\$8.35 (Tier 2)	PA
TALTZ 80 MG/ML AUTOINJECTOR	\$0-\$8.35 (Tier 2)	PA
TALTZ 80 MG/ML SYRINGE	\$0-\$8.35 (Tier 2)	PA
<i>tazarotene 0.1% cream</i>	\$0-\$3.35 (Tier 1)	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	\$0-\$8.35 (Tier 2)	PA

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Dermatological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tolnaftate 1 % solution*</i>	\$0 (Tier 3)	QL (30 per 60 days)
<i>tretinoin (0.01% gel, 0.025% gel, 0.025% cream, 0.05% cream, 0.05% gel, 0.1% cream)</i>	\$0-\$8.35 (Tier 2)	PA
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	\$0-\$3.35 (Tier 1)	PA NSO

Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHEMET 100 MG CAPSULE	\$0-\$8.35 (Tier 2)	
EXJADE (125 MG TABLET, 250 MG TABLET, 500 MG TABLET)	\$0-\$8.35 (Tier 2)	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET)	\$0-\$8.35 (Tier 2)	PA
<i>ferrous gluconate 324(38)mg tablet*</i>	\$0 (Tier 3)	QL (90 per 30 days)
<i>ferrous sulfate 220 mg/5 ml elixir*</i>	\$0 (Tier 3)	QL (480 per 30 days)
<i>ferrous sulfate 220 mg/5 ml elixir*</i>	\$0 (Tier 3)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ferrous sulfate 324(65)mg tablet dr*</i>	\$0 (Tier 3)	QL (90 per 30 days)
<i>ferrous sulfate 325(65) mg tablet*</i>	\$0 (Tier 3)	QL (90 per 30 days)
<i>ferrous sulfate 325(65) mg tablet dr*</i>	\$0 (Tier 3)	QL (90 per 30 days)
INFED 100 MG/2 ML VIAL*	\$0 (Tier 3)	PA, QL (12 per 28 days)
JADENU (90 MG TABLET, 180 MG TABLET, 360 MG TABLET)	\$0-\$8.35 (Tier 2)	PA
JYNARQUE (45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	\$0-\$8.35 (Tier 2)	PA
KIONEX (15 GM/60 ML SUSPENSION, POWDER)	\$0-\$3.35 (Tier 1)	
<i>sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sodium polystyrene sulf powder, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)</i>	\$0-\$3.35 (Tier 1)	
<i>sodium,potassium phosphates 280-250 mg oral powder packets*</i>	\$0 (Tier 3)	QL (120 per 30 days)
SPS 15 GM/60 ML SUSPENSION	\$0-\$3.35 (Tier 1)	
<i>trientine hcl 250 mg capsule</i>	\$0-\$3.35 (Tier 1)	PA
VENOFER (50 MG/2.5 ML VIAL, 100 MG/5 ML VIAL, 200 MG/10 ML VIAL) *	\$0 (Tier 3)	PA

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium carbonate 215(500)mg tab chew*</i>	\$0 (Tier 3)	QL (100 per 30 days)
<i>calcium carbonate 260mg(648) tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate 300mg(750) tab chew*</i>	\$0 (Tier 3)	QL (100 per 30 days)
<i>calcium carbonate 500 mg/5ml oral susp*</i>	\$0 (Tier 3)	QL (480 per 30 days)
<i>calcium carbonate 500(1250) tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate 600 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 250 mg-125 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-100 tab chew*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-125 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-200 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-400 tab chew*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 500 mg-400 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 600 mg-200 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcium carbonate/vitamin d3 600 mg-400 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium carbonate/vitamin d3 600 mg-800 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium citrate 200(950)mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium citrate/vitamin d3 200 mg-250 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium citrate/vitamin d3 315 mg-250 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium gluconate 45(500) mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>calcium phosphate dibas/vit d3 105 mg-120 tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
CARBAGLU 200 MG DISPER TABLET	\$0-\$8.35 (Tier 2)	PA
<i>dextrose 4 g tab chew*</i>	\$0 (Tier 3)	PA, QL (50 per 30 days)
<i>electrolytes/dextrose solution*</i>	\$0 (Tier 3)	QL (4000 per 30 days)
ISOLYTE S IV SOLUTION-EXCEL	\$0-\$8.35 (Tier 2)	
K-TAB ER (ER 8 TABLET, ER 10 TABLET, ER 20 TABLET)	\$0-\$8.35 (Tier 2)	
KLOR-CON 10 MEQ TABLET	\$0-\$8.35 (Tier 2)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KLOR-CON 8 MEQ TABLET	\$0-\$8.35 (Tier 2)	
KLOR-CON M15 TABLET	\$0-\$3.35 (Tier 1)	
<i>magnesium chloride 70 mg tablet dr*</i>	\$0 (Tier 3)	QL (360 per 30 days)
<i>magnesium oxide 400 mg tablet*</i>	\$0 (Tier 3)	QL (180 per 30 days)
<i>magnesium sulfate 50% syringe</i>	\$0-\$3.35 (Tier 1)	
NORMOSOL-R PH 7.4 IV SOLUTION	\$0-\$8.35 (Tier 2)	
OSMOPREP TABLET	\$0-\$8.35 (Tier 2)	
PHYSIOLYTE IRRIGATION SOLN	\$0-\$8.35 (Tier 2)	
PHYSIOSOL IRRIGATION SOLN	\$0-\$8.35 (Tier 2)	
PLASMA-LYTE 148 IV SOLUTION	\$0-\$8.35 (Tier 2)	
PLASMA-LYTE A PH 7.4 SOLN.	\$0-\$8.35 (Tier 2)	
<i>potassium chl-normal saline (20 1,000 ml iv soln, 40 1,000 ml iv soln)</i>	\$0-\$8.35 (Tier 2)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride (2 meq/ml vial, 20 meq/10 ml conc, 40 meq/20 ml conc)</i>	\$0-\$3.35 (Tier 1)	
<i>potassium chloride (er 8 meq capsule, er 8 meq tablet, 10% (40 meq/30 ml, 10 meq/100 ml sol, er 10 meq capsule, 10% (20 meq/15ml), 10% (40 meq/30ml), er 10 meq tablet, 10% (20 meq/15 ml, er 20 meq tablet, 20% (40 meq/15ml), 20% (40 meq/15 ml)</i>	\$0-\$8.35 (Tier 2)	
<i>potassium citrate er (er 5 tab, er 10 tb, er 15 tb)</i>	\$0-\$8.35 (Tier 2)	
<i>potassium cl 20 meq-0.45% nacl</i>	\$0-\$8.35 (Tier 2)	
<i>potassium cl 20 meq/10 ml conc</i>	\$0-\$3.35 (Tier 1)	
<i>sodium chloride (saline 0.9% soln-excel cont, sodium chloride 0.9% 50 ml, sodium chloride 0.9% solution, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% irrig., sodium chloride 0.9% 100 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 500 ml, sodium chloride 3% iv soln, sodium chloride 5% iv soln)</i>	\$0-\$8.35 (Tier 2)	
<i>sodium chloride 0.9%-water</i>	\$0-\$8.35 (Tier 2)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN II (8.5% IV SOLUTION, 10% IV SOLUTION, 15% IV SOLUTION)	\$0-\$8.35 (Tier 2)	PA
AMINOSYN II 8.5%-ELECTROLYTES	\$0-\$8.35 (Tier 2)	PA
AMINOSYN WITH ELECTROLYTES (7%-ELECTROLYTE SOL, 8.5%-ELECTROLYTES SOL)	\$0-\$8.35 (Tier 2)	PA
AMINOSYN-HBC 7% IV SOLUTION	\$0-\$8.35 (Tier 2)	PA
AMINOSYN-PF (7% IV SOLUTION, 10% IV SOLUTION)	\$0-\$8.35 (Tier 2)	PA
AMINOSYN-RF 5.2% IV SOLUTION	\$0-\$8.35 (Tier 2)	PA
<i>ascorbic acid 1000 mg tablet*</i>	\$0 (Tier 3)	PA
<i>cholecalciferol (vitamin d3) 1000 unit capsule*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 1000 unit tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 2000 unit capsule*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 2000 unit tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 400 unit capsule*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 400 unit tablet*</i>	\$0 (Tier 3)	QL (90 per 30 days)

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cholecalciferol (vitamin d3) 5000 unit capsule*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cholecalciferol (vitamin d3) 50000 unit capsule*</i>	\$0 (Tier 3)	QL (4 per 28 days)
CLINIMIX (2.75%-5% SOLUTION, 4.25%-20% SOLUTION, 4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 4.25%-25% SOLUTION, 5%-20% SOLUTION, 5%-25% SOLUTION, 5%-15% SOLUTION)	\$0-\$8.35 (Tier 2)	PA
CLINIMIX E (2.75%-10% SOLUTION, 2.75%-5% SOLUTION, 4.25%-5% SOLUTION, 4.25%-25% SOLUTION, 4.25%-10% SOLUTION, 5%-15% SOLUTION, 5%-25% SOLUTION, 5%-20% SOLUTION)	\$0-\$8.35 (Tier 2)	PA
CLINISOL 15% SOLUTION	\$0-\$3.35 (Tier 1)	PA
<i>cyanocobalamin (vitamin b-12) 1000 mcg tablet*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial*</i>	\$0 (Tier 3)	PA
<i>dextrose 10%-0.2% nacl iv soln</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 10%-0.45% nacl iv sol</i>	\$0-\$8.35 (Tier 2)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextrose 2.5%-0.45% nacl iv</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.2% nacl iv soln</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.2% nacl-kcl (5 in d5w-0.2%, 10 in d5w-0.2%, 20 in d5w-0.2%)</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.225% nacl iv sol</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.225% nacl-kcl (10 in d5w-0.225%, 20 in d5w-0.225%)</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.3% nacl iv soln</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.3% nacl-kcl (10 in d5w-0.3%, 20 in d5w-0.3%)</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.33% nacl iv soln</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.45% nacl iv soln</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.45% nacl-kcl (10 in d5w-0.45%, 20 in d5w-0.45%)</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-0.9% nacl iv soln</i>	\$0-\$8.35 (Tier 2)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dextrose 5%-1/2ns-kcl (d5%-1/2ns-kcl 40 iv sol, d5%-1/2ns-kcl 30 iv sol, d5%-1/2ns-kcl 10 iv sol)</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-lr iv solution</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-ns-kcl (20 in d5w-ns, 40 in d5w-nacl 0.9%)</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose 5%-potassium chloride (20 in d5w solution, 40 in d5w solution)</i>	\$0-\$8.35 (Tier 2)	
<i>dextrose in water (5%-water 50 ml, 5%-water iv soln, 5%-water vial, 5%-water 100 ml, 10%-water iv solution)</i>	\$0-\$8.35 (Tier 2)	
<i>ergocalciferol (vitamin d2) 50000 unit capsule*</i>	\$0 (Tier 3)	QL (4 per 28 days)
<i>folic acid 0.4 mg tablet *</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>folic acid 0.8 mg tablet*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>folic acid 1 mg tablet*</i>	\$0 (Tier 3)	PA, QL (30 per 30 days)
<i>fomepizole 1.5 gm/1.5 ml vial</i>	\$0-\$3.35 (Tier 1)	PA
FREAMINE HBC 6.9% IV SOLN	\$0-\$8.35 (Tier 2)	PA
<i>glucose in water (5%-water 50 ml, 5%-water 100 ml)</i>	\$0-\$8.35 (Tier 2)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEPATAMINE 8% IV SOLUTION	\$0-\$8.35 (Tier 2)	PA
<i>hydroxocobalamin 1000mcg/ml vial*</i>	\$0 (Tier 3)	PA
INTRALIPID (20% IV EMUL, 30% IV EMUL)	\$0-\$8.35 (Tier 2)	PA
IONOSOL MB-D5W IV SOLUTION	\$0-\$8.35 (Tier 2)	
ISOLYTE P-DEXTROSE 5% SOLN	\$0-\$8.35 (Tier 2)	
<i>kcl 20 meq in d5w-0.33% nacl</i>	\$0-\$8.35 (Tier 2)	
<i>kcl 20 meq in d5w-lact ringer</i>	\$0-\$8.35 (Tier 2)	
KLOR-CON M10 TABLET	\$0-\$3.35 (Tier 1)	
<i>lactated ringers (injection, irrigation)</i>	\$0-\$8.35 (Tier 2)	
<i>levocarnitine (1 g/10 ml soln, 330 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>magnesium sulfate 50% vial</i>	\$0-\$8.35 (Tier 2)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>niacin 100 mg tablet*</i>	\$0 (Tier 3)	PA, QL (120 per 30 days)
<i>niacin 250 mg tablet er*</i>	\$0 (Tier 3)	PA, QL (120 per 30 days)
<i>niacin 50 mg tablet*</i>	\$0 (Tier 3)	PA, QL (120 per 30 days)
NORMOSOL-M AND DEXTROSE 5%	\$0-\$8.35 (Tier 2)	
NORMOSOL-R-DEXTROSE 5% IV SOLN	\$0-\$8.35 (Tier 2)	
NUTRILIPID 20% IV FAT EMULSION	\$0-\$8.35 (Tier 2)	PA
<i>phytonadione (vit k1) 5 mg tablet*</i>	\$0 (Tier 3)	QL (20 per 30 days)
<i>potassium chloride (20 meq/100 ml sol, 40 meq/100 ml sol)</i>	\$0-\$8.35 (Tier 2)	
<i>potassium chloride (er 10 tablet, er 20 tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>potassium cl 20meq/100ml-water</i>	\$0-\$8.35 (Tier 2)	
PREMASOL (6% IV SOLUTION, 10% IV SOLUTION)	\$0-\$3.35 (Tier 1)	PA
<i>prenatal tablet*</i>	\$0 (Tier 3)	PA, QL (60 per 30 days)
<i>prenatal vitamin with minerals and folic acid greater than 0.8 mg oral tablet</i>	\$0-\$3.35 (Tier 1)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROCALAMINE IV SOLUTION	\$0-\$8.35 (Tier 2)	PA
PROSOL 20% INJECTION	\$0-\$8.35 (Tier 2)	PA
<i>pyridoxine hcl (vitamin b6) 100 mg tablet*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)
<i>pyridoxine hcl (vitamin b6) 25 mg tablet*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)
<i>pyridoxine hcl (vitamin b6) 50 mg tablet*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)
<i>riboflavin (vitamin b2) 50 mg tablet*</i>	\$0 (Tier 3)	PA
<i>ringer's iv solution</i>	\$0-\$8.35 (Tier 2)	
<i>ringers irrigation solution</i>	\$0-\$8.35 (Tier 2)	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.45% solution, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml)</i>	\$0-\$8.35 (Tier 2)	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i>	\$0-\$3.35 (Tier 1)	
<i>sodium lactate 5 meq/ml vial</i>	\$0-\$8.35 (Tier 2)	
<i>sterile water for irrigation</i>	\$0-\$8.35 (Tier 2)	

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Electrolytes/Minerals/Metals/Vitamins

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUPREP BOWEL PREP KIT	\$0-\$8.35 (Tier 2)	
<i>thiamine hcl 50 mg tablet*</i>	\$0 (Tier 3)	PA
TPN ELECTROLYTES VIAL	\$0-\$8.35 (Tier 2)	
TRAVASOL 10% SOLN VIAFLEX	\$0-\$8.35 (Tier 2)	PA
TROPHAMINE (6% IV SOLUTION, 10% IV SOLUTION)	\$0-\$8.35 (Tier 2)	PA
<i>vitamin e (dl,tocopheryl acet) 200 unit capsule*</i>	\$0 (Tier 3)	PA
AURYXIA 210 MG TABLET	\$0-\$8.35 (Tier 2)	PA NSO, QL (360 per 30 days)
FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK)	\$0-\$8.35 (Tier 2)	PA NSO

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Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atropine 0.05 mg/ml syringe</i>	\$0-\$8.35 (Tier 2)	
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>glycopyrrolate (0.2 mg/ml vial, 0.4 mg/2 ml vl, 1 mg/5 ml vial, 2 mg tablet, 4 mg/20 ml vial)</i>	\$0-\$8.35 (Tier 2)	
<i>glycopyrrolate (1 mg tablet, 1.5 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>bismuth subsalicylate 262 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
CREON DR 36,000 UNITS CAPSULE	\$0-\$8.35 (Tier 2)	
ENTYVIO 300 MG VIAL	\$0-\$8.35 (Tier 2)	PA
<i>famotidine 10 mg tablet*</i>	\$0 (Tier 3)	QL (60 per 30 days)
GAVILYTE-C SOLUTION	\$0-\$3.35 (Tier 1)	
GAVILYTE-G SOLUTION	\$0-\$3.35 (Tier 1)	
GAVILYTE-N SOLUTION	\$0-\$3.35 (Tier 1)	
GOLYTELY (PACKET, SOLUTION)	\$0-\$8.35 (Tier 2)	

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Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LINZESS 72 MCG CAPSULE	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
LITHOSTAT 250 MG TABLET	\$0-\$8.35 (Tier 2)	PA
<i>mag hydrox/aluminum hyd/simeth 200-200-20 oral susp*</i>	\$0 (Tier 3)	QL (480 per 30 days)
<i>mag hydrox/aluminum hyd/simeth 200-200-25 tab chew*</i>	\$0 (Tier 3)	QL (100 per 30 days)
<i>mag hydrox/aluminum hyd/simeth 400-400-40 oral susp*</i>	\$0 (Tier 3)	QL (480 per 30 days)
MYTESI 125 MG DR TABLET	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
<i>peg 3350-electrolyte (3350 electrolyte soln, 3350-electrolyte solution)</i>	\$0-\$3.35 (Tier 1)	
<i>peg-3350 and electrolytes soln</i>	\$0-\$8.35 (Tier 2)	
PERTZYE (DR 8,000 CAPSULE, DR 16,000 CAPSULE)	\$0-\$8.35 (Tier 2)	
<i>psyllium husk/aspartame 3.4g/5.8g powder*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>ranitidine hcl (25 mg/ml vial, 50 mg/2 ml vial)</i>	\$0-\$3.35 (Tier 1)	

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Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>simethicone 80 mg tab chew*</i>	\$0 (Tier 3)	QL (90 per 30 days)
<i>sodium bicarbonate 325 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>sodium bicarbonate 650 mg tablet*</i>	\$0 (Tier 3)	QL (120 per 30 days)
TRILYTE WITH FLAVOR PACKETS	\$0-\$3.35 (Tier 1)	
VIOKACE (10,440-39,150 TB, 20,880-78,300 TB)	\$0-\$8.35 (Tier 2)	
<i>diphenoxylat-atrop 2.5-0.025/5</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>diphenoxylate-atrop 2.5-0.025</i>	\$0-\$8.35 (Tier 2)	PA-HRM
GATTEX 5 MG 30-VIAL KIT	\$0-\$8.35 (Tier 2)	PA
<i>loperamide 2 mg capsule</i>	\$0-\$3.35 (Tier 1)	
MOVANTI (12.5 MG TABLET, 25 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
MYALEPT 11.3 MG (5 MG/ML) VIAL	\$0-\$8.35 (Tier 2)	PA
NUTROPIN AQ NUSPIN 20 INJECTOR	\$0-\$8.35 (Tier 2)	PA

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Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML VIAL, 12 MG/0.6 ML SYRINGE)	\$0-\$8.35 (Tier 2)	PA
RELISTOR 150 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (90 per 30 days)
SAIZEN 8.8 MG VIAL	\$0-\$8.35 (Tier 2)	PA
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	\$0-\$8.35 (Tier 2)	PA
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
XERMELO 250 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (90 per 30 days)
ZOMACTON (5 MG VIAL, 10 MG VIAL)	\$0-\$8.35 (Tier 2)	PA
ZORBTIVE 8.8 MG VIAL	\$0-\$8.35 (Tier 2)	PA
<i>cimetidine (200 mg tablet, 300 mg/5 ml soln, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>famotidine (20 mg tablet, 20 mg/2 ml vial, 20 mg piggyback, 40 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>famotidine 40 mg/5 ml susp</i>	\$0-\$8.35 (Tier 2)	

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Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nizatidine (15 mg/ml solution, 150 mg capsule, 300 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>ranitidine hcl (15 mg/ml syrup, 150 mg tablet, 150 mg/10 ml syrup, 300 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>alosetron hcl (0.5 mg tablet, 1 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA
AMITIZA (8 MCG CAPSULE, 24 MCG CAPSULES)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
LINZESS (145 MCG CAPSULE, 290 MCG CAPSULE)	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
TRULANCE 3 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
VIBERZI (75 MG TABLET, 100 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
<i>bisacodyl 10 mg supp.rect*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>bisacodyl 5 mg tablet dr*</i>	\$0 (Tier 3)	QL (60 per 30 days)
CONSTULOSE 10 GM/15 ML SOLN	\$0-\$3.35 (Tier 1)	
<i>docusate calcium 240 mg capsule*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>docusate sodium 100 mg capsule*</i>	\$0 (Tier 3)	QL (120 per 30 days)

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Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>docusate sodium 250 mg capsule*</i>	\$0 (Tier 3)	QL (120 per 30 days)
<i>docusate sodium 283 mg/5ml enema*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>docusate sodium 50 mg/5 ml liquid*</i>	\$0 (Tier 3)	QL (480 per 30 days)
ENULOSE 10 GM/15 ML SOLUTION	\$0-\$3.35 (Tier 1)	
GENERLAC 10 GM/15 ML SOLUTION	\$0-\$3.35 (Tier 1)	
<i>glycerin adult supp.rect*</i>	\$0 (Tier 3)	QL (12 per 30 days)
KRISTALOSE (10 GM PACKET, 20 GM PACKET)	\$0-\$3.35 (Tier 1)	
<i>lactulose 10 gm/15 ml solution</i>	\$0-\$3.35 (Tier 1)	
<i>magnesium hydroxide 400 mg/5ml oral susp*</i>	\$0 (Tier 3)	QL (480 per 30 days)
MOVIPREP POWDER PACKET	\$0-\$8.35 (Tier 2)	
<i>polyethylene glycol 3350 powd</i>	\$0-\$3.35 (Tier 1)	
<i>sennosides 8.6 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	\$0-\$8.35 (Tier 2)	ST

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Gastrointestinal Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sucralfate 1 gm tablet</i>	\$0-\$8.35 (Tier 2)	
<i>esomeprazole sodium (20 mg vial, 40 mg vial)</i>	\$0-\$3.35 (Tier 1)	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>omeprazole dr 20 mg capsule</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
<i>omeprazole magnesium 20 mg capsule dr*</i>	\$0 (Tier 3)	QL (28 per 28 days)
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>rabeprazole sod dr 20 mg tab</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)

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Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADAGEN 250 UNITS/ML VIAL	\$0-\$8.35 (Tier 2)	PA
ALDURAZYME 2.9 MG/5 ML VIAL	\$0-\$8.35 (Tier 2)	PA
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	\$0-\$8.35 (Tier 2)	PA
CEREZYME 400 UNITS VIAL	\$0-\$8.35 (Tier 2)	PA
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA
CREON (DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE)	\$0-\$8.35 (Tier 2)	
CYSTADANE 1 GRAM/1.7 ML POWDER	\$0-\$8.35 (Tier 2)	PA NSO
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA
CYSTARAN 0.44% EYE DROPS	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
ELAPRASE 6 MG/3 ML VIAL	\$0-\$8.35 (Tier 2)	PA
ELELYSO 200 UNITS VIAL	\$0-\$8.35 (Tier 2)	PA

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Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EXONDYS 51 (51 500 MG/10 ML VIAL, 51 100 MG/2 ML VIAL)	\$0-\$8.35 (Tier 2)	PA
FABRAZYME (5 MG VIAL, 35 MG VIAL)	\$0-\$8.35 (Tier 2)	PA
GLASSIA 1 GM/50 ML VIAL	\$0-\$8.35 (Tier 2)	PA
KUVAN (100 MG TABLET, 500 MG POWDER PACKET)	\$0-\$8.35 (Tier 2)	PA
LUMIZYME 50 MG VIAL	\$0-\$8.35 (Tier 2)	PA
<i>miglustat 100 mg capsule</i>	\$0-\$3.35 (Tier 1)	PA
NAGLAZYME 5 MG/5 ML VIAL	\$0-\$8.35 (Tier 2)	PA
OCALIVA (5 MG TABLET, 10 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP, DR 21,000 CAP)	\$0-\$8.35 (Tier 2)	
PERTZYE DR 4,000 UNIT CAPSULE	\$0-\$8.35 (Tier 2)	

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Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PLENAMINE 15% SOLUTION	\$0-\$3.35 (Tier 1)	PA
PROLASTIN C 1,000 MG VIAL	\$0-\$8.35 (Tier 2)	PA
RAVICTI 1.1 GRAM/ML LIQUID	\$0-\$8.35 (Tier 2)	PA
<i>sodium phenylbutyrate powder</i>	\$0-\$3.35 (Tier 1)	PA
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL)	\$0-\$8.35 (Tier 2)	PA
VPRIV 400 UNITS VIAL	\$0-\$8.35 (Tier 2)	PA
ZAVESCA 100 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA
ZEMAIRA 1,000 MG VIAL	\$0-\$8.35 (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)	\$0-\$8.35 (Tier 2)	

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Genitourinary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>darifenacin er (er 7.5 mg tablet, er 15 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>flavoxate hcl 100 mg tablet</i>	\$0-\$3.35 (Tier 1)	
GELNIQUE (10% GEL SACHET, 10% GEL SACHETS)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup)</i>	\$0-\$3.35 (Tier 1)	
<i>oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
OXYTROL 3.9 MG/24HR PATCH	\$0-\$8.35 (Tier 2)	QL (8 per 28 days)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>tolterodine tartrate er (er 2 mg cap, er 4 mg cap)</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
TOVIAZ (ER 4 MG TABLET, ER 8 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>tropium chloride 20 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)

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Genitourinary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tropium chloride er 60 mg cap</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
VESICARE (5 MG TABLET, 10 MG TABLET)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>alfuzosin hcl er 10 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>dutasteride 0.5 mg capsule</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>finasteride 5 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>tamsulosin hcl 0.4 mg capsule</i>	\$0-\$3.35 (Tier 1)	
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
DEPEN 250 MG TITRATAB	\$0-\$8.35 (Tier 2)	
ELMIRON 100 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA, QL (90 per 30 days)
<i>calcium acetate (667 mg capsule, 667 mg gelcap)</i>	\$0-\$8.35 (Tier 2)	
<i>lanthanum carbonate (500 mg tab chew, 750 mg tab chew, 1,000 mg tb chw)</i>	\$0-\$3.35 (Tier 1)	PA NSO

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Genitourinary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RENAGEL 800 MG TABLET	\$0-\$8.35 (Tier 2)	
<i>sevelamer 2.4 gm powder packet</i>	\$0-\$3.35 (Tier 1)	QL (3600 per 30 days)
<i>sevelamer carbonate 800 mg tab</i>	\$0-\$8.35 (Tier 2)	

Hormonal Agents, Parathyroid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	\$0-\$8.35 (Tier 2)	PA, QL (2 per 28 days)
SENSIPAR (30 MG TABLET, 60 MG TABLET, 90 MG TABLET)	\$0-\$8.35 (Tier 2)	PA BvD

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Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amcinonide (0.1% ointment, 0.1% lotion, 0.1% cream)</i>	\$0-\$3.35 (Tier 1)	
<i>betamethasone diprop augmented (0.05% lot, 0.05% crm, 0.05% gel)</i>	\$0-\$3.35 (Tier 1)	
<i>betamethasone dipropionate (aug 0.05% crm, 0.05% lot)</i>	\$0-\$3.35 (Tier 1)	
<i>betamethasone dp 0.05% crm</i>	\$0-\$8.35 (Tier 2)	
<i>betamethasone dp aug 0.05% oin</i>	\$0-\$8.35 (Tier 2)	
<i>betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm)</i>	\$0-\$8.35 (Tier 2)	
<i>clobetasol 0.05% topical lotn</i>	\$0-\$8.35 (Tier 2)	
<i>clobetasol emollient 0.05% crm</i>	\$0-\$3.35 (Tier 1)	
<i>clobetasol propionate (0.05% ointment, 0.05% cream, 0.05% solution, 0.05% gel)</i>	\$0-\$3.35 (Tier 1)	
<i>cortisone 25 mg tablet</i>	\$0-\$3.35 (Tier 1)	
DEPO-MEDROL 20 MG/ML VIAL	\$0-\$8.35 (Tier 2)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desonide (0.05% ointment, 0.05% cream)</i>	\$0-\$8.35 (Tier 2)	
<i>desonide 0.05% lotion</i>	\$0-\$3.35 (Tier 1)	
<i>desoximetasone (0.05% gel, 0.05% cream, 0.25% cream, 0.25% ointment)</i>	\$0-\$3.35 (Tier 1)	
<i>desoximetasone 0.05% ointment</i>	\$0-\$8.35 (Tier 2)	
<i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
DEXAMETHASONE INTENSOL 1MG/1ML	\$0-\$3.35 (Tier 1)	
<i>dexamethasone sodium phosphate (4 mg/ml vial, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	\$0-\$3.35 (Tier 1)	
<i>diflorasone diacetate (0.05% cream, 0.05% ointment)</i>	\$0-\$3.35 (Tier 1)	
EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)	\$0-\$8.35 (Tier 2)	PA
<i>fludrocortisone 0.1 mg tablet</i>	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide (0.01% solution, 0.01% cream, 0.025% cream, 0.025% ointment)</i>	\$0-\$8.35 (Tier 2)	
<i>fluocinonide (0.05% solution, 0.05% gel, 0.05% ointment)</i>	\$0-\$8.35 (Tier 2)	
<i>fluocinonide-e 0.05% cream</i>	\$0-\$3.35 (Tier 1)	
<i>fluticasone prop 0.05% lotion</i>	\$0-\$8.35 (Tier 2)	
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	\$0-\$3.35 (Tier 1)	
<i>halobetasol propionate (0.05% ointmnt, 0.05% cream)</i>	\$0-\$3.35 (Tier 1)	
HP ACTHAR GEL 80 UNIT/ML VIAL	\$0-\$8.35 (Tier 2)	PA, QL (30 per 28 days)
<i>hydrocortisone (1% cream, 1% ointment, 2.5% ointment, 2.5% lotion, 2.5% cream)</i>	\$0-\$3.35 (Tier 1)	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
<i>hydrocortisone butyrate (hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint, hydrocortisone butyr 0.1% soln)</i>	\$0-\$8.35 (Tier 2)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone valerate (0.2% ointmt, 0.2% cream)</i>	\$0-\$3.35 (Tier 1)	
KENALOG-10 10 MG/ML VIAL	\$0-\$8.35 (Tier 2)	QL (20 per 30 days)
<i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)</i>	\$0-\$8.35 (Tier 2)	
<i>methylprednisolone acetate (40 mg/ml vl, 80 mg/ml vl)</i>	\$0-\$3.35 (Tier 1)	
<i>methylprednisolone sodium succ (1 gm vl, 40 mg vl, 125 mg)</i>	\$0-\$3.35 (Tier 1)	
<i>mometasone furoate (0.1% soln, 0.1% oint, 0.1% cream)</i>	\$0-\$3.35 (Tier 1)	
<i>prednicarbate 0.1% cream</i>	\$0-\$8.35 (Tier 2)	
<i>prednicarbate 0.1% ointment</i>	\$0-\$3.35 (Tier 1)	
<i>prednisolone (15 mg/5 ml syrup, 15 mg/5 ml soln)</i>	\$0-\$3.35 (Tier 1)	
<i>prednisolone 5 mg/5 ml soln</i>	\$0-\$8.35 (Tier 2)	
<i>prednisolone sodium phos odt (odt 10 mg tablet, odt 15 mg tablet, odt 30 mg tablet)</i>	\$0-\$8.35 (Tier 2)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prednisolone sodium phosphate (10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	\$0-\$3.35 (Tier 1)	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg/5 ml solution, 5 mg tablet, 5 mg tab dose pack, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
PREDNISON 5 MG/ML SOLUTION	\$0-\$3.35 (Tier 1)	
PROCTO-MED HC 2.5% CREAM	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
PROCTOSOL-HC 2.5% CREAM	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
PROCTOZONE-HC 2.5% CREAM	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
SOLU-CORTEF (100 MG VIAL, 250 MG VIAL)	\$0-\$8.35 (Tier 2)	
SOLU-MEDROL 2,000 MG VIAL	\$0-\$8.35 (Tier 2)	
<i>triamcinolone acetonide (0.025% cream, 0.1% cream)</i>	\$0-\$8.35 (Tier 2)	
<i>triamcinolone acetonide (0.025% oint, 0.025% lotion, 0.1% ointment, 0.1% lotion, 0.5% ointment, 0.5% cream)</i>	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide (acet 40mg/ml vl, acet 40 mg/ml vl, 200 mg/5 ml vial, 400 mg/10 ml vl)</i>	\$0-\$8.35 (Tier 2)	QL (20 per 30 days)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>desmopressin acetate (0.01% spray, 0.01% solution)</i>	\$0-\$3.35 (Tier 1)	
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	\$0-\$8.35 (Tier 2)	
<i>desmopressin acetate (ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 40 mcg/10 ml vial)</i>	\$0-\$8.35 (Tier 2)	PA
EGRIFTA (1 MG VIAL, 2 MG VIAL)	\$0-\$8.35 (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-\$8.35 (Tier 2)	PA

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Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	\$0-\$8.35 (Tier 2)	PA
INCRELEX 40 MG/4 ML VIAL	\$0-\$8.35 (Tier 2)	PA
NOCTIVA (0.83 MCG/0.1 ML SPRAY, 1.66 MCG/0.1 ML SPRAY)	\$0-\$8.35 (Tier 2)	PA
NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	\$0-\$8.35 (Tier 2)	PA
NUTROPIN AQ NUSPIN (5, 10)	\$0-\$8.35 (Tier 2)	PA
<i>octreotide acet 100 mcg/ml syr</i>	\$0-\$8.35 (Tier 2)	PA
<i>octreotide acet 500 mcg/ml syr</i>	\$0-\$8.35 (Tier 2)	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	\$0-\$8.35 (Tier 2)	PA
SAIZEN (5 MG VIAL, 8.8 MG CLICK.EASY CARTG)	\$0-\$8.35 (Tier 2)	PA
SAIZEN 8.8 MG SAIZENPREP CART	\$0-\$8.35 (Tier 2)	PA

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANADROL-50 TABLET	\$0-\$8.35 (Tier 2)	PA
ANDRODERM (2 MG/24HR PATCH, 4 MG/24HR PATCH)	\$0-\$8.35 (Tier 2)	PA NSO
ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT)	\$0-\$8.35 (Tier 2)	PA NSO
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	\$0-\$3.35 (Tier 1)	
<i>methyltestosterone 10 mg cap</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>testosterone (1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 30 mg/1.5 ml pump)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>testosterone (10 mg gel pump, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 50 mg/5 gram pkt)</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>testosterone cypionate (testosteron 1,000 mg/10 ml, testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml)</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i>	\$0-\$3.35 (Tier 1)	PA NSO
DEPO-ESTRADIOL 5 MG/ML VIAL	\$0-\$3.35 (Tier 1)	PA-HRM

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ESTRACE 0.01% CREAM	\$0-\$3.35 (Tier 1)	
<i>estradiol (0.01% cream, 10 mcg vaginal insrt)</i>	\$0-\$3.35 (Tier 1)	
<i>estradiol (0.025 mg patch, 0.0375 mg patch, tds 0.05 mg/day, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i>	\$0-\$8.35 (Tier 2)	PA-HRM, QL (8 per 28 days)
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>estradiol (tds 0.025, 0.0375 patch, tds 0.0375, 0.06 patch, tds 0.06, 0.075 patch, tds 0.075, tds 0.1)</i>	\$0-\$8.35 (Tier 2)	PA-HRM, QL (4 per 28 days)
<i>estradiol valerate (20 mg/ml vl, 40 mg/ml vl)</i>	\$0-\$8.35 (Tier 2)	
ESTRING 2 MG VAGINAL RING	\$0-\$8.35 (Tier 2)	
<i>estropipate 0.625(0.75 mg) tab</i>	\$0-\$3.35 (Tier 1)	PA-HRM
FEMRING (0.05 VAG RING, 0.10 VAG RING)	\$0-\$8.35 (Tier 2)	
<i>levonorgestrel 1.5 mg tablet*</i>	\$0 (Tier 3)	QL (1 per 30 days)

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET)	\$0-\$3.35 (Tier 1)	PA-HRM
MENOSTAR 14 MCG/DAY PATCH	\$0-\$8.35 (Tier 2)	PA-HRM
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, 25 MG VIAL)	\$0-\$8.35 (Tier 2)	PA-HRM
PREMARIN VAGINAL CREAM-APPL	\$0-\$8.35 (Tier 2)	
ACTIVELLA (0.5-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	\$0-\$8.35 (Tier 2)	PA-HRM
ALTAVERA-28 TABLET	\$0-\$3.35 (Tier 1)	
ALYACEN 1-35 28 TABLET	\$0-\$3.35 (Tier 1)	
AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	\$0-\$3.35 (Tier 1)	PA-HRM
AMETHIA 0.15-0.03-0.01 MG TAB	\$0-\$3.35 (Tier 1)	
AMETHIA LO TABLET	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANGELIQ (0.25 MG-0.5 MG TABLET, 0.5 MG-1 MG TABLET)	\$0-\$8.35 (Tier 2)	PA-HRM
APRI 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
ARANELLE 28 TABLET	\$0-\$3.35 (Tier 1)	
ASHLYNA 0.15-0.03-0.01 MG TAB	\$0-\$3.35 (Tier 1)	
AUBRA-28 TABLET	\$0-\$3.35 (Tier 1)	
AVIANE-28 TABLET	\$0-\$3.35 (Tier 1)	
BALZIVA 28 TABLET	\$0-\$3.35 (Tier 1)	
BEKYREE 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
BEYAZ 28 TABLET	\$0-\$8.35 (Tier 2)	
BLISOVI 24 FE TABLET	\$0-\$3.35 (Tier 1)	
BLISOVI FE (1-20 TABLET, 1.5-30 TABLET)	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BRIELLYN TABLET	\$0-\$3.35 (Tier 1)	
CAMRESE LO TABLET	\$0-\$8.35 (Tier 2)	
CAZIAN 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
CLIMARA PRO PATCH	\$0-\$8.35 (Tier 2)	PA-HRM
COMBIPATCH (0.05-0.25 MG, 0.05-0.14 MG)	\$0-\$8.35 (Tier 2)	PA-HRM
CRINONE (4% GEL, 8% GEL)	\$0-\$8.35 (Tier 2)	PA
CRYSSELLE-28 TABLET	\$0-\$3.35 (Tier 1)	
CYCLAFEM (1-35-28 TABLET, 7-7-7-28 TABLET)	\$0-\$3.35 (Tier 1)	
DELYLA-28 TABLET	\$0-\$3.35 (Tier 1)	
<i>desogestr-eth estrad eth estra</i>	\$0-\$3.35 (Tier 1)	
<i>desogestrel-ethinyl estradiol (desogest-eth estra 0.15-0.03mg, desogestrel-ethinyl estrad tab)</i>	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>drosp-ee-levomef 3-0.02-0.451</i>	\$0-\$8.35 (Tier 2)	
<i>drosp-ee-levomef 3-0.03-0.451</i>	\$0-\$3.35 (Tier 1)	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	\$0-\$3.35 (Tier 1)	
EMOQUETTE 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
ENPRESSE-28 TABLET	\$0-\$3.35 (Tier 1)	
ENSKYCE 28 TABLET	\$0-\$3.35 (Tier 1)	
ESTARYLLA 0.25-0.035 MG TABLET	\$0-\$3.35 (Tier 1)	
<i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)</i>	\$0-\$3.35 (Tier 1)	
FALMINA-28 TABLET	\$0-\$3.35 (Tier 1)	
FAYOSIM TABLET	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FEMYNOR 28 TABLET	\$0-\$3.35 (Tier 1)	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	\$0-\$3.35 (Tier 1)	PA-HRM
GENERESS FE CHEWABLE TABLET	\$0-\$8.35 (Tier 2)	
GIANVI 3 MG-0.02 MG TABLET	\$0-\$8.35 (Tier 2)	
<i>hydroxyprogesterone 1.25 g/5ml</i>	\$0-\$3.35 (Tier 1)	PA NSO
INCASSIA 0.35 MG TABLET	\$0-\$3.35 (Tier 1)	
INTRAROSA 6.5 MG VAG INSERT	\$0-\$8.35 (Tier 2)	PA
INTROVALE 0.15-0.03 MG TABLET	\$0-\$3.35 (Tier 1)	
ISIBLOOM 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
JINTELI 1 MG-5 MCG TABLET	\$0-\$3.35 (Tier 1)	PA-HRM
JULEBER 28 DAY TABLET	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	\$0-\$3.35 (Tier 1)	
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	\$0-\$3.35 (Tier 1)	
JUNEL FE 24 TABLET	\$0-\$3.35 (Tier 1)	
KAITLIB FE CHEWABLE TABLET	\$0-\$3.35 (Tier 1)	
KARIVA 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
KELNOR 1-35 28 TABLET	\$0-\$3.35 (Tier 1)	
KELNOR 1-50 TABLET	\$0-\$3.35 (Tier 1)	
KIMIDESS 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
KURVELO TABLET	\$0-\$3.35 (Tier 1)	
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	\$0-\$3.35 (Tier 1)	
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LARISSIA-28 TABLET	\$0-\$3.35 (Tier 1)	
LAYOLIS FE CHEWABLE TABLET	\$0-\$8.35 (Tier 2)	
LEENA 28 TABLET	\$0-\$8.35 (Tier 2)	
LESSINA-28 TABLET	\$0-\$3.35 (Tier 1)	
LEVONEST-28 TABLET	\$0-\$3.35 (Tier 1)	
<i>levonorg-eth estrad eth estrad (levono-e estrad 0.10-0.02-0.01, levono-e estrad 0.15-0.03-0.01, levonorg 0.15mg-ee 20-25-30mcg)</i>	\$0-\$3.35 (Tier 1)	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)</i>	\$0-\$3.35 (Tier 1)	
LEVORA-28 TABLET	\$0-\$3.35 (Tier 1)	
LO LOESTRIN FE 1-10 TABLET	\$0-\$8.35 (Tier 2)	
LOESTRIN (21 1-20 TABLET, 21 1.5-30 TABLET)	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LOESTRIN FE 1-20 TABLET	\$0-\$8.35 (Tier 2)	
LOESTRIN FE 1.5-30 TABLET	\$0-\$3.35 (Tier 1)	
LORYNA 3 MG-0.02 MG TABLET	\$0-\$3.35 (Tier 1)	
LOSEASONIQUE TABLET	\$0-\$8.35 (Tier 2)	
LOW-OGESTREL-28 TABLET	\$0-\$3.35 (Tier 1)	
LUTERA-28 TABLET	\$0-\$3.35 (Tier 1)	
MARLISSA-28 TABLET	\$0-\$3.35 (Tier 1)	
MELODETTA 24 FE CHEWABLE TAB	\$0-\$3.35 (Tier 1)	
MIBELAS 24 FE CHEWABLE TABLET	\$0-\$3.35 (Tier 1)	
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	\$0-\$8.35 (Tier 2)	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	\$0-\$8.35 (Tier 2)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MILI 0.25-0.035 MG TABLET	\$0-\$3.35 (Tier 1)	
MIMVEY 1-0.5 MG TABLET	\$0-\$3.35 (Tier 1)	PA-HRM
MIMVEY LO 0.5-0.1 MG TABLET	\$0-\$3.35 (Tier 1)	PA-HRM
MINASTRIN 24 FE CHEWABLE TAB	\$0-\$8.35 (Tier 2)	
MONONESSA 28 TABLET	\$0-\$8.35 (Tier 2)	
NATAZIA 28 TABLET	\$0-\$8.35 (Tier 2)	
NECON 0.5-35-28 TABLET	\$0-\$3.35 (Tier 1)	
NECON 7-7-7-28 TABLET	\$0-\$8.35 (Tier 2)	
NIKKI 3 MG-0.02 MG TABLET	\$0-\$3.35 (Tier 1)	
<i>norethin-estra-fe 0.8-0.025 mg</i>	\$0-\$3.35 (Tier 1)	
<i>norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, noreth-estradiol-fe 1-0.02(24)-75, noreth-estradiol-fe 1-0.02(21)-75)</i>	\$0-\$8.35 (Tier 2)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>norethind-eth estrad 1-0.02 mg</i>	\$0-\$3.35 (Tier 1)	
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.035, norg-ee 0.18-0.215-0.25/0.025, norg-ethin estra 0.25-0.035 mg)</i>	\$0-\$3.35 (Tier 1)	
NORTREL (0.5-35-28 TABLET, 1-35 21 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)	\$0-\$3.35 (Tier 1)	
NUVARING VAGINAL RING	\$0-\$8.35 (Tier 2)	
OCELLA 3 MG-0.03 MG TABLET	\$0-\$8.35 (Tier 2)	
OGESTREL TABLET	\$0-\$3.35 (Tier 1)	
ORSYTHIA-28 TABLET	\$0-\$3.35 (Tier 1)	
ORTHO TRI-CYCLEN 28 TABLET	\$0-\$8.35 (Tier 2)	
ORTHO TRI-CYCLEN LO TABLET	\$0-\$8.35 (Tier 2)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORTHO-CYCLEN 28 TABLET	\$0-\$8.35 (Tier 2)	
ORTHO-NOVUM (1-35-28 TABLET, 7-7-7-28 TABLET)	\$0-\$8.35 (Tier 2)	
<i>oxandrolone (2.5 mg tablet, 10 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA
PIMTREA 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
PIRMELLA 1-35-28 TABLET	\$0-\$3.35 (Tier 1)	
PORTIA-28 TABLET	\$0-\$3.35 (Tier 1)	
PREFEST TABLET	\$0-\$3.35 (Tier 1)	PA-HRM
PREMPHASE 0.625-5 MG TABLET	\$0-\$8.35 (Tier 2)	PA-HRM
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-5 MG TABLET, 0.625-2.5 MG TABLET)	\$0-\$8.35 (Tier 2)	PA-HRM
PREVIFEM TABLET	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
QUARTETTE TABLET	\$0-\$8.35 (Tier 2)	
QUASENSE 0.15-0.03 MG TABLET	\$0-\$3.35 (Tier 1)	
RECLIPSEN 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
RIVELSA TABLET	\$0-\$3.35 (Tier 1)	
SAFYRAL TABLET	\$0-\$8.35 (Tier 2)	
SEASONIQUE 0.15-0.03-0.01 TAB	\$0-\$8.35 (Tier 2)	
SETLAKIN 0.15 MG-0.03 MG TAB	\$0-\$3.35 (Tier 1)	
SPRINTEC 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
SRONYX 0.10-0.02 MG TABLET	\$0-\$3.35 (Tier 1)	
SYEDA 28 TABLET	\$0-\$3.35 (Tier 1)	
TARINA FE 1-20 TABLET	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TAYTULLA 1 MG-20 MCG CAPSULE	\$0-\$8.35 (Tier 2)	
TRI-LEGEST FE-28 DAY TABLET	\$0-\$3.35 (Tier 1)	
TRI-LO-ESTARYLLA TABLET	\$0-\$3.35 (Tier 1)	
TRI-LO-SPRINTEC TABLET	\$0-\$3.35 (Tier 1)	
TRI-MILI 28 TABLET	\$0-\$3.35 (Tier 1)	
TRI-NORINYL 28 TABLET	\$0-\$8.35 (Tier 2)	
TRI-PREVIFEM TABLET	\$0-\$3.35 (Tier 1)	
TRI-SPRINTEC TABLET	\$0-\$3.35 (Tier 1)	
TRI-VYLIBRA 28 TABLET	\$0-\$3.35 (Tier 1)	
TRINESSA TABLET	\$0-\$8.35 (Tier 2)	
TRIVORA-28 TABLET	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYDEMY TABLET	\$0-\$3.35 (Tier 1)	
VELIVET 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
VIENVA-28 TABLET	\$0-\$3.35 (Tier 1)	
VIORELE 28 DAY TABLET	\$0-\$3.35 (Tier 1)	
VYFEMLA 28 TABLET	\$0-\$3.35 (Tier 1)	
VYLIBRA 28 TABLET	\$0-\$3.35 (Tier 1)	
WYMZYA FE CHEWABLE TABLET	\$0-\$8.35 (Tier 2)	
XULANE PATCH	\$0-\$3.35 (Tier 1)	
YASMIN 28 TABLET	\$0-\$8.35 (Tier 2)	
YAZ 28 TABLET	\$0-\$8.35 (Tier 2)	
YUVAFEM (10 MCG INSERT, 10 MCG TABLET)	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZARAH TABLET	\$0-\$3.35 (Tier 1)	
ZENCHENT 0.4 MG-35 MCG TABLET	\$0-\$3.35 (Tier 1)	
ZOVIA 1-35E TABLET	\$0-\$3.35 (Tier 1)	
CAMILA 0.35 MG TABLET	\$0-\$3.35 (Tier 1)	
DAYSEE 0.15-0.03-0.01 MG TAB	\$0-\$3.35 (Tier 1)	
DEBLITANE 0.35 MG TABLET	\$0-\$3.35 (Tier 1)	
DEPO-PROVERA 400 MG/ML VIAL	\$0-\$8.35 (Tier 2)	
DEPO-SUBQ PROVERA 104 SYRINGE	\$0-\$8.35 (Tier 2)	
ELLA 30 MG TABLET	\$0-\$8.35 (Tier 2)	
ERRIN 0.35 MG TABLET	\$0-\$3.35 (Tier 1)	
HEATHER TABLET	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JOLIVETTE TABLET	\$0-\$8.35 (Tier 2)	
<i>levonorgestrel 1.5 mg tablet*</i>	\$0 (Tier 3)	QL (1 per 30 days)
LYZA 0.35 MG TABLET	\$0-\$3.35 (Tier 1)	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	\$0-\$8.35 (Tier 2)	
<i>megestrol acet 40 mg/ml susp</i>	\$0-\$3.35 (Tier 1)	PA
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA NSO
NORA-BE TABLET	\$0-\$8.35 (Tier 2)	
<i>norethindrn 5 mg tb (lupaneta)</i>	\$0-\$3.35 (Tier 1)	
<i>norethindrone 0.35 mg tablet</i>	\$0-\$3.35 (Tier 1)	
<i>norethindrone 5 mg tablet</i>	\$0-\$3.35 (Tier 1)	
NORLYROC 0.35 MG TABLET	\$0-\$3.35 (Tier 1)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORTHO MICRONOR 0.35 MG TABLET	\$0-\$8.35 (Tier 2)	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	\$0-\$8.35 (Tier 2)	
SHAROBEL 0.35 MG TABLET	\$0-\$3.35 (Tier 1)	
TULANA 0.35 MG TABLET	\$0-\$3.35 (Tier 1)	
DUAVEE 0.45-20 MG TABLET	\$0-\$8.35 (Tier 2)	PA-HRM
<i>raloxifene hcl 60 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEVO-T (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-\$8.35 (Tier 2)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	\$0-\$8.35 (Tier 2)	
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-\$8.35 (Tier 2)	
<i>liothyronine sodium (5 mcg tab, 10 mcg/ml vl, 25 mcg tab, 50 mcg tab)</i>	\$0-\$3.35 (Tier 1)	
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	\$0-\$8.35 (Tier 2)	
THYROLAR-1 STRENGTH TABLET	\$0-\$8.35 (Tier 2)	
THYROLAR-1/2 STRENGTH TAB	\$0-\$8.35 (Tier 2)	

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Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THYROLAR-1/4 STRENGTH TAB	\$0-\$8.35 (Tier 2)	
THYROLAR-2 STRENGTH TABLET	\$0-\$8.35 (Tier 2)	
THYROLAR-3 STRENGTH TABLET	\$0-\$8.35 (Tier 2)	
TIROSINT (13 MCG CAPSULE, 25 MCG CAPSULE, 50 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE)	\$0-\$8.35 (Tier 2)	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	\$0-\$8.35 (Tier 2)	

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Hormonal Agents, Suppressant (Adrenal)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KORLYM 300 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (120 per 30 days)
LYSODREN 500 MG TABLET	\$0-\$8.35 (Tier 2)	

Hormonal Agents, Suppressant (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cabergoline 0.5 mg tablet</i>	\$0-\$8.35 (Tier 2)	
ELIGARD (7.5 MG SYRINGE KIT, 7.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 30 MG SYRINGE KIT, 30 MG SYRINGE B, 45 MG SYRINGE KIT, 45 MG SYRINGE B)	\$0-\$8.35 (Tier 2)	PA NSO
FIRMAGON (2 X 120 MG KIT, 80 MG KIT)	\$0-\$8.35 (Tier 2)	PA NSO
<i>leuprolide acetate (2wk 1 mg/0.2 ml kit, 2wk 14 mg/2.8 ml kt)</i>	\$0-\$3.35 (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-\$8.35 (Tier 2)	PA NSO

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Hormonal Agents, Suppressant (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (LUPANETA) (DEPO 11.25MG (LUPANETA), DEPOT 3.75MG (LUPANETA))	\$0-\$8.35 (Tier 2)	PA NSO
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT)	\$0-\$8.35 (Tier 2)	PA
LUPRON DEPOT-PED 30 MG 3MO KIT	\$0-\$8.35 (Tier 2)	PA NSO
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, 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)</i>	\$0-\$8.35 (Tier 2)	PA
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL)	\$0-\$8.35 (Tier 2)	PA
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
SIGNIFOR LAR (10 MG KIT, 10 MG VIAL, 30 MG VIAL, 30 MG KIT)	\$0-\$8.35 (Tier 2)	PA, QL (1 per 28 days)
SIGNIFOR LAR (20 MG VIAL, 20 MG KIT, 40 MG KIT, 40 MG VIAL, 60 MG KIT, 60 MG VIAL)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)

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Hormonal Agents, Suppressant (Pituitary)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML)	\$0-\$8.35 (Tier 2)	
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	\$0-\$8.35 (Tier 2)	PA
SYNAREL 2 MG/ML NASAL SPRAY	\$0-\$8.35 (Tier 2)	PA
TRELSTAR (3.75 MG SYRINGE, 11.25 MG SYRINGE, 22.5 MG SYRINGE)	\$0-\$8.35 (Tier 2)	PA NSO

Hormonal Agents, Suppressant (Thyroid)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>propylthiouracil 50 mg tablet</i>	\$0-\$8.35 (Tier 2)	

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CINRYZE 500 UNIT VIAL	\$0-\$8.35 (Tier 2)	PA
FIRAZYR 30 MG/3 ML SYRINGE	\$0-\$8.35 (Tier 2)	PA NSO
HAEGARDA (2,000 VIAL, 3,000 VIAL)	\$0-\$8.35 (Tier 2)	PA
AZASAN (75 MG TABLET, 100 MG TABLET)	\$0-\$3.35 (Tier 1)	PA BvD
<i>azathioprine 50 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA BvD
<i>azathioprine sod 100 mg vial</i>	\$0-\$3.35 (Tier 1)	PA BvD
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL)	\$0-\$8.35 (Tier 2)	PA BvD
CIMZIA (200 MG/ML STARTER KIT, 200 MG/ML SYRINGE KIT, 200 MG VIAL KIT)	\$0-\$8.35 (Tier 2)	PA
<i>cyclosporine (25 mg capsule, 50 mg/ml vial, 50 mg/ml ampul, 100 mg capsule, 100 mg/ml soln)</i>	\$0-\$3.35 (Tier 1)	PA BvD
<i>cyclosporine modified (25 mg, 50 mg, 100mg/ml, 100 mg)</i>	\$0-\$3.35 (Tier 1)	PA BvD

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG KIT, 50 MG/ML SYRINGE)	\$0-\$8.35 (Tier 2)	PA
ENBREL 50 MG/ML SURECLICK SYR	\$0-\$8.35 (Tier 2)	PA
GENGRAF (25 MG CAPSULE, 100 MG/ML SOLUTION, 100 MG CAPSULE)	\$0-\$3.35 (Tier 1)	PA BvD
HUMIRA (10 MG/0.2 ML SYRINGE, 10 MG/0.1 ML SYRINGE, 20 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	\$0-\$8.35 (Tier 2)	PA
HUMIRA PEDIATRIC CROHN'S (PED CROHNS 40 MG/0.8 ML, PED CROHNS 80 MG/0.8 ML, PEDIATR CROHN'S 80-40MG)	\$0-\$8.35 (Tier 2)	PA
HUMIRA PEN (40 MG/0.8 ML PEN, 40 MG/0.4 ML PEN)	\$0-\$8.35 (Tier 2)	PA
HUMIRA PEN CROHN-UC-HS STARTER (PEN 40 MG, PEN 80 MG)	\$0-\$8.35 (Tier 2)	PA
HUMIRA PEN PSORIASIS-UVEITIS (PEN PSOR-UVEI 80MG-40MG, PEN PSORIA-UVEITIS 40MG)	\$0-\$8.35 (Tier 2)	PA
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	\$0-\$8.35 (Tier 2)	PA, QL (2.28 per 28 days)

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KINERET 100 MG/0.67 ML SYRINGE	\$0-\$8.35 (Tier 2)	PA NSO
<i>methotrexate 1 gm vial</i>	\$0-\$3.35 (Tier 1)	
<i>methotrexate 2.5 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA BvD
<i>mycophenolic acid (dr 180 mg tb, dr 360 mg tb)</i>	\$0-\$3.35 (Tier 1)	PA BvD
MYFORTIC (180 MG TABLET, 360 MG TABLET)	\$0-\$8.35 (Tier 2)	PA BvD
NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION, 100 MG GELATIN CAPSULE)	\$0-\$8.35 (Tier 2)	PA BvD
NPLATE (250 MCG VIAL, 500 MCG VIAL)	\$0-\$8.35 (Tier 2)	PA
ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL)	\$0-\$8.35 (Tier 2)	PA
ORENCIA CLICKJECT 125 MG/ML	\$0-\$8.35 (Tier 2)	PA

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROGRAF (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE, 5 MG/ML AMPULE)	\$0-\$8.35 (Tier 2)	PA BvD
RAPAMUNE (0.5 MG TABLET, 1 MG/ML ORAL SOLN, 1 MG TABLET, 2 MG TABLET)	\$0-\$8.35 (Tier 2)	PA BvD
REMICADE 100 MG VIAL	\$0-\$8.35 (Tier 2)	PA
RHOPHYLAC 300 MCG/2 ML SYRINGE	\$0-\$8.35 (Tier 2)	PA
SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)	\$0-\$8.35 (Tier 2)	PA BvD
SILIQ 210 MG/1.5 ML SYRINGE	\$0-\$8.35 (Tier 2)	PA
SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	\$0-\$8.35 (Tier 2)	PA
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE)	\$0-\$8.35 (Tier 2)	PA, QL (1 per 28 days)
SIMPONI ARIA 50 MG/4 ML VIAL	\$0-\$8.35 (Tier 2)	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA BvD

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tacrolimus</i> (0.5 mg capsule, 1 mg capsule, 5 mg capsule)	\$0-\$3.35 (Tier 1)	PA BvD
TAVALISSE (100 MG TABLET, 150 MG TABLET)	\$0-\$8.35 (Tier 2)	PA
<i>temsirolimus</i> 25 mg vial	\$0-\$3.35 (Tier 1)	PA NSO
TORISEL (25 MG KIT, 25 MG VIAL)	\$0-\$8.35 (Tier 2)	PA NSO
TREMFYA 100 MG/ML SYRINGE	\$0-\$8.35 (Tier 2)	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	\$0-\$8.35 (Tier 2)	
XELJANZ (5 MG TABLET, 10 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
XELJANZ XR 11 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
ZORTRESS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	\$0-\$8.35 (Tier 2)	PA BvD
ATGAM 50 MG/ML AMPUL	\$0-\$8.35 (Tier 2)	PA
THYMOGLOBULIN 25 MG VIAL	\$0-\$8.35 (Tier 2)	PA

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BENLYSTA (120 MG VIAL, 200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	\$0-\$8.35 (Tier 2)	PA NSO
BIVIGAM LIQUID 10% VIAL	\$0-\$8.35 (Tier 2)	PA
CARIMUNE NF 6 GM VIAL	\$0-\$8.35 (Tier 2)	PA
FLEBOGAMMA DIF 10% VIAL	\$0-\$8.35 (Tier 2)	PA
GAMASTAN S-D VIAL	\$0-\$8.35 (Tier 2)	PA
GAMMAGARD LIQUID 10% VIAL	\$0-\$8.35 (Tier 2)	PA
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	\$0-\$8.35 (Tier 2)	PA
GAMMAKED 1 GRAM/10 ML VIAL	\$0-\$8.35 (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-\$8.35 (Tier 2)	PA
GAMUNEX-C 1 GRAM/10 ML VIAL	\$0-\$8.35 (Tier 2)	PA

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HAVRIX 1,440 UNITS/ML VIAL	\$0-\$8.35 (Tier 2)	
IMOGAM RABIES-HT 150 UNIT/ML	\$0-\$8.35 (Tier 2)	PA NSO
INFLECTRA 100 MG VIAL	\$0-\$8.35 (Tier 2)	PA
KINRIX TIP-LOK SYRINGE	\$0-\$8.35 (Tier 2)	
<i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i>	\$0-\$8.35 (Tier 2)	
<i>methotrexate 250 mg/10 ml vial</i>	\$0-\$3.35 (Tier 1)	
<i>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 100 mg/4 ml vial, 200 mg/8 ml vial)</i>	\$0-\$8.35 (Tier 2)	
<i>mycophenolate 500 mg vial</i>	\$0-\$3.35 (Tier 1)	PA BvD
NULOJIX 250 MG VIAL	\$0-\$8.35 (Tier 2)	PA BvD
OCTAGAM (5% VIAL, 10% VIAL)	\$0-\$8.35 (Tier 2)	PA

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEDIARIX 0.5 ML SYRINGE	\$0-\$8.35 (Tier 2)	
PRIVIGEN 10% VIAL	\$0-\$8.35 (Tier 2)	PA
RECOMBIVAX HB 10 MCG/ML VIAL	\$0-\$8.35 (Tier 2)	PA
RENFLEXIS 100 MG VIAL	\$0-\$8.35 (Tier 2)	PA
SIMULECT 20 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
SYNAGIS (50 MG/0.5 ML VIAL, 100 MG/1 ML VIAL)	\$0-\$8.35 (Tier 2)	PA
ZINPLAVA 1,000 MG/40 ML VIAL	\$0-\$8.35 (Tier 2)	PA
ACTEMRA (80 MG/4 ML VIAL, 162 MG/0.9 ML SYRINGE, 200 MG/10 ML VIAL, 400 MG/20 ML VIAL)	\$0-\$8.35 (Tier 2)	PA
ACTIMMUNE 100 MCG/0.5 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
ARCALYST 220 MG INJECTION	\$0-\$8.35 (Tier 2)	

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BENLYSTA 400 MG VIAL	\$0-\$8.35 (Tier 2)	PA NSO
ILARIS 150 MG/ML VIAL	\$0-\$8.35 (Tier 2)	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	\$0-\$8.35 (Tier 2)	
OTEZLA 28 DAY STARTER PACK	\$0-\$8.35 (Tier 2)	PA, QL (55 per 28 days)
OTEZLA 30 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
RIDAURA 3 MG CAPSULE	\$0-\$8.35 (Tier 2)	
ACTHIB (VIAL, WITH DILUENT)	\$0-\$8.35 (Tier 2)	
ADACEL TDAP (SYRINGE, VIAL)	\$0-\$8.35 (Tier 2)	
BEXSERO PREFILLED SYRINGE	\$0-\$8.35 (Tier 2)	
BOOSTRIX TDAP (SYRINGE, VIAL)	\$0-\$8.35 (Tier 2)	
CERVARIX VACCINE SYRINGE	\$0-\$8.35 (Tier 2)	

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DAPTACEL DTAP VACCINE	\$0-\$8.35 (Tier 2)	
<i>diphtheria-tetanus toxoids-ped</i>	\$0-\$8.35 (Tier 2)	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	\$0-\$8.35 (Tier 2)	PA
ENGERIX-B PEDIATRIC-ADOLESCENT (PEDI 10 MCG/0.5 SYRN, 10 MCG/0.5 ML PED VL)	\$0-\$8.35 (Tier 2)	PA
GARDASIL (SYRINGE, VIAL)	\$0-\$8.35 (Tier 2)	PA
GARDASIL 9 (9 SYRINGE, 9 VIAL)	\$0-\$8.35 (Tier 2)	PA
HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML SYRINGE)	\$0-\$8.35 (Tier 2)	
HIBERIX (VIAL, WITH DILUENT)	\$0-\$8.35 (Tier 2)	
HYPERRAB S-D 150 UNITS/ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
IMOVAX RABIES VACCINE (VACCINE VIAL, VACCINE+DILUENT)	\$0-\$8.35 (Tier 2)	

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFANRIX DTAP (SYRINGE, VIAL)	\$0-\$8.35 (Tier 2)	
IPOL VIAL	\$0-\$8.35 (Tier 2)	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	\$0-\$8.35 (Tier 2)	
KINRIX VIAL	\$0-\$8.35 (Tier 2)	
M-M-R II VACCINE (VIAL, WITH DILUENT)	\$0-\$8.35 (Tier 2)	
MENACTRA VIAL	\$0-\$8.35 (Tier 2)	
MENHIBRIX VACCINE VIAL	\$0-\$8.35 (Tier 2)	
MENOMUNE-A-C-Y-W-135 (MENOMUNE-A-C-Y-W-135 W-DILUENT, MENOMUNE-A-C-Y-W-135 VIAL)	\$0-\$8.35 (Tier 2)	
MENVEO A-C-Y-W-135-DIP VIAL KT	\$0-\$8.35 (Tier 2)	
PEDVAXHIB VACCINE VIAL	\$0-\$8.35 (Tier 2)	

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENTACEL ACTHIB COMPONENT VIAL	\$0-\$8.35 (Tier 2)	
PENTACEL DTAP-IPV COMPONENT VL	\$0-\$8.35 (Tier 2)	
PENTACEL VIAL KIT	\$0-\$8.35 (Tier 2)	
PROQUAD VIAL	\$0-\$8.35 (Tier 2)	
QUADRACEL DTAP-IPV VIAL	\$0-\$8.35 (Tier 2)	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	\$0-\$8.35 (Tier 2)	
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML SYR, 40 MCG/ML VIAL)	\$0-\$8.35 (Tier 2)	PA
ROTARIX VACCINE SUSPENSION	\$0-\$8.35 (Tier 2)	
ROTATEQ VACCINE	\$0-\$8.35 (Tier 2)	
SHINGRIX VIAL KIT	\$0-\$8.35 (Tier 2)	QL (2 per 365 days)
TENIVAC SYRINGE	\$0-\$8.35 (Tier 2)	

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Immunological Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tetanus diphtheria toxoids</i>	\$0-\$8.35 (Tier 2)	
TRUMENBA 120 MCG/0.5 ML VACCIN	\$0-\$8.35 (Tier 2)	
TWINRIX (SYRINGE, VIAL)	\$0-\$8.35 (Tier 2)	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	\$0-\$8.35 (Tier 2)	
VAQTA (25 UNITS/0.5 ML VIAL, 25 UNITS/0.5 ML SYRINGE, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	\$0-\$8.35 (Tier 2)	
VARIVAX VACCINE (VIAL, WITH DILUENT)	\$0-\$8.35 (Tier 2)	
VARIZIG 125 UNIT/1.2 ML VIAL	\$0-\$8.35 (Tier 2)	PA NSO
YF-VAX (1 VIAL, 5 VIAL)	\$0-\$8.35 (Tier 2)	
ZOSTAVAX VIAL	\$0-\$8.35 (Tier 2)	QL (1 per 365 days)

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Inflammatory Bowel Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>balsalazide disodium 750 mg cp</i>	\$0-\$8.35 (Tier 2)	
CANASA 1,000 MG SUPPOSITORY	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
DELZICOL DR 400 MG CAPSULE	\$0-\$8.35 (Tier 2)	
DIPENTUM 250 MG CAPSULE	\$0-\$8.35 (Tier 2)	
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit)</i>	\$0-\$3.35 (Tier 1)	
<i>mesalamine 800 mg dr tablet</i>	\$0-\$8.35 (Tier 2)	
<i>mesalamine dr 1.2 gm tablet</i>	\$0-\$8.35 (Tier 2)	QL (120 per 30 days)
PENTASA 250 MG CAPSULE	\$0-\$8.35 (Tier 2)	QL (120 per 30 days)
PENTASA 500 MG CAPSULE	\$0-\$8.35 (Tier 2)	QL (240 per 30 days)
<i>budesonide ec 3 mg capsule</i>	\$0-\$8.35 (Tier 2)	
<i>hydrocortisone 100 mg/60 ml</i>	\$0-\$8.35 (Tier 2)	

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Inflammatory Bowel Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALA-CORT 2.5% CREAM	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
ANUSOL-HC 2.5% CREAM	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
MICORT HC 2.5% CREAM	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>sulfasalazine 500 mg tablet</i>	\$0-\$8.35 (Tier 2)	
<i>sulfasalazine dr 500 mg tab</i>	\$0-\$8.35 (Tier 2)	

Metabolic Bone Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alendronate sod 70 mg/75 ml</i>	\$0-\$3.35 (Tier 1)	
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	\$0-\$3.35 (Tier 1)	QL (4 per 28 days)
<i>alendronate sodium (5 mg tablet, 10 mg tab, 40 mg tab)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)

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Metabolic Bone Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcitonin-salmon 200 units sp</i>	\$0-\$8.35 (Tier 2)	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	\$0-\$8.35 (Tier 2)	
<i>calcitriol 1 mcg/ml ampul</i>	\$0-\$3.35 (Tier 1)	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	\$0-\$8.35 (Tier 2)	
<i>doxercalciferol (4 mcg/2 ml vl, 4 mcg/2 ml amp)</i>	\$0-\$3.35 (Tier 1)	PA
<i>etidronate disodium (200 mg tab, 400 mg tab)</i>	\$0-\$3.35 (Tier 1)	
FORTEO 600 MCG/2.4 ML PEN INJ	\$0-\$8.35 (Tier 2)	PA
<i>ibandronate 3 mg/3 ml vial</i>	\$0-\$3.35 (Tier 1)	
<i>ibandronate sodium 150 mg tab</i>	\$0-\$3.35 (Tier 1)	QL (1 per 28 days)
MIACALCIN (200 UNIT/ML VIAL, 400 UNIT/2 ML VIAL)	\$0-\$8.35 (Tier 2)	PA
<i>pamidronate disodium (30 mg/10 ml vial, 60 mg/10 ml vial, 90 mg/10 ml vial)</i>	\$0-\$3.35 (Tier 1)	PA

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Metabolic Bone Disease Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paricalcitol (1 mcg capsule, 2 mcg/ml vial, 2 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	\$0-\$8.35 (Tier 2)	PA
<i>paricalcitol 4 mcg capsule</i>	\$0-\$3.35 (Tier 1)	PA
PROLIA 60 MG/ML SYRINGE	\$0-\$8.35 (Tier 2)	PA
RAYALDEE ER 30 MCG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO
TYMLOS 80 MCG DOSE PEN INJECTR	\$0-\$8.35 (Tier 2)	PA, QL (2 per 30 days)
XGEVA 120 MG/1.7 ML VIAL	\$0-\$8.35 (Tier 2)	PA
<i>zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)</i>	\$0-\$3.35 (Tier 1)	PA
ZOMETA 4 MG/100 ML INJECTION	\$0-\$8.35 (Tier 2)	PA

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Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atropine 1% eye drops</i>	\$0-\$8.35 (Tier 2)	PA
<i>bacitracin-polymyxin eye oint</i>	\$0-\$3.35 (Tier 1)	
BLEPHAMIDE EYE DROPS	\$0-\$8.35 (Tier 2)	
BLEPHAMIDE EYE OINTMENT	\$0-\$3.35 (Tier 1)	
COMBIGAN 0.2%-0.5% EYE DROPS	\$0-\$8.35 (Tier 2)	
<i>dorzolamide-timolol eye drops</i>	\$0-\$8.35 (Tier 2)	
LASTACAFT 0.25% EYE DROPS	\$0-\$8.35 (Tier 2)	ST
<i>mineral oil/petrolatum, white 42.5-57.3% ophthalmic oint. (g)*</i>	\$0 (Tier 3)	PA, QL (4 per 30 days)
<i>neo-bacit-poly-hc eye ointment</i>	\$0-\$3.35 (Tier 1)	
<i>neomyc-bacit-polymix eye oint</i>	\$0-\$3.35 (Tier 1)	
<i>neomyc-polym-dexamet eye ointm</i>	\$0-\$8.35 (Tier 2)	

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Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>neomyc-polym-dexameth eye drop</i>	\$0-\$3.35 (Tier 1)	
<i>neomyc-polym-gramicid eye drop</i>	\$0-\$3.35 (Tier 1)	
<i>neomycin-poly-hc eye drops</i>	\$0-\$3.35 (Tier 1)	
<i>polymyxin b-tmp eye drops</i>	\$0-\$8.35 (Tier 2)	
<i>polyvinyl alcohol 1.4 % drops*</i>	\$0 (Tier 3)	PA, QL (15 per 30 days)
<i>polyvinyl alcohol 1.4 % ophthalmic drops*</i>	\$0 (Tier 3)	PA, QL (15 per 30 days)
PRED-G 1% EYE DROPS	\$0-\$8.35 (Tier 2)	
<i>propylene glycol/peg 400/pf 0.3 %-0.4% droperette*</i>	\$0 (Tier 3)	PA
<i>sod borate/boric ac/water/nacl irrig soln*</i>	\$0 (Tier 3)	QL (240 per 30 days)
<i>sodium chloride 5 % drops*</i>	\$0 (Tier 3)	PA, QL (15 per 30 days)
<i>sulfacetamide-prednisolone (10-0.25% drops, 10-0.23% drops)</i>	\$0-\$3.35 (Tier 1)	
TOBRADEX ST EYE DROPS	\$0-\$8.35 (Tier 2)	

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Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin-dexameth ophth susp</i>	\$0-\$8.35 (Tier 2)	
XIIDRA 5% EYE DROPS	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
<i>carboxymethylcellulose sodium 0.5 % droperette*</i>	\$0 (Tier 3)	PA
<i>carboxymethylcellulose sodium 0.5 % ophthalmic drops*</i>	\$0 (Tier 3)	PA, QL (15 per 30 days)
<i>carboxymethylcellulose sodium 1 % ophthalmic dropper gel*</i>	\$0 (Tier 3)	PA, QL (15 per 30 days)
LACRISERT 5 MG EYE INSERT	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
RESTASIS 0.05% EYE EMULSION	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05% EYE	\$0-\$8.35 (Tier 2)	PA, QL (5.5 per 30 days)
ALOCRIAL 2% EYE DROPS	\$0-\$8.35 (Tier 2)	ST
ALOMIDE 0.1% EYE DROPS	\$0-\$8.35 (Tier 2)	ST
<i>azelastine hcl 0.05% drops</i>	\$0-\$8.35 (Tier 2)	

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Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cromolyn 4% eye drops</i>	\$0-\$3.35 (Tier 1)	
EMADINE 0.05% EYE DROPS	\$0-\$8.35 (Tier 2)	ST
<i>ketotifen fumarate 0.025 % drops*</i>	\$0 (Tier 3)	QL (5 per 30 days)
<i>olopatadine hcl 0.1% eye drops</i>	\$0-\$8.35 (Tier 2)	ST, QL (5 per 30 days)
<i>olopatadine hcl 0.2% eye drop</i>	\$0-\$8.35 (Tier 2)	ST, QL (2.5 per 30 days)
PAZEO 0.7% EYE DROPS	\$0-\$8.35 (Tier 2)	ST, QL (2.5 per 30 days)
ACUVAIL 0.45% OPHTH SOLUTION	\$0-\$8.35 (Tier 2)	QL (70 per 180 days)
ALREX 0.2% EYE DROPS	\$0-\$8.35 (Tier 2)	
<i>dexamethasone 0.1% eye drop</i>	\$0-\$3.35 (Tier 1)	
<i>diclofenac 0.1% eye drops</i>	\$0-\$3.35 (Tier 1)	QL (20 per 180 days)
DUREZOL 0.05% EYE DROPS	\$0-\$8.35 (Tier 2)	

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Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLAREX 0.1% EYE DROPS	\$0-\$8.35 (Tier 2)	
<i>fluorometholone 0.1% drops</i>	\$0-\$8.35 (Tier 2)	
<i>flurbiprofen 0.03% eye drop</i>	\$0-\$8.35 (Tier 2)	
FML FORTE 0.25% EYE DROPS	\$0-\$8.35 (Tier 2)	
FML S.O.P. 0.1% OINTMENT	\$0-\$8.35 (Tier 2)	
<i>ketorolac 0.4% ophth solution</i>	\$0-\$8.35 (Tier 2)	
<i>ketorolac 0.5% ophth solution</i>	\$0-\$3.35 (Tier 1)	
LOTEMAX (0.5% OPHTHALMIC GEL, 0.5% EYE OINTMENT)	\$0-\$8.35 (Tier 2)	QL (10 per 180 days)
LOTEMAX 0.5% EYE DROPS	\$0-\$8.35 (Tier 2)	
NEVANAC 0.1% DROPTAINER	\$0-\$8.35 (Tier 2)	QL (6 per 180 days)
PRED MILD 0.12% EYE DROPS	\$0-\$8.35 (Tier 2)	

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Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prednisolone ac 1% eye drop</i>	\$0-\$8.35 (Tier 2)	
<i>prednisolone sod 1% eye drop</i>	\$0-\$3.35 (Tier 1)	
ALPHAGAN P 0.1% DROPS	\$0-\$8.35 (Tier 2)	
<i>apraclonidine hcl 0.5% drops</i>	\$0-\$8.35 (Tier 2)	
AZOPT 1% EYE DROPS	\$0-\$8.35 (Tier 2)	
<i>betaxolol hcl 0.5% eye drop</i>	\$0-\$8.35 (Tier 2)	
BETOPTIC S 0.25% EYE DROPS	\$0-\$8.35 (Tier 2)	
<i>brimonidine tartrate (tartrate 0.15% drp, 0.2% eye drop)</i>	\$0-\$8.35 (Tier 2)	
<i>carteolol hcl 1% eye drops</i>	\$0-\$3.35 (Tier 1)	
<i>dorzolamide hcl 2% eye drops</i>	\$0-\$8.35 (Tier 2)	
IOPIDINE 1% EYE DROPS	\$0-\$8.35 (Tier 2)	

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Ophthalmic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levobunolol 0.5% eye drops</i>	\$0-\$8.35 (Tier 2)	
<i>metipranolol 0.3% eye drops</i>	\$0-\$3.35 (Tier 1)	
PHOSPHOLINE IODIDE 0.125%	\$0-\$8.35 (Tier 2)	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	\$0-\$8.35 (Tier 2)	
<i>timolol maleate (0.25% gfs, 0.25%, 0.5% gfs, 0.5%)</i>	\$0-\$8.35 (Tier 2)	
<i>timolol maleate (maleate 0.25% drop, 0.5% drop, maleate 0.5% drops)</i>	\$0-\$3.35 (Tier 1)	
<i>bimatoprost 0.03% eye drops</i>	\$0-\$3.35 (Tier 1)	
<i>latanoprost 0.005% eye drops</i>	\$0-\$8.35 (Tier 2)	
LUMIGAN 0.01% EYE DROPS	\$0-\$8.35 (Tier 2)	
TRAVATAN Z 0.004% EYE DROP	\$0-\$8.35 (Tier 2)	

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Otic Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbamide peroxide 6.5 % drops*</i>	\$0 (Tier 3)	QL (15 per 30 days)
CIPRO HC OTIC SUSPENSION	\$0-\$8.35 (Tier 2)	
CIPRODEX OTIC SUSPENSION	\$0-\$8.35 (Tier 2)	
<i>fluocinolone acetonide (0.01% scalp oil, 0.01% body oil)</i>	\$0-\$8.35 (Tier 2)	
<i>fluocinolone oil 0.01% ear drp</i>	\$0-\$8.35 (Tier 2)	QL (20 per 30 days)
<i>neomycin-polymyxin-hc ear soln</i>	\$0-\$3.35 (Tier 1)	
<i>neomycin-polymyxin-hc ear susp</i>	\$0-\$3.35 (Tier 1)	

Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARNUIITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	\$0-\$8.35 (Tier 2)	ST, QL (4 per 30 days)

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ASMANEX HFA (HFA 100 MCG INHALER, HFA 200 MCG INHALER)	\$0-\$8.35 (Tier 2)	ST, QL (13 per 30 days)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	\$0-\$3.35 (Tier 1)	
FLOVENT DISKUS (50 MCG, 100 MCG, 250 MCG)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER)	\$0-\$8.35 (Tier 2)	QL (12 per 30 days)
FLOVENT HFA 220 MCG INHALER	\$0-\$8.35 (Tier 2)	QL (24 per 30 days)
PULMICORT FLEXHALER (90 MCG, 180 MCG)	\$0-\$8.35 (Tier 2)	ST, QL (60 per 30 days)
QVAR REDHALER (40 MCG, 80 MCG)	\$0-\$8.35 (Tier 2)	
<i>triamcinolone acetonide 55 mcg spray*</i>	\$0 (Tier 3)	QL (17 per 30 days)
<i>brompheniramin/pseudoephedrine 1-15mg/5ml liquid*</i>	\$0 (Tier 3)	QL (480 per 30 days)
<i>cetirizine hcl 10 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>cetirizine hcl 5 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>chlorpheniramine maleate 4 mg tablet*</i>	\$0 (Tier 3)	PA, QL (90 per 30 days)

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyproheptadine hcl (2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrpr)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>desloratadine 5 mg tablet</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>dimenhydrinate 50 mg tablet*</i>	\$0 (Tier 3)	PA, QL (24 per 30 days)
<i>diphenhydramine hcl 25 mg capsule*</i>	\$0 (Tier 3)	PA, QL (120 per 30 days)
<i>fexofenadine hcl 180 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>fexofenadine hcl 60 mg tablet*</i>	\$0 (Tier 3)	QL (60 per 30 days)
<i>levocetirizine 2.5 mg/5 ml sol</i>	\$0-\$8.35 (Tier 2)	QL (300 per 30 days)
<i>levocetirizine 5 mg tablet</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>loratadine 10 mg tablet*</i>	\$0 (Tier 3)	QL (30 per 30 days)
<i>loratadine 5 mg/5 ml solution*</i>	\$0 (Tier 3)	QL (240 per 30 days)
<i>triprolidine/pseudoephedrine 2.5mg-60mg tablet*</i>	\$0 (Tier 3)	PA, QL (60 per 30 days)
<i>montelukast sod 4 mg granules</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zafirlukast (10 mg tablet, 20 mg tablet)</i>	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
ATROVENT 17 MCG HFA INHALER	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
INCRUSE ELLIPTA 62.5 MCG INH	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
<i>ipratropium br 0.02% soln</i>	\$0-\$3.35 (Tier 1)	
SPIRIVA 18 MCG CP-HANDIHALER	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
SPIRIVA RESPIMAT (1.25 MCG, 2.5 MCG)	\$0-\$8.35 (Tier 2)	QL (4 per 30 days)
TUDORZA PRESSAIR 400 MCG INH (30 ACTUATIONS)	\$0-\$8.35 (Tier 2)	ST, QL (2 per 30 days)
TUDORZA PRESSAIR 400 MCG INH (60 ACTUATIONS)	\$0-\$8.35 (Tier 2)	ST, QL (1 per 30 days)
ADRENALIN 1 MG/ML VIAL	\$0-\$8.35 (Tier 2)	
ADRENALIN CL 1 MG/ML VIAL	\$0-\$8.35 (Tier 2)	
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol, 2.5 mg/3 ml soln)</i>	\$0-\$8.35 (Tier 2)	

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, 2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution)</i>	\$0-\$3.35 (Tier 1)	
ARCAPTA NEOHALER 75 MCG CAP	\$0-\$8.35 (Tier 2)	ST, QL (30 per 30 days)
BROVANA 15 MCG/2 ML SOLUTION	\$0-\$8.35 (Tier 2)	PA NSO
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	\$0-\$3.35 (Tier 1)	QL (2 per 30 days)
<i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)</i>	\$0-\$8.35 (Tier 2)	PA NSO
<i>metaproterenol sulfate (10 mg/5 ml syr, 10 mg tablet, 20 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
PROAIR HFA 90 MCG INHALER	\$0-\$8.35 (Tier 2)	QL (34 per 30 days)
PROAIR RESPICLICK INHAL POWDER	\$0-\$8.35 (Tier 2)	QL (2 per 30 days)
PROVENTIL HFA 90 MCG INHALER	\$0-\$8.35 (Tier 2)	QL (14 per 30 days)
SEREVENT DISKUS 50 MCG	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STRIVERDI RESPIMAT INHAL SPRAY	\$0-\$8.35 (Tier 2)	ST, QL (4 per 30 days)
<i>terbutaline sulf 1 mg/ml vial</i>	\$0-\$3.35 (Tier 1)	
VENTOLIN HFA 90 MCG INHALER	\$0-\$8.35 (Tier 2)	QL (36 per 30 days)
BETHKIS 300 MG/4 ML AMPULE	\$0-\$8.35 (Tier 2)	
CAYSTON 75 MG INHAL SOLUTION	\$0-\$8.35 (Tier 2)	PA
KALYDECO (50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	\$0-\$8.35 (Tier 2)	PA, QL (56 per 28 days)
ORKAMBI 200 MG-125 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (112 per 28 days)
SYMDEKO 100/150 MG-150 MG TABS	\$0-\$8.35 (Tier 2)	PA
TOBI PODHALER 28 MG INHALE CAP	\$0-\$8.35 (Tier 2)	PA

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin 300 mg/5 ml ampule</i>	\$0-\$8.35 (Tier 2)	PA
<i>cromolyn 20 mg/2 ml neb soln</i>	\$0-\$3.35 (Tier 1)	
<i>cromolyn sodium 5.2 mg spray/pump*</i>	\$0 (Tier 3)	QL (26 per 30 days)
DALIRESP (250 MCG TABLET, 500 MCG TABLET)	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>theophylline (80 mg/15 ml soln, er 400 mg tablet, er 600 mg tablet)</i>	\$0-\$3.35 (Tier 1)	
<i>theophylline anhydrous (er 100 mg tablet, er 200 mg tablet, er 300 mg tab)</i>	\$0-\$3.35 (Tier 1)	
ADCIRCA 20 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, LA
LETAIRIS (5 MG TABLET, 10 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
OPSUMIT 10 MG TABLET	\$0-\$8.35 (Tier 2)	PA, LA
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-\$8.35 (Tier 2)	PA

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REMODULIN (1 MG/ML VIAL, 2.5 MG/ML VIAL, 5 MG/ML VIAL, 10 MG/ML VIAL)	\$0-\$8.35 (Tier 2)	PA
REVATIO 10 MG/ML ORAL SUSP	\$0-\$8.35 (Tier 2)	PA
<i>sildenafil 10 mg/12.5 ml vial</i>	\$0-\$3.35 (Tier 1)	PA
<i>sildenafil 20 mg tablet</i>	\$0-\$8.35 (Tier 2)	PA
<i>tadalafil 20 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA, QL (60 per 30 days)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	\$0-\$8.35 (Tier 2)	PA, LA, QL (60 per 30 days)
TRACLEER 32 MG TABLET FOR SUSP	\$0-\$8.35 (Tier 2)	PA, LA, QL (120 per 30 days)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	\$0-\$8.35 (Tier 2)	PA
ESBRIET 267 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA, QL (270 per 30 days)

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	\$0-\$8.35 (Tier 2)	PA, QL (60 per 30 days)
<i>acetylcysteine (10% vial, 20% vial)</i>	\$0-\$3.35 (Tier 1)	
ADVAIR DISKUS (100-50, 250-50, 500-50)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
ADVAIR HFA (HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER)	\$0-\$8.35 (Tier 2)	QL (12 per 30 days)
ANORO ELLIPTA 62.5-25 MCG INH	\$0-\$8.35 (Tier 2)	ST, QL (60 per 30 days)
<i>benzonatate 100 mg capsule*</i>	\$0 (Tier 3)	QL (60 per 30 days)
<i>benzonatate 200 mg capsule*</i>	\$0 (Tier 3)	QL (60 per 30 days)
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	\$0-\$8.35 (Tier 2)	QL (60 per 30 days)
<i>codeine phosphate/guaifenesin 10-100mg/5 liquid*</i>	\$0 (Tier 3)	QL (180 per 30 days)
DULERA (100 MCG/5 MCG INHALER, 200 MCG/5 MCG INHALER)	\$0-\$8.35 (Tier 2)	QL (13 per 30 days)
FASENRA 30 MG/ML SYRINGE	\$0-\$8.35 (Tier 2)	PA

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	\$0-\$8.35 (Tier 2)	QL (1 per 30 days)
NUCALA 100 MG VIAL	\$0-\$8.35 (Tier 2)	PA, QL (1 per 28 days)
<i>promethazine hcl/codeine 6.25-10/5 syrup*</i>	\$0 (Tier 3)	PA, QL (180 per 30 days)
<i>promethazine/dextromethorphan 6.25-15/5 syrup*</i>	\$0 (Tier 3)	PA, QL (480 per 30 days)
<i>promethazine/phenyleph/codeine 6.25-5-10 syrup*</i>	\$0 (Tier 3)	PA, QL (180 per 30 days)
<i>sodium chloride 0.65 % spray*</i>	\$0 (Tier 3)	QL (120 per 30 days)
SYMBICORT (80-4.5 MCG INHALER, 160-4.5 MCG INHALER)	\$0-\$8.35 (Tier 2)	QL (11 per 30 days)
TRELEGY ELLIPTA 100-62.5-25	\$0-\$8.35 (Tier 2)	ST, QL (60 per 30 days)
<i>aminophylline 250 mg/10 ml vl</i>	\$0-\$3.35 (Tier 1)	
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	\$0-\$3.35 (Tier 1)	QL (60 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG	\$0-\$8.35 (Tier 2)	QL (4 per 30 days)
<i>epinephrine 0.3 mg auto-inject</i>	\$0-\$3.35 (Tier 1)	QL (2 per 30 days)

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ESBRIET 267 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (270 per 30 days)
ESBRIET 801 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (90 per 30 days)
<i>flunisolide 0.025% spray</i>	\$0-\$3.35 (Tier 1)	QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray</i>	\$0-\$3.35 (Tier 1)	QL (16 per 30 days)
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	\$0-\$8.35 (Tier 2)	
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>levalbuterol conc 1.25 mg/0.5</i>	\$0-\$3.35 (Tier 1)	PA NSO
<i>levalbuterol tar hfa 45mcg inh</i>	\$0-\$8.35 (Tier 2)	QL (30 per 30 days)
ORKAMBI 100 MG-125 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (112 per 28 days)
<i>pseudoephedrine hcl 30 mg tablet*</i>	\$0 (Tier 3)	QL (60 per 30 days)
<i>pseudoephedrine hcl 30 mg/5 ml liquid*</i>	\$0 (Tier 3)	QL (240 per 30 days)
<i>pseudoephedrine hcl 60 mg tablet*</i>	\$0 (Tier 3)	QL (60 per 30 days)

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Respiratory Tract/Pulmonary Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PULMOZYME 1 MG/ML AMPUL	\$0-\$8.35 (Tier 2)	PA NSO
STIOLTO RESPIMAT INHAL SPRAY	\$0-\$8.35 (Tier 2)	ST, QL (4 per 30 days)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL)	\$0-\$8.35 (Tier 2)	PA

Skeletal Muscle Relaxants

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carisoprodol 350 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA-HRM, QL (120 per 30 days)
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM, QL (90 per 30 days)
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>orphenadrine citrate (30 mg/ml vial, 60 mg/2 ml vial, 60 mg/2 ml ampule)</i>	\$0-\$3.35 (Tier 1)	PA-HRM
<i>orphenadrine er 100 mg tablet</i>	\$0-\$3.35 (Tier 1)	PA-HRM

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Sleep Disorder Agents

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM, QL (30 per 30 days)
<i>flurazepam hcl (15 mg capsule, 30 mg capsule)</i>	\$0-\$3.35 (Tier 1)	PA-HRM, QL (30 per 30 days)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	\$0-\$3.35 (Tier 1)	PA-HRM, QL (30 per 30 days)
<i>zaleplon 10 mg capsule</i>	\$0-\$3.35 (Tier 1)	PA-HRM, QL (30 per 30 days)
<i>zaleplon 5 mg capsule</i>	\$0-\$8.35 (Tier 2)	PA-HRM, QL (30 per 30 days)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	\$0-\$3.35 (Tier 1)	PA-HRM, QL (30 per 30 days)
DOXYLAMINE 25 MG TABLET*	\$0 (Tier 3)	PA
HETLIOZ 20 MG CAPSULE	\$0-\$8.35 (Tier 2)	PA NSO, QL (30 per 30 days)
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
ROZEREM 8 MG TABLET	\$0-\$8.35 (Tier 2)	PA, QL (30 per 30 days)
XYREM 500 MG/ML ORAL SOLUTION	\$0-\$8.35 (Tier 2)	PA, LA

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Supplies

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>blood sugar diagnostic strip*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)
<i>condoms, latex, lubricated*</i>	\$0 (Tier 3)	QL (24 per 30 days)
<i>gauze pads & dressings - pads 2 x 2</i>	\$0-\$3.35 (Tier 1)	QL (100 per 30 days)
GYNOL II 3% GEL*	\$0 (Tier 3)	QL (81 per 30 days)
<i>inhaler, assist devices*</i>	\$0 (Tier 3)	QL (1 per 365 days)
<i>insulin pen needle</i>	\$0-\$3.35 (Tier 1)	QL (200 per 30 days)
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0-\$3.35 (Tier 1)	QL (200 per 30 days)
<i>insulin syringe (disp) u-100 1 ml</i>	\$0-\$3.35 (Tier 1)	QL (200 per 30 days)
<i>insulin syringe (disp) u-100 1/2 ml</i>	\$0-\$3.35 (Tier 1)	QL (200 per 30 days)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	\$0-\$3.35 (Tier 1)	
<i>lancets*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)
<i>needles, insulin disp., safety</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>urine glucose-acet test strip*</i>	\$0 (Tier 3)	PA, QL (100 per 30 days)

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Uncategorized

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vgo 20 disposable device</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>vgo 30 disposable device</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)
<i>vgo 40 disposable device</i>	\$0-\$3.35 (Tier 1)	QL (30 per 30 days)

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English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-855-705-8823** (TTY: **1-800-735-2929**).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-705-8823** (TTY: **1-800-735-2929**).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-705-8823** (TTY: **1-800-735-2929**)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-705-8823** (TTY: **1-800-735-2929**).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-705-8823** (TTY: **1-800-735-2929**).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-705-8823** (TTY: **1-800-735-2929**) 번으로 전화해 주십시오.

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարեք **1-855-705-8823** (TTY (հենատիպ) **1-800-735-2929**):

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. باشماره **1-855-705-8823** (TTY: **1-800-735-2929**) تماس بگیرید.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-705-8823** (телетайп: **1-800-735-2929**).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-855-705-8823** (TTY: **1-800-735-2929**)まで、お電話にてご連絡ください。

Arabic:

ملحوظة: إذا كنت تتحدث بلغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل علي الرقم
1 855 705 8823 (الهاتف النصي/خط الاتصال لضعاف السمع TTY: 1-800-735-2929).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-705-8823 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អ្លល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-855-705-8823 (TTY: 1-800-735-2929)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-705-8823 (TTY: 1-800-735-2929).

Hindi: ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-705-8823 (TTY: 1-800-735-2929) पर कॉल करें।

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-705-8823 (TTY: 1-800-735-2929).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-705-8823 (TTY: 1-800-735-2929).