

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

2019 List of Covered Drugs (Formulary)

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

This formulary was updated on 11/19/2019. For more recent information or other 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.

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Introduction

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

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A. Disclaimers

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

- ❖ OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- ❖ You can always check OneCare Connect's up-to-date List of Covered Drugs online at www.caloptima.org/onecareconnect or by calling **1-855-705-8823**.
- ❖ OneCare Connect complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call OneCare Connect Customer Service at **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call **1-800-735-2929**. The call is free.
- ❖ You can also make a standing request to get materials in Spanish, Vietnamese, Korean, Farsi, Arabic or Chinese. Call **1-855-705-8823**, 24 hours a day, 7 days a week. TDD/TTY users can call toll-free at **1-800-735-2929**. The call is free.
- ❖ ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. 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.
- ❖ ATENCIÓN: Si habla un idioma distinto al inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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 pueden llamar al **1-800-735-2929**. La llamada es gratuita.
- ❖ CHÚ Ý: Nếu quý vị không nói được tiếng Anh, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. 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 số **1-800-735-2929**. Cuộc gọi này miễn phí.
 - ❖ توجه: اگر به زبانی غیر از زبان انگلیسی صحبت میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
 - ❖ لطفاً با خدمات مشتریان OneCare Connect به شماره **1-855-705-8823** طی 7 روز هفته و در 24 ساعت شبانه روز تماش بگیرید . کاربران TDD/TTY میتوانند با شماره **1-800-735-2929** تماس بگیرند. این تماس رایگان است.
- ❖ 참고: 만약 영어가 아닌 다른 언어를 사용하신다면, 무료로 언어 도움 서비스를 받을 수 있습니다. OneCare Connect 고객 서비스 번호 **1-855-705-8823** 으로 주7일 24시간 전화하십시오. TDD/TTY 사용자는 번호 **1-800-735-2929** 를 전화하십시오. 통화는 무료입니다.
- ❖ ملاحظة: إذا كنت تتحدث لغة غير الإنجليزية ، فإن خدمات المساعدة اللغوية تتتوفر لك بالمجان. اتصل مع خدمة عملاء OneCare Connect على الرقم **1-855-705-8823** ، على مدار 24 ساعة في اليوم و 7 أيام في الأسبوع. يمكن لمستخدمي TDD/TTY الاتصال على **1-800-735-2929** . المكالمة مجانية.

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.



- ❖ 注意: 如果您講除英語以外的其它語言, 您可以免費或的語言協助服務。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 用戶可以致電 **1-800-735-2929**。此電話為免費。



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.

B. Frequently Asked Questions (FAQ)

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

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

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

- OneCare Connect will cover all medically necessary drugs on the Drug List if:
 - 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 B4 below).

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

B2. Does the Drug List ever change?

Yes. OneCare Connect may add or remove drugs on the Drug List during the year.

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

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

For more information on these drug rules, see question B4.

If you 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.



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

- a new, cheaper drug comes along that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

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

- You can always check 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**.

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

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

- **A new generic drug becomes available.** Sometimes, a new and cheaper drug comes along that works as well as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change or changes we made.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will also tell your doctor or other prescriber about this change.
 - 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**.

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 may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will tell you at least 30 days before we make the change to the Drug List **or** when you ask for a refill. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Then you can:

- Get a 30-day supply of the drug before the change to the Drug List is made, or
- Ask for an exception from these changes. Please see question B10 for more information about exceptions.

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables starting on page 15. You can also get more information by visiting our web site at **www.caloptima.org/onecareconnect**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see questions B10-B12 for more information about exceptions.

B5. 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* starting on page 14 has a column labeled “Necessary actions, restrictions, or limits on use.”

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

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

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

There are two ways to find a drug:

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

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

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 15. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Customer Service at **1-855-705-8823** 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 questions B10-B12 for more information about exceptions.

B9. What if you are a new OneCare Connect member and can't find your drug on the Drug List or have a problem getting your drug?

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

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

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

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

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

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

If you 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.



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 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 B10 for more information about exceptions.

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

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

You can also ask us to change the rules on your drug.

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

B11. How can you ask for an exception?

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

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.

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

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

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

B13. What are generic drugs?

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

OneCare Connect covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

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

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

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

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

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

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

B16. What is your copay?

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

Copays are listed by tiers. Tiers are groups of drugs with the same copay.

- Tier 1 drugs are generic drugs. The copay will be \$0.
- Tier 2 drugs are brand-name drugs. The copay will be \$0, \$3.80, or \$8.50, depending on your level of Extra Help. You can read Chapter 6 of the *Member Handbook* to learn more about your share of drug costs.
- Tier 3 drugs are non-Medicare drugs that are covered by Medi-Cal. The copay will be \$0.



C. List of Covered Drugs

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

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

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

Note: The asterisk (*) next to a drug means the drug is not a “Part D drug.” You will not be required to pay a copay 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 Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

If you have questions, please call OneCare Connect at **1-855-705-8823**, 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.



D. List of Drugs by Medical Condition

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

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

| Code | Meaning |
|--------|--|
| LA | This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-855-705-8823 , 24 hours a day, 7 days a week. TDD/TTY users should call 1-800-735-2929 . |
| PA | You (or your physician) are required to get prior authorization from OneCare Connect before you fill your prescription for this drug. Without prior approval, OneCare Connect may not cover this drug. |
| PA BvD | This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from OneCare Connect to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, OneCare Connect may not cover this drug. |
| PA-HRM | This drug has been deemed by the Centers for Medicare & Medicaid Services (CMS) to be potentially harmful and therefore, a High-Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from OneCare Connect before filling a prescription for this drug. Without prior approval, OneCare Connect may not cover this drug. |
| PA NSO | If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from OneCare Connect before you fill your prescription for this drug. Without prior approval, OneCare Connect may not cover this drug. |
| QL | OneCare Connect limits the amount of this drug that is covered per prescription, or within a specific time frame. |
| ST | Before OneCare Connect will provide coverage for this drug, you must first try other drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you. |
| * | This drug is a non-Part D drug, or an over-the-counter (OTC) drug or product. |

If you have questions, please call OneCare Connect at **1-855-705-8823**, 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>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i> | \$0 (Tier 1) | QL (5000 per 30 days) |
| <i>aspirin 325 mg tablet*</i> | \$0 (Tier 3) | QL (100 per 30 days) |
| <i>aspirin 325 mg tablet dr*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| <i>aspirin 81 mg tab chew*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| <i>aspirin 81 mg tablet dr*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| <i>butalbital-acetaminophen-caffeine 50-325-40 mg tablet</i> | \$0 (Tier 1) | PA, QL (60 per 30 days) |
| <i>ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>fentanyl 12 mcg/hr patch</i> | \$0 (Tier 1) | QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen (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 (Tier 1) | QL (120 per 30 days) |
| <i>hydrocodone-ibuprofen 7.5-200</i> | \$0 (Tier 1) | QL (120 per 30 days) |

You can find information on what the symbols and abbreviations in this table mean by going to the List of Abbreviations on page 15.

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 (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325)</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>oxycodone-aspirin 4.8355-325</i> | \$0 (Tier 1) | QL (360 per 30 days) |
| <i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>celecoxib 400 mg capsule</i> | \$0 (Tier 1) | PA NSO, QL (60 per 30 days) |
| <i>diclofenac epolamine 1.3% patch</i> | \$0 (Tier 1) | PA, QL (60 per 30 days) |
| <i>diclofenac pot 50 mg tablet</i> | \$0 (Tier 1) | |
| <i>diclofenac sod er 100 mg tab</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium (sod dr 25 mg tab, sod dr 50 mg tab, sod dr 75 mg tab, sod ec 25 mg tab, sod ec 50 mg tab, sod ec 75 mg tab, sodium 1% gel)</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium 3% gel</i> | \$0 (Tier 1) | PA |
| <i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i> | \$0 (Tier 1) | |
| <i>FLECTOR 1.3% PATCH</i> | \$0-\$8.50 (Tier 2) | PA, 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 |
|---|---|--|
| IBU (400 MG TABLET, 600 MG TABLET, 800 MG TABLET) | \$0 (Tier 1) | |
| <i>ibuprofen (100 mg/5 ml susp, 400 mg tablet, 600 mg tablet, 800 mg tablet)</i> | \$0 (Tier 1) | |
| <i>indomethacin (25 mg capsule, 50 mg capsule)</i> | \$0 (Tier 1) | PA-HRM |
| <i>meloxicam (7.5 mg tablet, 15 mg tablet)</i> | \$0 (Tier 1) | |
| <i>nabumetone (500 mg tablet, 750 mg tablet)</i> | \$0 (Tier 1) | |
| <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 (Tier 1) | |
| PENNSAID (2% PUMP, 2% SOLUTION PACKET) | \$0-\$8.50 (Tier 2) | PA, QL (224 per 28 days) |
| <i>piroxicam (10 mg capsule, 20 mg capsule)</i> | \$0 (Tier 1) | |
| <i>sulindac (150 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1) | QL (28 per 14 days) |
| <i>fentanyl (25 patch, 50 patch, 75 patch, 100 patch)</i> | \$0 (Tier 1) | QL (10 per 30 days) |
| KADIAN ER 200 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| <i>levorphanol tartrate (2 mg tablet, 3 mg tablet)</i> | \$0 (Tier 1) | |
| <i>methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, hcl 10 mg tablet)</i> | \$0 (Tier 1) | PA NSO |

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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 sulf 20 mg/5 ml soln</i> | \$0-\$8.50 (Tier 2) | |
| <i>morphine sulfate er (sulf er 100 mg tablet, sulf er 200 mg tablet, sulfate er 100 mg cap, sulfate er 120 mg cap)</i> | \$0 (Tier 1) | PA NSO, QL (60 per 30 days) |
| <i>morphine sulfate er (sulf er 15 mg tablet, sulf er 30 mg tablet, sulf er 60 mg tablet, sulfate er 10 mg cap, sulfate er 20 mg cap, sulfate er 30 mg cap, sulfate er 45 mg cap, sulfate er 50 mg cap, sulfate er 60 mg cap, sulfate er 75 mg cap, sulfate er 80 mg cap, sulfate er 90 mg cap)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>oxycodone hcl er (er 10 mg tablet, er 15 mg tablet, er 20 mg tablet, er 30 mg tablet, er 40 mg tablet)</i> | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| <i>oxycodone hcl er (er 60 mg tablet, er 80 mg tablet)</i> | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| <i>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)</i> | \$0-\$8.50 (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 (Tier 1) | 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>oxymorphone hcl er 7.5 mg tab</i> | \$0 (Tier 1) | |
| <i>codeine sulfate (30 mg tablet, 60 mg tablet)</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>DURAMORPH (5 MG/10 ML AMPUL, 10 MG/10 ML AMPUL)</i> | \$0-\$8.50 (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 (Tier 1) | PA, QL (180 per 30 days) |
| <i>hydromorphone hcl (1 mg/ml solution, 2 mg tablet, 4 mg tablet, 5 mg/5 ml soln, 8 mg tablet)</i> | \$0 (Tier 1) | |
| <i>meperidine hcl (25 mg/ml vial, 50 mg/5 ml solution, 50 mg/ml vial, 100 mg/ml vial)</i> | \$0 (Tier 1) | PA |
| <i>morphine sulf 100 mg/5 ml conc</i> | \$0 (Tier 1) | |
| <i>morphine sulfate (sulf 10 mg/5 ml soln, sulfate ir 15 mg tab, sulfate ir 30 mg tab)</i> | \$0-\$8.50 (Tier 2) | |
| <i>oxycodone hcl (oxycodon 10 mg/0.5 ml oral syr, oxycodone hcl 5 mg/5 ml soln, oxycodone hcl 5 mg capsule, oxycodone hcl 5 mg tablet, oxycodone hcl 10 mg tablet, oxycodone hcl 15 mg tablet, oxycodone hcl 20 mg tablet, oxycodone hcl 30 mg tablet, oxycodone hcl 100 mg/5 ml conc)</i> | \$0 (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>oxymorphone hcl (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | |
| <i>tramadol hcl 50 mg tablet</i> | \$0 (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 (Tier 1) | PA, QL (90 per 30 days) |
| <i>lidocaine 2% viscous soln</i> | \$0 (Tier 1) | |
| <i>lidocaine hcl (2% jelly uro-jet, 2% jel urojet ac, 2% jelly, 4% solution)</i> | \$0 (Tier 1) | |
| <i>lidocaine-prilocaine cream</i> | \$0 (Tier 1) | |

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 (Tier 1) | |
| <i>disulfiram (250 mg tablet, 500 mg tablet)</i> | \$0 (Tier 1) | |

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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>naltrexone 50 mg tablet</i> | \$0 (Tier 1) | |
| <i>buprenorphin-naloxon 8-2 mg sl</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>buprenorphn-naloxn 2-0.5 mg sl</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| LUCEMYRA 0.18 MG TABLET | \$0-\$8.50 (Tier 2) | PA |
| NARCAN 4 MG NASAL SPRAY | \$0-\$8.50 (Tier 2) | QL (2 per 30 days) |
| VIVITROL (380 MG VIAL, 380 MG VIAL + DILUENT) | \$0-\$8.50 (Tier 2) | PA |
| EVZIO 2 MG AUTO-INJECTOR | \$0-\$8.50 (Tier 2) | PA, QL (0.8 per 30 days) |
| <i>naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml carpuject, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i> | \$0 (Tier 1) | |
| <i>bupropion hcl sr 150 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| CHANTIX (0.5 MG TABLET, 1 MG TABLET) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| CHANTIX 1 MG CONT MONTH BOX | \$0-\$8.50 (Tier 2) | QL (56 per 28 days) |
| CHANTIX STARTING MONTH BOX | \$0-\$8.50 (Tier 2) | QL (53 per 28 days) |

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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 |
|-----------------------------------|--|---|
| nicotine 14mg/24hr patch td24* | \$0 (Tier 3) | QL (28 per 28 days) |
| nicotine 21 mg/24hr patch td24* | \$0 (Tier 3) | QL (28 per 28 days) |
| nicotine 21-14-7mg patch dysq* | \$0 (Tier 3) | QL (28 per 28 days) |
| nicotine 7mg/24hr patch td24* | \$0 (Tier 3) | QL (28 per 28 days) |
| nicotine polacrilex 2 mg gum* | \$0 (Tier 3) | QL (360 per 30 days) |
| nicotine polacrilex 2 mg lozenge* | \$0 (Tier 3) | QL (360 per 30 days) |
| nicotine polacrilex 4 mg gum* | \$0 (Tier 3) | QL (360 per 30 days) |
| nicotine polacrilex 4 mg lozenge* | \$0 (Tier 3) | QL (360 per 30 days) |
| NICOTROL CARTRIDGE INHALER | \$0-\$8.50 (Tier 2) | QL (504 per 30 days) |
| NICOTROL NS 10 MG/ML SPRAY | \$0-\$8.50 (Tier 2) | QL (120 per 30 days) |

Antibacterials

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------|--|---|
| amikacin sulf 500 mg/2 ml vial | \$0 (Tier 1) | |
| ARIKAYCE 590 MG/8.4 ML VIAL | \$0-\$8.50 (Tier 2) | PA, QL (252 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>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 (Tier 1) | |
| <i>gentamicin sulfate in ns (isoton 60 mg/50 ml, 60 mg/ns 50 ml pb, 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, iso 100 mg/100 ml)</i> | \$0 (Tier 1) | |
| <i>neomycin 500 mg tablet</i> | \$0 (Tier 1) | |
| <i>paromomycin 250 mg capsule</i> | \$0 (Tier 1) | |
| <i>streptomycin sulf 1 gm vial</i> | \$0 (Tier 1) | |
| TOBRADEX EYE OINTMENT | \$0-\$8.50 (Tier 2) | QL (7 per 30 days) |
| <i>tobramycin 0.3% eye drop</i> | \$0 (Tier 1) | |
| <i>tobramycin sulfate (1.2 gram/30 ml vial, 1.2 gm vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i> | \$0 (Tier 1) | |
| TOBREX 0.3% EYE OINTMENT | \$0-\$8.50 (Tier 2) | |
| <i>amoxicillin 250 mg/5 ml susp</i> | \$0 (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>azithromycin 500 mg tablet (dose pack)</i> | \$0 (Tier 1) | QL (4 per 30 days) |
| <i>azithromycin i.v. 500 mg vial</i> | \$0 (Tier 1) | |
| <i>cefotetan (1 gm vial, 2 gm vial)</i> | \$0 (Tier 1) | |
| <i>ceftriaxone (2 gm vial, 2 gm add vial)</i> | \$0 (Tier 1) | |
| <i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate (ph 9 g/60 ml vial, 150 mg/ml addvan, ph 300 mg/2 ml vl, 300 mg/2 ml addvan, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl)</i> | \$0 (Tier 1) | |
| <i>colistimethate 150 mg vial</i> | \$0 (Tier 1) | |
| <i>daptomycin 350 mg vial</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>daptomycin 500 mg vial</i> | \$0 (Tier 1) | PA |
| <i>doxycycline hyclate (50 mg cap, 100 mg tab, 100 mg cap)</i> | \$0 (Tier 1) | |
| <i>doxycycline monohydrate (25 mg/5 ml susp, mono 75 mg tablet)</i> | \$0 (Tier 1) | |
| <i>ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)</i> | \$0 (Tier 1) | |
| <i>imipenem-cilastatin 500 mg vl</i> | \$0 (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>linezolid 600 mg/300 ml-d5w</i> | \$0 (Tier 1) | PA |
| <i>piperacillin-tazobactam (13.5 gm vl, 40.5 gram)</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl (hcl 250 mg vial, 500 mg vial, 500 mg a-v vial)</i> | \$0 (Tier 1) | |
| <i>acetic acid 2% ear solution</i> | \$0 (Tier 1) | |
| <i>bacitracin 500 unit/gm ophth</i> | \$0 (Tier 1) | |
| <i>benznidazole (12.5 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | PA, QL (240 per 365 days) |
| CLEOCIN 100 MG VAGINAL OVULE | \$0-\$8.50 (Tier 2) | |
| <i>clindamycin 75 mg/5 ml soln</i> | \$0 (Tier 1) | |
| <i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i> | \$0 (Tier 1) | |
| <i>clindamycin pediatr 75 mg/5 ml</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate (ph 1% solution, ph 1% gel, ph 600 mg/4 ml vl, phos 1% pledget, phosp 1% lotion, 2% vaginal cream)</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate-d5w (clindamycin-d5w 900 mg/50 ml, clindamycin-d5w 600 mg/50 ml, clindamycin-d5w 300 mg/50 ml)</i> | \$0 (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 |
|--|---|--|
| DALVANCE 500 MG VIAL | \$0-\$8.50 (Tier 2) | PA |
| <i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i> | \$0 (Tier 1) | PA |
| <i>metronidazole (0.75% lotion, top 1% gel pump, topical 0.75% gl, 0.75% cream, topical 1% gel, vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i> | \$0 (Tier 1) | |
| MONUROL 3 GM SACHET | \$0-\$8.50 (Tier 2) | |
| <i>mupirocin (2% ointment, 2% cream)</i> | \$0 (Tier 1) | |
| <i>nitrofurantoin (25 mg/5 ml susp, mcr 25 mg cap, mcr 50 mg cap, mcr 100 mg cap)</i> | \$0 (Tier 1) | PA-HRM |
| <i>nitrofurantoin mono-mcr 100 mg</i> | \$0 (Tier 1) | PA-HRM |
| <i>polymyxin b sulfate vial</i> | \$0 (Tier 1) | |
| SIVEXTRO (200 MG TABLET, 200 MG VIAL) | \$0-\$8.50 (Tier 2) | PA, QL (6 per 30 days) |
| SOLOSEC 2 GM GRANULE PACKET | \$0-\$8.50 (Tier 2) | PA |
| SULFAMYLON 8.5% CREAM | \$0-\$8.50 (Tier 2) | |
| <i>tigecycline 50 mg vial</i> | \$0-\$8.50 (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>tinidazole (250 mg tablet, 500 mg tablet)</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>trimethoprim 100 mg tablet</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl (1 gm vial, 1 gm add-van vial, hcl 10 gm vial, hcl 100 gm smartpak)</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl 125 mg capsule</i> | \$0 (Tier 1) | PA, QL (160 per 30 days) |
| <i>XIFAXAN (200 MG TABLET, 550 MG TABLET)</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>AVYCAZ 2.5 GRAM VIAL</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>cefaclor (250 mg capsule, 500 mg capsule)</i> | \$0 (Tier 1) | |
| <i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg/5 ml susp, 500 mg capsule)</i> | \$0 (Tier 1) | |
| <i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i> | \$0 (Tier 1) | |
| <i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i> | \$0 (Tier 1) | |
| <i>cefepime hcl (1 gm vial, 2 gram vial)</i> | \$0 (Tier 1) | |
| <i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp, 400 mg capsule)</i> | \$0 (Tier 1) | |

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Antibacterials

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>cefotaxime sodium (1 gm vial, 500 mg vial)</i> | \$0 (Tier 1) | |
| <i>cefoxitin (1 gm vial, 2 gm vial, 10 gm vial)</i> | \$0 (Tier 1) | |
| <i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg/5 ml susp, 100 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1) | |
| <i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i> | \$0 (Tier 1) | |
| <i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i> | \$0 (Tier 1) | |
| <i>ceftriaxone (1 gm add-vant vial, 1 gm vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i> | \$0 (Tier 1) | |
| <i>cefuroxime (250 mg tab, 500 mg tab)</i> | \$0 (Tier 1) | |
| <i>cefuroxime sod 7.5 gm vial</i> | \$0 (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 (Tier 1) | |
| SUPRAX 400 MG CAPSULE | \$0-\$8.50 (Tier 2) | |
| TEFLARO (400 MG VIAL, 600 MG VIAL) | \$0-\$8.50 (Tier 2) | |
| ZERBAXA 1.5 GRAM VIAL | \$0-\$8.50 (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 |
|--|---|--|
| AZACTAM 2 GM VIAL | \$0-\$8.50 (Tier 2) | |
| <i>aztreonam 1 gm vial</i> | \$0 (Tier 1) | |
| <i>ertapenem 1 gram vial</i> | \$0 (Tier 1) | PA |
| <i>imipenem-cilastatin 250 mg vial</i> | \$0 (Tier 1) | |
| INVANZ (1 GM VIAL, 1 GM ADD-VANTAGE VIAL) | \$0-\$8.50 (Tier 2) | PA |
| <i>meropenem (iv 1 gm vial, iv 500 mg vial)</i> | \$0 (Tier 1) | PA |
| VABOMERE 2 GRAM VIAL | \$0-\$8.50 (Tier 2) | PA |
| <i>amoxicillin (125 mg/5 ml susp, 125 mg tab chew, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 400 mg/5 ml susp, 500 mg tablet, 500 mg capsule, 875 mg tablet)</i> | \$0 (Tier 1) | |
| <i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 200-28.5 mg tab chew, 250-62.5 mg/5 ml sus, 250-125 mg tablet, 400-57 mg/5 ml susp, 400-57 mg tab chew, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i> | \$0 (Tier 1) | |
| <i>ampicillin 500 mg capsule</i> | \$0 (Tier 1) | |
| <i>ampicillin sodium (1 gm vial, 1 gm add-vantage vial, 10 gm bottle, 10 gm vial, 125 mg vial)</i> | \$0 (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>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm vl)</i> | \$0 (Tier 1) | |
| BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE) | \$0-\$8.50 (Tier 2) | |
| BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS) | \$0-\$8.50 (Tier 2) | |
| <i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i> | \$0 (Tier 1) | |
| <i>nafcillin sodium (1 gm vial, 1 gm add-van vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial)</i> | \$0 (Tier 1) | |
| <i>oxacillin (1 50 ml inj, 2 50 ml inj)</i> | \$0-\$8.50 (Tier 2) | |
| <i>oxacillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm vial)</i> | \$0 (Tier 1) | |
| <i>pen g 1.2 million unit/2 ml</i> | \$0 (Tier 1) | |
| <i>penicillin g na 5 million unit</i> | \$0 (Tier 1) | |
| <i>penicillin g potassium (5 million, 20 million)</i> | \$0 (Tier 1) | |
| <i>penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)</i> | \$0-\$8.50 (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>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i> | \$0 (Tier 1) | |
| <i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i> | \$0 (Tier 1) | |
| AZASITE 1% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| <i>azithromycin 1 gm pwd packet</i> | \$0-\$8.50 (Tier 2) | |
| <i>azithromycin 100 mg/5 ml susp</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>azithromycin 200 mg/5 ml susp</i> | \$0 (Tier 1) | |
| <i>azithromycin 250 mg tablet</i> | \$0 (Tier 1) | QL (8 per 30 days) |
| <i>azithromycin 250 mg tablet (dose pack)</i> | \$0 (Tier 1) | QL (8 per 30 days) |
| <i>azithromycin 500 mg tablet</i> | \$0 (Tier 1) | QL (4 per 30 days) |
| <i>azithromycin 500 mg tablet (dose pack)</i> | \$0 (Tier 1) | QL (4 per 30 days) |
| <i>azithromycin 600 mg tablet</i> | \$0 (Tier 1) | PA |
| <i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i> | \$0 (Tier 1) | |

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Antibacterials

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>erythromycin (0.5% eye ointment, 2% solution, 2% gel, 250 mg filmtab, 500 mg filmtab)</i> | \$0 (Tier 1) | |
| BAXDELA (300 MG VIAL, 450 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (28 per 14 days) |
| BESIVANCE 0.6% SUSP | \$0-\$8.50 (Tier 2) | PA, QL (5 per 30 days) |
| CILOXAN 0.3% OINTMENT | \$0-\$8.50 (Tier 2) | PA |
| <i>ciprofloxacin 500 mg/5 ml susp</i> | \$0 (Tier 1) | |
| <i>ciprofloxacin hcl (0.3% eye drop, hcl 500 mg tab, hcl 750 mg tab)</i> | \$0 (Tier 1) | |
| <i>ciprofloxacin hcl (100 mg tab, 250 mg tab)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>ciprofloxacn-d5w 200 mg/100 ml</i> | \$0 (Tier 1) | |
| <i>gatifloxacin 0.5% eye drops</i> | \$0 (Tier 1) | |
| <i>levofloxacin (0.5% eye drops, 25 mg/ml solution, 250 mg/10 ml soln, 500 mg tablet, 500 mg/20 ml vial, 500 mg/20 ml soln, 750 mg/30 ml vial)</i> | \$0 (Tier 1) | |
| <i>levofloxacin (250 mg tablet, 750 mg tablet)</i> | \$0 (Tier 1) | QL (28 per 14 days) |
| <i>levofloxacin-d5w (500 mg/100 ml-d5w, 750 mg/150 ml-d5w)</i> | \$0 (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% drop, 0.5% drops)</i> | \$0 (Tier 1) | PA |
| <i>ofloxacin (0.3% ear drops, 0.3% eye drops, 300 mg tablet, 400 mg tablet)</i> | \$0 (Tier 1) | |
| SILVADENE 1% CREAM | \$0-\$8.50 (Tier 2) | |
| <i>silver sulfadiazine 1% cream</i> | \$0-\$8.50 (Tier 2) | |
| <i>sodium sulfacetamide 10% lot</i> | \$0 (Tier 1) | |
| SSD 1% CREAM | \$0-\$8.50 (Tier 2) | |
| <i>sulfacetamide sodium (sodium 10% lotn, 10% eye drops, sod 10% top susp, 10% eye ointment)</i> | \$0 (Tier 1) | |
| <i>sulfadiazine 500 mg tablet</i> | \$0 (Tier 1) | |
| <i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet, susp)</i> | \$0 (Tier 1) | |
| <i>demeclacycline hcl (150 mg tablet, 300 mg tablet)</i> | \$0 (Tier 1) | PA |
| DOXY 100 VIAL | \$0 (Tier 1) | |
| <i>doxycycline monohydrate (50 mg tablet, 100 mg cap, 100 mg tablet)</i> | \$0 (Tier 1) | |

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Antibacterials

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i> | \$0 (Tier 1) | |
| <i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i> | \$0 (Tier 1) | PA |
| VIBRAMYCIN 50 MG/5 ML SYRUP | \$0-\$8.50 (Tier 2) | |

Anticonvulsants

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| BRIVIACT 10 MG/ML ORAL SOLN | \$0-\$8.50 (Tier 2) | PA NSO, QL (600 per 30 days) |
| EPIDIOLEX 100 MG/ML SOLUTION | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg/5 ml soln, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i> | \$0 (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>levetiracetam er 500 mg tablet</i> | \$0 (Tier 1) | QL (180 per 30 days) |
| <i>levetiracetam er 750 mg tablet</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET) | \$0-\$8.50 (Tier 2) | |
| CELONTIN 300 MG KAPSEAL | \$0-\$8.50 (Tier 2) | |
| <i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i> | \$0 (Tier 1) | |
| LYRICA (150 MG CAPSULE, 200 MG CAPSULE, 225 MG CAPSULE, 300 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (90 per 30 days) |
| LYRICA 20 MG/ML ORAL SOLUTION | \$0-\$8.50 (Tier 2) | PA NSO, QL (960 per 30 days) |
| <i>pregabalin (150 mg capsule, 200 mg capsule, 225 mg capsule, 300 mg capsule)</i> | \$0 (Tier 1) | PA NSO, QL (60 per 30 days) |
| <i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule)</i> | \$0 (Tier 1) | PA NSO, QL (90 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>pregabalin 20 mg/ml solution</i> | \$0 (Tier 1) | PA NSO, QL (960 per 30 days) |
| <i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i> | \$0 (Tier 1) | |
| <i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | 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 (Tier 1) | PA NSO |
| <i>clonazepam (0.5 mg tablet, 1 mg tablet)</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>clonazepam 2 mg tablet</i> | \$0 (Tier 1) | QL (300 per 30 days) |
| <i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i> | \$0 (Tier 1) | QL (180 per 30 days) |
| <i>DIASTAT 2.5 MG PEDI SYSTEM</i> | \$0-\$8.50 (Tier 2) | |
| <i>DIASTAT ACUDIAL (5-7.5-10 MG KT, 12.5-15-20 MG)</i> | \$0-\$8.50 (Tier 2) | |
| <i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i> | \$0-\$8.50 (Tier 2) | |
| <i>divalproex sodium (dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab)</i> | \$0 (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>divalproex sodium er (er 250 mg tab, er 500 mg tab)</i> | \$0 (Tier 1) | |
| <i>gabapentin (100 mg capsule, 300 mg capsule, 600 mg tablet)</i> | \$0 (Tier 1) | QL (180 per 30 days) |
| <i>gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)</i> | \$0 (Tier 1) | QL (2400 per 30 days) |
| <i>gabapentin 400 mg capsule</i> | \$0 (Tier 1) | QL (300 per 30 days) |
| <i>gabapentin 800 mg tablet</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| GABITRIL (12 MG TABLET, 16 MG TABLET) | \$0-\$8.50 (Tier 2) | |
| NAYZILAM 5 MG NASAL SPRAY | \$0-\$8.50 (Tier 2) | PA NSO |
| ONFI (2.5 MG/ML SUSPENSION, 10 MG TABLET, 20 MG TABLET) | \$0-\$8.50 (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 (Tier 1) | PA NSO |
| <i>primidone (50 mg tablet, 250 mg tablet)</i> | \$0 (Tier 1) | |
| SABRIL 500 MG TABLET | \$0-\$8.50 (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 |
|---|---|---|
| SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| <i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i> | \$0 (Tier 1) | |
| <i>valproic acid (250 mg/5 ml soln, 250 mg capsule, 500 mg/10 ml sol)</i> | \$0 (Tier 1) | |
| <i>vigabatrin (500 mg tablet, 500 mg powder packt)</i> | \$0 (Tier 1) | |
| VIGADRONE 500 MG POWDER PACKET | \$0 (Tier 1) | |
| <i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp)</i> | \$0 (Tier 1) | |
| FYCOMPA (8 MG TABLET, 10 MG TABLET, 12 MG TABLET) | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| FYCOMPA 0.5 MG/ML ORAL SUSP | \$0-\$8.50 (Tier 2) | QL (680 per 28 days) |
| FYCOMPA 2 MG TABLET | \$0-\$8.50 (Tier 2) | QL (180 per 30 days) |
| FYCOMPA 4 MG TABLET | \$0-\$8.50 (Tier 2) | QL (120 per 30 days) |
| FYCOMPA 6 MG TABLET | \$0-\$8.50 (Tier 2) | QL (60 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 |
|--|---|--|
| LAMICTAL TAB START KIT (GREEN) | \$0-\$8.50 (Tier 2) | |
| LAMICTAL TB START KIT (ORANGE) | \$0-\$8.50 (Tier 2) | |
| <i>lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 25 mg tb start kit, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab start kit-blue</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab start kt-green</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab start kt-orang</i> | \$0 (Tier 1) | |
| <i>topiramate (15 mg cap, 25 mg cap)</i> | \$0 (Tier 1) | |
| <i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| APTIOM 800 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET) | \$0-\$8.50 (Tier 2) | |
| <i>carbamazepine (100 mg/5 ml susp, 100 mg tab chew, 200 mg tablet)</i> | \$0 (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>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i> | \$0 (Tier 1) | |
| DILANTIN (30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE) | \$0 (Tier 1) | |
| DILANTIN 125 MG/5 ML SUSP | \$0-\$8.50 (Tier 2) | |
| <i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml susp, 600 mg tablet)</i> | \$0 (Tier 1) | |
| PEGANONE 250 MG TABLET | \$0-\$8.50 (Tier 2) | |
| PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE) | \$0 (Tier 1) | |
| <i>phenytoin (50 mg infatab, 50 mg tablet chew, 100 mg/4 ml susp, 125 mg/5 ml susp)</i> | \$0 (Tier 1) | |
| <i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i> | \$0 (Tier 1) | |
| VIMPAT (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| VIMPAT 10 MG/ML SOLUTION | \$0-\$8.50 (Tier 2) | |

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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 (Tier 1) | PA |
| <i>donepezil hcl (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>galantamine 4 mg/ml oral soln</i> | \$0 (Tier 1) | QL (200 per 30 days) |
| <i>galantamine er (er 8 mg capsule, er 16 mg capsule)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>galantamine er 24 mg capsule</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>memantine 5-10 mg titration pk</i> | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| <i>memantine hcl (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>memantine hcl 2 mg/ml solution</i> | \$0 (Tier 1) | QL (480 per 30 days) |
| <i>memantine hcl er (er 14 mg capsule, er 21 mg capsule, er 28 mg capsule)</i> | \$0 (Tier 1) | QL (30 per 30 days) |

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Antidementia Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------------------|--|---|
| <i>memantine hcl er 7 mg capsule</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| NAMENDA XR TITRATION PACK | \$0-\$8.50 (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 (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 (Tier 1) | PA NSO |
| <i>bupropion hcl 100 mg tablet</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>bupropion hcl 75 mg tablet</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>bupropion xl (150 mg tablet, 300 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>mirtazapine (7.5 mg tablet, 15 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg tablet, 45 mg odt)</i> | \$0 (Tier 1) | 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 |
|--|---|---|
| SPRAVATO (28 MG NASAL SPRAY, 56 MG DOSE PACK) | \$0-\$8.50 (Tier 2) | PA NSO, QL (47 per 84 days) |
| SPRAVATO 84 MG DOSE PACK | \$0-\$8.50 (Tier 2) | PA NSO, QL (47 per 87 days) |
| EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH) | \$0-\$8.50 (Tier 2) | PA NSO |
| MARPLAN 10 MG TABLET | \$0-\$8.50 (Tier 2) | |
| <i>phenelzine sulfate 15 mg tab</i> | \$0 (Tier 1) | |
| <i>tranylcypromine sulf 10 mg tab</i> | \$0 (Tier 1) | |
| <i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>citalopram hbr 10 mg/5 ml soln</i> | \$0 (Tier 1) | QL (600 per 30 days) |
| <i>citalopram hbr 20 mg/10 ml sol</i> | \$0 (Tier 1) | |
| <i>desvenlafaxine er (er 50 mg tablet, er 50 mg tab)</i> | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| <i>desvenlafaxine er 100 mg tab</i> | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| <i>desvenlafaxine suc er 100 mg</i> | \$0 (Tier 1) | PA NSO, 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>desvenlafaxine succinate er (er 25 mg tb, er 50 mg tb)</i> | \$0 (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 (Tier 1) | QL (60 per 30 days) |
| <i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>escitalopram oxalate 5 mg/5 ml</i> | \$0 (Tier 1) | |
| FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| FETZIMA 20-40 MG TITRATION PAK | \$0-\$8.50 (Tier 2) | PA NSO, QL (28 per 28 days) |
| <i>fluoxetine 20 mg/5 ml solution</i> | \$0 (Tier 1) | QL (600 per 30 days) |
| <i>fluoxetine hcl (10 mg tablet, 10 mg capsule, 40 mg capsule)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>fluoxetine hcl (20 mg tablet, 20 mg capsule)</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>fluvoxamine maleate 100 mg tab</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>maprotiline hcl (25 mg tablet, 50 mg tablet, 75 mg tablet)</i> | \$0 (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 |
|--|---|--|
| <i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>paroxetine hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i> | \$0 (Tier 1) | PA NSO, QL (30 per 30 days) |
| <i>paroxetine hcl 30 mg tablet</i> | \$0 (Tier 1) | PA NSO, QL (60 per 30 days) |
| PAXIL 10 MG/5 ML SUSPENSION | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>sertraline 20 mg/ml oral conc</i> | \$0 (Tier 1) | QL (300 per 30 days) |
| <i>sertraline hcl (25 mg tablet, 50 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>sertraline hcl 100 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)</i> | \$0 (Tier 1) | |
| TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| <i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab)</i> | \$0-\$8.50 (Tier 2) | ST, 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>venlafaxine hcl er 150 mg tab</i> | \$0 (Tier 1) | ST, QL (60 per 30 days) |
| <i>venlafaxine hcl er 225 mg tab</i> | \$0 (Tier 1) | ST, QL (30 per 30 days) |
| <i>VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)</i> | \$0-\$8.50 (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 (Tier 1) | PA NSO |
| <i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i> | \$0 (Tier 1) | |
| <i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i> | \$0 (Tier 1) | PA NSO |
| <i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i> | \$0 (Tier 1) | PA NSO |
| <i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i> | \$0 (Tier 1) | PA NSO |
| <i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i> | \$0 (Tier 1) | PA NSO |
| <i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, 20 mg/10 ml soln, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i> | \$0 (Tier 1) | PA NSO |

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Antidepressants

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | PA NSO |
| <i>trimipramine maleate (25 mg cap, 50 mg cap)</i> | \$0 (Tier 1) | PA NSO, QL (90 per 30 days) |
| <i>trimipramine maleate 100 mg cp</i> | \$0 (Tier 1) | PA NSO, QL (60 per 30 days) |

Antiemetics

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>diphenhydramine 50 mg/ml vial</i> | \$0 (Tier 1) | PA-HRM |
| <i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i> | \$0 (Tier 1) | PA-HRM |
| <i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/10 ml sol, 10 mg tablet)</i> | \$0 (Tier 1) | |
| <i>palonosetron 0.25 mg/5 ml vial</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>prochlorperazine 25 mg supp</i> | \$0 (Tier 1) | |
| <i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i> | \$0 (Tier 1) | |
| <i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg tablet, 12.5 mg suppos, 25 mg tablet, 25 mg suppository, 50 mg tablet, 50 mg suppository)</i> | \$0 (Tier 1) | PA-HRM |

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Antiemetics

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>scopolamine 1 mg/3 day patch</i> | \$0 (Tier 1) | PA-HRM, QL (10 per 30 days) |
| <i>TRANSDERM-SCOP 1.5 MG (1MG/3D)</i> | \$0-\$8.50 (Tier 2) | PA-HRM, QL (10 per 30 days) |
| <i>trimethobenzamide 300 mg cap</i> | \$0 (Tier 1) | PA-HRM |
| <i>aprepitant (80 mg capsule, 125 mg capsule)</i> | \$0 (Tier 1) | PA, QL (12 per 30 days) |
| <i>aprepitant 125-80-80 mg pack</i> | \$0 (Tier 1) | PA |
| <i>aprepitant 40 mg capsule</i> | \$0 (Tier 1) | PA, QL (10 per 30 days) |
| <i>CESAMET 1 MG CAPSULE</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i> | \$0 (Tier 1) | PA |
| <i>fosaprepitant 150 mg vial</i> | \$0 (Tier 1) | PA |
| <i>gransetron hcl 1 mg tablet</i> | \$0 (Tier 1) | PA |
| <i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <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 (Tier 1) | |
| <i>ondansetron hcl 24 mg tablet</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |

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Antiemetics

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------------------|--|---|
| SYNDROS 5 MG/ML SOLUTION | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA |
| AMBISOME 50 MG VIAL | \$0-\$8.50 (Tier 2) | PA |
| <i>amphotericin b 50 mg vial</i> | \$0 (Tier 1) | PA |
| <i>caspofungin acetate (50 mg vial, 70 mg vial)</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>ciclopirox (0.77% topical susp, 0.77% cream, 8% solution)</i> | \$0 (Tier 1) | |
| <i>clotrimazole (1% cream, 10 mg troche)</i> | \$0 (Tier 1) | |
| <i>econazole nitrate 1% cream</i> | \$0 (Tier 1) | |
| ERAXIS (WATER DILUENT) (DIL) 50 MG VIAL, DIL) 100 MG VIAL) | \$0-\$8.50 (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>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1) | |
| <i>fluconazole 150 mg tablet</i> | \$0 (Tier 1) | QL (4 per 30 days) |
| <i>fluconazole in saline (200 mg/100 ml, 400 mg/200 ml)</i> | \$0 (Tier 1) | |
| <i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i> | \$0 (Tier 1) | |
| <i>flucytosine (250 mg capsule, 500 mg capsule)</i> | \$0 (Tier 1) | PA |
| <i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i> | \$0 (Tier 1) | |
| <i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i> | \$0 (Tier 1) | |
| <i>itraconazole (10 mg/ml solution, 100 mg capsule)</i> | \$0 (Tier 1) | |
| <i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i> | \$0 (Tier 1) | |
| <i>miconazole 3 200 mg vag supp</i> | \$0 (Tier 1) | |
| <i>MYCAMINE (50 MG VIAL, 100 MG VIAL)</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>naftifine hcl (1% cream, 2% cream)</i> | \$0 (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 |
|---|---|--|
| NATACYN EYE DROPS | \$0-\$8.50 (Tier 2) | |
| NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET) | \$0-\$8.50 (Tier 2) | PA |
| NYAMYC 100,000 UNITS/GM POWDER | \$0 (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 (Tier 1) | |
| <i>nystatin-triamcinolone (cream, ointm)</i> | \$0 (Tier 1) | |
| NYSTOP 100,000 UNITS/GM POWDER | \$0 (Tier 1) | |
| <i>oxiconazole nitrate 1% cream</i> | \$0 (Tier 1) | |
| OXISTAT 1% LOTION | \$0-\$8.50 (Tier 2) | |
| <i>posaconazole 200 mg/5 ml susp</i> | \$0-\$8.50 (Tier 2) | |
| <i>posaconazole dr 100 mg tablet</i> | \$0-\$8.50 (Tier 2) | PA |
| SPORANOX 10 MG/ML SOLUTION | \$0-\$8.50 (Tier 2) | |
| <i>terbinafine hcl 250 mg tablet</i> | \$0 (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>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i> | \$0 (Tier 1) | |
| <i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg vial, 200 mg tablet)</i> | \$0 (Tier 1) | PA |

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 (Tier 1) | |
| <i>colchicine (0.6 mg capsule, 0.6 mg tablet)</i> | \$0-\$8.50 (Tier 2) | |
| <i>probenecid 500 mg tablet</i> | \$0 (Tier 1) | |
| <i>probenecid-colchicine tablet</i> | \$0 (Tier 1) | |
| ZURAMPIC 200 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (30 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>dihydroergotamine 4 mg/ml spry</i> | \$0-\$8.50 (Tier 2) | PA |
| MIGERGOT SUPPOSITORY | \$0 (Tier 1) | QL (24 per 30 days) |
| AIMOVIG 140 MG DOSE-2 AUTOINJ | \$0-\$8.50 (Tier 2) | PA, QL (2 per 28 days) |
| AIMOVIG 140 MG/ML AUTOINJECTOR | \$0-\$8.50 (Tier 2) | PA NSO, QL (1 per 28 days) |
| AIMOVIG 70 MG/ML AUTOINJECTOR | \$0-\$8.50 (Tier 2) | PA, QL (2 per 28 days) |
| AJOVY 225 MG/1.5 ML SYRINGE | \$0-\$8.50 (Tier 2) | PA, QL (1.5 per 28 days) |
| EMGALITY 120 MG/ML PEN | \$0-\$8.50 (Tier 2) | PA, QL (2 per 28 days) |
| EMGALITY 120 MG/ML SYRINGE | \$0-\$8.50 (Tier 2) | PA, QL (2 per 28 days) |
| EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)) | \$0-\$8.50 (Tier 2) | PA, QL (3 per 28 days) |
| <i>naratriptan (1 mg tablet, 2.5 mg tablet)</i> | \$0 (Tier 1) | QL (12 per 30 days) |
| <i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i> | \$0 (Tier 1) | QL (12 per 30 days) |
| <i>rizatriptan (5 mg tablet, 5 mg odt, 10 mg tablet, 10 mg odt)</i> | \$0 (Tier 1) | QL (18 per 28 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>sumatriptan (5 mg nasal spray, 20 mg nasal spray)</i> | \$0 (Tier 1) | QL (12 per 30 days) |
| <i>sumatriptan 6 mg/0.5 ml refill</i> | \$0-\$8.50 (Tier 2) | |
| <i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | QL (9 per 30 days) |
| <i>sumatriptan succinate (4 mg/0.5 ml cart, 6 mg/0.5 ml inject)</i> | \$0-\$8.50 (Tier 2) | QL (4 per 28 days) |
| <i>sumatriptan succinate (4 mg/0.5 ml inject, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial)</i> | \$0 (Tier 1) | QL (4 per 28 days) |
| <i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i> | \$0 (Tier 1) | QL (6 per 30 days) |
| <i>zolmitriptan odt (2.5 mg odt, 5 mg odt)</i> | \$0 (Tier 1) | QL (6 per 30 days) |

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-\$8.50 (Tier 2) | |
| <i>MESTINON 60 MG/5 ML SYRUP</i> | \$0-\$8.50 (Tier 2) | |

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Antimyasthenic Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>pyridostigmine bromide (br 30 mg tablet, 60 mg/5 ml soln, br 60 mg tablet)</i> | \$0 (Tier 1) | |
| <i>pyridostigmine er 180 mg tab</i> | \$0 (Tier 1) | |

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 (Tier 1) | |
| PASER GRANULES 4 GM PACKET | \$0 (Tier 1) | |
| <i>rifabutin 150 mg capsule</i> | \$0 (Tier 1) | |
| <i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i> | \$0 (Tier 1) | |
| <i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i> | \$0 (Tier 1) | |
| PRIFTIN 150 MG TABLET | \$0-\$8.50 (Tier 2) | |
| <i>pyrazinamide 500 mg tablet</i> | \$0 (Tier 1) | |
| RIFAMATE CAPSULE | \$0 (Tier 1) | |
| <i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i> | \$0 (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-\$8.50 (Tier 2) | |
| SIRTURO 100 MG TABLET | \$0-\$8.50 (Tier 2) | PA |
| TRECATOR 250 MG TABLET | \$0-\$8.50 (Tier 2) | |

Antineoplastics

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| cyclophosphamide (25 mg capsule, 50 mg capsule) | \$0-\$8.50 (Tier 2) | PA NSO |
| GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO |
| LEUKERAN 2 MG TABLET | \$0-\$8.50 (Tier 2) | |
| MATULANE 50 MG CAPSULE | \$0-\$8.50 (Tier 2) | |
| VALCHLOR 0.016% GEL | \$0-\$8.50 (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>abiraterone acetate 250 mg tab</i> | \$0 (Tier 1) | PA NSO, QL (120 per 30 days) |
| <i>bicalutamide 50 mg tablet</i> | \$0 (Tier 1) | |
| ERLEADA 60 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| <i>flutamide 125 mg capsule</i> | \$0 (Tier 1) | |
| <i>nilutamide 150 mg tablet</i> | \$0 (Tier 1) | |
| XTANDI 40 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| YONSA 125 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| ZYTIGA 250 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| ZYTIGA 500 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE) | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA NSO, LA |

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Antineoplastics

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO |
| EMCYT 140 MG CAPSULE | \$0-\$8.50 (Tier 2) | |
| FARESTON 60 MG TABLET | \$0-\$8.50 (Tier 2) | |
| SOLTAMOX (10 MG/5 ML SOLN, 20 MG/10 ML SOLN) | \$0-\$8.50 (Tier 2) | |
| <i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | |
| <i>toremifene citrate 60 mg tab</i> | \$0 (Tier 1) | |
| DROXIA (200 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE) | \$0-\$8.50 (Tier 2) | |
| <i>hydroxyurea 500 mg capsule</i> | \$0 (Tier 1) | |
| <i>mercaptopurine 50 mg tablet</i> | \$0 (Tier 1) | |
| PURIXAN 20 MG/ML ORAL SUSP | \$0-\$8.50 (Tier 2) | |
| TABLOID 40 MG TABLET | \$0-\$8.50 (Tier 2) | |
| ABRAXANE 100 MG VIAL | \$0-\$8.50 (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 |
|---|---|--|
| ALIMTA (100 MG VIAL, 500 MG VIAL) | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>arsenic trioxide 12 mg/6 ml vial</i> | \$0 (Tier 1) | |
| AVASTIN (100 MG/4 ML VIAL, 400 MG/16 ML VIAL) | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>bcg vaccine (tice strain) vial</i> | \$0-\$8.50 (Tier 2) | PA NSO |
| BRAFTOVI 75 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (180 per 30 days) |
| CALQUENCE 100 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| <i>cisplatin (50 mg vial, 50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)</i> | \$0 (Tier 1) | |
| COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| DARZALEX (100 MG/5 ML VIAL, 400 MG/20 ML VIAL) | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8 ml vial)</i> | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>docetaxel 200 mg/10 ml vial</i> | \$0 (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>doxorubicin hcl liposome (20mg/10ml, 50mg/25ml)</i> | \$0 (Tier 1) | PA NSO |
| <i>fluorouracil (5 gm/100 ml vial, 5 gm/100 ml btl, 5,000 mg/100 ml)</i> | \$0 (Tier 1) | PA BvD |
| <i>fulvestrant 250 mg/5 ml syring</i> | \$0 (Tier 1) | PA NSO |
| <i>gemcitabine hcl 1 gram vial</i> | \$0 (Tier 1) | PA NSO |
| HERCEPTIN (150 MG VIAL, 440 MG VIAL) | \$0-\$8.50 (Tier 2) | PA NSO |
| HERCEPTIN HYLECTA 600MG-10,000 | \$0-\$8.50 (Tier 2) | PA NSO |
| IDHIFA (50 MG TABLET, 100 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| KANJINTI (150 MG VIAL, 420 MG VIAL) | \$0-\$8.50 (Tier 2) | PA NSO |
| KEYTRUDA 100 MG/4 ML VIAL | \$0-\$8.50 (Tier 2) | PA NSO |
| KISQALI 200 MG DAILY DOSE | \$0-\$8.50 (Tier 2) | PA NSO, QL (21 per 28 days) |
| KISQALI 400 MG DAILY DOSE | \$0-\$8.50 (Tier 2) | PA NSO, QL (42 per 28 days) |
| KISQALI 600 MG DAILY DOSE | \$0-\$8.50 (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 |
|--|---|---|
| LORBRENA 100 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| LORBRENA 25 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (90 per 30 days) |
| MEKTOVI 15 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (180 per 30 days) |
| MVASI (100 MG/4 ML VIAL, 400 MG/16 ML VIAL) | \$0-\$8.50 (Tier 2) | PA NSO |
| NERLYNX 40 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (180 per 30 days) |
| NUBEQA 300 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| OGIVRI (150 MG VIAL, 420 MG VIAL) | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial)</i> | \$0 (Tier 1) | PA NSO |
| <i>oxaliplatin 100 mg/20 ml vial</i> | \$0-\$8.50 (Tier 2) | PA NSO |
| PIQRAY (250 MG DAILY, 300 MG DAILY) | \$0-\$8.50 (Tier 2) | PA NSO, QL (56 per 28 days) |
| PIQRAY 200 MG DAILY DOSE | \$0-\$8.50 (Tier 2) | PA NSO, QL (28 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 |
|--|---|---|
| RITUXAN (100 MG/10 ML VIAL, 500 MG/50 ML VIAL) | \$0-\$8.50 (Tier 2) | PA NSO |
| ROZLYTREK 100 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (150 per 30 days) |
| ROZLYTREK 200 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (90 per 30 days) |
| RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| SYNRIBO 3.5 MG/ML VIAL | \$0-\$8.50 (Tier 2) | PA NSO |
| TALZENNA 0.25 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (90 per 30 days) |
| TALZENNA 1 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| TIBSOVO 250 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| VELCADE 3.5 MG VIAL | \$0-\$8.50 (Tier 2) | PA NSO |
| VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| VITRAKVI 100 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 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 |
|---|---|---|
| VITRAKVI 20 MG/ML SOLUTION | \$0-\$8.50 (Tier 2) | PA NSO, QL (300 per 30 days) |
| VITRAKVI 25 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (180 per 30 days) |
| VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| XPOVIO (60 MG ONCE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE) | \$0-\$8.50 (Tier 2) | PA NSO |
| KISQALI FEMARA 200 MG CO-PACK | \$0-\$8.50 (Tier 2) | PA NSO, QL (49 per 28 days) |
| KISQALI FEMARA 400 MG CO-PACK | \$0-\$8.50 (Tier 2) | PA NSO, QL (70 per 28 days) |
| KISQALI FEMARA 600 MG CO-PACK | \$0-\$8.50 (Tier 2) | PA NSO, QL (91 per 28 days) |
| <i>leucovorin calcium (100 mg/10 ml vfl, 500 mg/50 ml vfl)</i> | \$0 (Tier 1) | PA NSO |
| <i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i> | \$0 (Tier 1) | |
| LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO |
| NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (3 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 |
|---|---|---|
| TECENTRIQ 1,200 MG/20 ML VIAL | \$0-\$8.50 (Tier 2) | PA NSO, QL (20 per 21 days) |
| TECENTRIQ 840 MG/14 ML VIAL | \$0-\$8.50 (Tier 2) | PA NSO, QL (210 per 30 days) |
| ZOLINZA 100 MG CAPSULE | \$0-\$8.50 (Tier 2) | |
| <i>anastrozole 1 mg tablet</i> | \$0 (Tier 1) | |
| <i>exemestane 25 mg tablet</i> | \$0 (Tier 1) | |
| <i>letrozole 2.5 mg tablet</i> | \$0 (Tier 1) | |
| AFINITOR (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO |
| AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET, 5 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO |
| ALECENSA 150 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (240 per 30 days) |
| ALUNBRIG (90 MG-180 MG TAB PACK, 90 MG TABLET, 180 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| ALUNBRIG 30 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (180 per 30 days) |
| BALVERSA 3 MG TABLET | \$0-\$8.50 (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 |
|--|---|---|
| BALVERSA 4 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| BALVERSA 5 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| BOSULIF (400 MG TABLET, 500 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| BOSULIF 100 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (180 per 30 days) |
| CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| CAPRELSA 100 MG TABLET | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| CAPRELSA 300 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK) | \$0-\$8.50 (Tier 2) | PA NSO |
| COTELLIC 20 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (63 per 21 days) |
| DAURISMO 100 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| DAURISMO 25 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 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 |
|---|---|---|
| ERIVEDGE 150 MG CAPSULE | \$0-\$8.50 (Tier 2) | |
| <i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i> | \$0 (Tier 1) | PA NSO, QL (30 per 30 days) |
| FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (6 per 21 days) |
| GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (21 per 28 days) |
| ICLUSIG (15 MG TABLET, 45 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| <i>imatinib mesylate (100 mg tab, 400 mg tab)</i> | \$0 (Tier 1) | PA NSO |
| IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| IMBRUVICA 140 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| INLYTA 1 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO |
| INLYTA 5 MG TABLET | \$0-\$8.50 (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 |
|---|---|---|
| INREBIC 100 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| IRESSA 250 MG TABLET | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| LENVIMA (18 MG DAILY, 24 MG DAILY) | \$0-\$8.50 (Tier 2) | PA NSO, QL (90 per 30 days) |
| LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 20 MG DAILY DOSE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| LENVIMA 14 MG DAILY DOSE | \$0-\$8.50 (Tier 2) | PA NSO |
| LYNPARZA (100 MG TABLET, 150 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| MEKINIST (0.5 MG TABLET, 2 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO |
| NEXAVAR 200 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| ODOMZO 200 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 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 |
|--|---|--|
| RYDAPT 25 MG CAPSULE | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| SPRYCEL 70 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| STIVARGA 40 MG TABLET | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO |
| TAGRISSO (40 MG TABLET, 80 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| TARCEVA (25 MG TABLET, 100 MG TABLET, 150 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| TYKERB 250 MG TABLET | \$0-\$8.50 (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 |
|--|---|---|
| VENCLEXTA 10 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| VENCLEXTA 100 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| VENCLEXTA 50 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| VENCLEXTA STARTING PACK | \$0-\$8.50 (Tier 2) | PA NSO, QL (42 per 28 days) |
| VOTRIENT 200 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| XALKORI (200 MG CAPSULE, 250 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| XOSPATA 40 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (90 per 30 days) |
| ZEJULA 100 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (90 per 30 days) |
| ZELBORAF 240 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (240 per 30 days) |
| ZYDELIG (100 MG TABLET, 150 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| ZYKADIA (150 MG CAPSULE, 150 MG TABLET) | \$0-\$8.50 (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>bexarotene 75 mg capsule</i> | \$0 (Tier 1) | |
| PANRETIN 0.1% GEL | \$0-\$8.50 (Tier 2) | |
| TARGRETIN 1% GEL | \$0-\$8.50 (Tier 2) | |
| <i>tretinoin 10 mg capsule</i> | \$0 (Tier 1) | |
| MESNEX 400 MG TABLET | \$0-\$8.50 (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 (Tier 1) | |
| ALBENZA 200 MG TABLET | \$0-\$8.50 (Tier 2) | |
| BILTRICIDE 600 MG TABLET | \$0-\$8.50 (Tier 2) | |
| <i>ivermectin 3 mg tablet</i> | \$0 (Tier 1) | |
| <i>praziquantel 600 mg tablet</i> | \$0 (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 |
|--|---|--|
| <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-\$8.50 (Tier 2) | |
| <i>atovaquone 750 mg/5 ml susp</i> | \$0 (Tier 1) | PA |
| <i>atovaquone-proguanil hcl (62.5-25, 250-100)</i> | \$0 (Tier 1) | |
| <i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i> | \$0 (Tier 1) | |
| COARTEM TABLETS | \$0-\$8.50 (Tier 2) | QL (24 per 3 days) |
| DARAPRIM 25 MG TABLET | \$0-\$8.50 (Tier 2) | PA |
| <i>hydroxychloroquine 200 mg tab</i> | \$0 (Tier 1) | |
| KRINTAFEL 150 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (2 per 30 days) |
| <i>mefloquine hcl 250 mg tablet</i> | \$0 (Tier 1) | |
| NEBUPENT 300 MG INHAL POWDER | \$0-\$8.50 (Tier 2) | |
| PENTAM 300 VIAL | \$0-\$8.50 (Tier 2) | |
| <i>pentamidine isethionate (300 mg inhal powdr, 300 mg vial)</i> | \$0 (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 |
|---------------------------------------|---|--|
| <i>primaquine 26.3 mg tablet</i> | \$0 (Tier 1) | |
| <i>quinine sulfate 324 mg capsule</i> | \$0 (Tier 1) | PA |
| <i>EURAX 10% CREAM</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>EURAX 10% LOTION</i> | \$0-\$8.50 (Tier 2) | PA, QL (454 per 30 days) |
| <i>malathion 0.5% lotion</i> | \$0 (Tier 1) | |
| <i>permethrin 1 % liquid*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| <i>permethrin 5% cream</i> | \$0 (Tier 1) | QL (60 per 30 days) |

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 (Tier 1) | PA-HRM |
| <i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)</i> | \$0 (Tier 1) | PA-HRM |

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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>selegiline hcl 5 mg tablet</i> | \$0 (Tier 1) | |
| <i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg/10 ml soln)</i> | \$0 (Tier 1) | |
| <i>entacapone 200 mg tablet</i> | \$0 (Tier 1) | QL (240 per 30 days) |
| <i>tolcapone 100 mg tablet</i> | \$0 (Tier 1) | PA |
| <i>amantadine 100 mg tablet</i> | \$0 (Tier 1) | |
| APOKYN 30 MG/3 ML CARTRIDGE | \$0-\$8.50 (Tier 2) | PA |
| <i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i> | \$0 (Tier 1) | |
| NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| <i>pramipexole 0.75 mg tablet</i> | \$0 (Tier 1) | QL (180 per 30 days) |
| <i>pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>pramipexole dihydrochloride (1 mg tablet, 1.5 mg tablet)</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i> | \$0 (Tier 1) | |

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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 25 mg tablet</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i> | \$0 (Tier 1) | |
| <i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i> | \$0 (Tier 1) | |
| <i>selegiline hcl 5 mg capsule</i> | \$0 (Tier 1) | |
| <i>ZELAPAR 1.25 MG ODT TABLET</i> | \$0-\$8.50 (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 tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1) | |
| <i>fluphenazine dec 125 mg/5 ml</i> | \$0 (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>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 (Tier 1) | |
| <i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | |
| <i>haloperidol dec 100 mg/ml amp</i> | \$0 (Tier 1) | |
| <i>haloperidol decanoate (dec 50 mg/ml vial, dec 100 mg/ml amp, dec 100 mg/ml vial, dec 500 mg/5 ml vl, decan 50 mg/ml amp)</i> | \$0 (Tier 1) | |
| <i>haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 50 mg/10 ml vl)</i> | \$0 (Tier 1) | |
| <i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i> | \$0 (Tier 1) | |
| <i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i> | \$0 (Tier 1) | |
| <i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i> | \$0 (Tier 1) | |
| <i>pimozide (1 mg tablet, 2 mg tablet)</i> | \$0 (Tier 1) | |
| <i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | PA NSO |

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Antipsychotics

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i> | \$0 (Tier 1) | |
| <i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | |
| ABILIFY MAINTENA (ER 300 MG VL, ER 300 MG SYR, ER 400 MG SYR, ER 400 MG VL) | \$0-\$8.50 (Tier 2) | QL (1 per 28 days) |
| ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| <i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>aripiprazole 1 mg/ml solution</i> | \$0 (Tier 1) | QL (900 per 30 days) |
| <i>aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| ARISTADA ER 1064 MG/3.9 ML SYR | \$0-\$8.50 (Tier 2) | QL (3.9 per 28 days) |
| ARISTADA ER 441 MG/1.6 ML SYRN | \$0-\$8.50 (Tier 2) | QL (1.6 per 28 days) |
| ARISTADA ER 662 MG/2.4 ML SYRN | \$0-\$8.50 (Tier 2) | QL (2.4 per 28 days) |
| ARISTADA ER 882 MG/3.2 ML SYRN | \$0-\$8.50 (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 |
|---|---|--|
| ARISTADA INITIO ER 675 MG/2.4 | \$0-\$8.50 (Tier 2) | QL (2.4 per 28 days) |
| FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| FANAPT TITRATION PACK | \$0-\$8.50 (Tier 2) | PA NSO |
| GEODON 20 MG/ML VIAL | \$0-\$8.50 (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-\$8.50 (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-\$8.50 (Tier 2) | |
| LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| LATUDA 80 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| NUPLAZID (10 MG TABLET, 34 MG CAPSULE) | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg vial, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | 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 odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>paliperidone er 6 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>quetiapine er 400 mg tablet</i> | \$0 (Tier 1) | 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 (Tier 1) | QL (60 per 30 days) |
| <i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i> | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet)</i> | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| <i>REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)</i> | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| <i>RISPERDAL CONSTA (12.5 MG SYR, 25 MG SYR, 37.5 MG SYR, 50 MG SYR)</i> | \$0-\$8.50 (Tier 2) | |
| <i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |

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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 1 mg/ml solution</i> | \$0 (Tier 1) | QL (240 per 30 days) |
| <i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| SAPHRIS (2.5 MG TAB SUBLINGUAL, 5 MG TABLET SUBLINGUAL, 5 MG TAB SUBLINGUAL, 5 MG TAB SL BLK CHERRY, 10 MG TAB SL BLK CHERRY, 10 MG TAB SUBLINGUAL) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| VRAYLAR 1.5 MG-3 MG PACK | \$0-\$8.50 (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 (Tier 1) | QL (60 per 30 days) |
| ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT) | \$0-\$8.50 (Tier 2) | QL (2 per 28 days) |
| <i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1) | |
| <i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet)</i> | \$0 (Tier 1) | |
| <i>clozapine odt (odt 150 mg tablet, odt 200 mg tablet)</i> | \$0-\$8.50 (Tier 2) | |

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Antipsychotics

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------|--|---|
| VERSACLOZ 50 MG/ML SUSPENSION | \$0-\$8.50 (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 (Tier 1) | |
| BOTOX (100 VIAL, 200 VIAL) | \$0-\$8.50 (Tier 2) | PA |
| <i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i> | \$0 (Tier 1) | |
| <i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i> | \$0 (Tier 1) | |

Antivirals

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|----------------|--|---|
| GENVOYA TABLET | \$0-\$8.50 (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 |
|---|---|--|
| ISENTRESS (25 MG TABLET CHEW, 100 MG POWDER PACKET, 100 MG TABLET CHEW) | \$0-\$8.50 (Tier 2) | |
| ISENTRESS 400 MG TABLET | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| ISENTRESS HD 600 MG TABLET | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| STRIBILD TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| TIVICAY (10 MG TABLET, 25 MG TABLET, 50 MG TABLET) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| ATRIPLA TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| COMPLERA TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| EDURANT 25 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i> | \$0 (Tier 1) | |
| INTELENCE (25 MG TABLET, 100 MG TABLET, 200 MG TABLET) | \$0-\$8.50 (Tier 2) | QL (120 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>nevirapine 200 mg tablet</i> | \$0 (Tier 1) | |
| <i>nevirapine 50 mg/5 ml susp</i> | \$0-\$8.50 (Tier 2) | |
| <i>nevirapine er (er 100 mg tablet, er 400 mg tablet)</i> | \$0 (Tier 1) | |
| ODEFSEY TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| PIFELTRO 100 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| RESCRIPTOR 200 MG TABLET | \$0-\$8.50 (Tier 2) | |
| VIRAMUNE 50 MG/5 ML SUSP | \$0-\$8.50 (Tier 2) | |
| <i>abacavir 20 mg/ml solution</i> | \$0 (Tier 1) | QL (900 per 30 days) |
| <i>abacavir 300 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>abacavir-lamivudine-zidov tab</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>didanosine (dr 200 mg capsule, dr 250 mg capsule, dr 400 mg capsule)</i> | \$0 (Tier 1) | |
| EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE) | \$0-\$8.50 (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 |
|---|---|--|
| <i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i> | \$0 (Tier 1) | |
| <i>lamivudine-zidovudine tablet</i> | \$0 (Tier 1) | |
| <i>stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i> | \$0 (Tier 1) | |
| TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET) | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| TRUVADA 200 MG-300 MG TABLET | \$0-\$8.50 (Tier 2) | |
| VIDEX (2 GM SOLN, 4 GM SOLN) | \$0-\$8.50 (Tier 2) | |
| VIDEX EC 125 MG CAPSULE | \$0-\$8.50 (Tier 2) | |
| <i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i> | \$0 (Tier 1) | |
| BIKTARVY 50-200-25 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| CIMDUO 300-300 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| DELSTRIGO 100-300-300 MG TAB | \$0-\$8.50 (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 |
|---|---|---|
| DESCOZY 200-25 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| DOVATO 50-300 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| FUZEON 90 MG VIAL | \$0-\$8.50 (Tier 2) | |
| JULUCA 50-25 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| SELZENTRY (75 MG TABLET, 150 MG TABLET) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| SELZENTRY 20 MG/ML ORAL SOLN | \$0-\$8.50 (Tier 2) | QL (1840 per 30 days) |
| SELZENTRY 25 MG TABLET | \$0-\$8.50 (Tier 2) | QL (240 per 30 days) |
| SELZENTRY 300 MG TABLET | \$0-\$8.50 (Tier 2) | QL (120 per 30 days) |
| SYMFI 600-300-300 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| SYMFI LO 400-300-300 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| SYMTUZA 800-150-200-10 MG TAB | \$0-\$8.50 (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 |
|---|---|---|
| TEMIXYS 300-300 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| TYBOST 150 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| APТИVUS (100 MG/ML SOLUTION, 250 MG CAPSULE) | \$0-\$8.50 (Tier 2) | |
| <i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i> | \$0 (Tier 1) | |
| CRIXIVAN (200 MG CAPSULE, 400 MG CAPSULE) | \$0-\$8.50 (Tier 2) | |
| EVOTAZ 300 MG-150 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>fosamprenavir 700 mg tablet</i> | \$0 (Tier 1) | |
| INVIRASE 500 MG TABLET | \$0-\$8.50 (Tier 2) | |
| KALETRA (100-25 MG TABLET, 200-50 MG TABLET) | \$0-\$8.50 (Tier 2) | |
| LEXIVA 50 MG/ML SUSPENSION | \$0-\$8.50 (Tier 2) | |
| NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET, 100 MG TABLET) | \$0-\$8.50 (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 |
|--|---|--|
| PREZCOBIX 800 MG-150 MG TABLET | \$0-\$8.50 (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-\$8.50 (Tier 2) | |
| REYATAZ 50 MG POWDER PACKET | \$0-\$8.50 (Tier 2) | |
| <i>ritonavir 100 mg tablet</i> | \$0 (Tier 1) | |
| VIRACEPT (250 MG TABLET, 625 MG TABLET) | \$0-\$8.50 (Tier 2) | |
| PREVYMIS (240 MG TABLET, 480 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| <i>valganciclovir 450 mg tablet</i> | \$0 (Tier 1) | PA NSO, QL (102 per 30 days) |
| ZIRGAN 0.15% OPHTHALMIC GEL | \$0-\$8.50 (Tier 2) | |
| <i>adefovir dipivoxil 10 mg tab</i> | \$0 (Tier 1) | PA |
| BARACLUDE 0.05 MG/ML SOLUTION | \$0-\$8.50 (Tier 2) | PA |
| <i>entecavir (0.5 mg tablet, 1 mg tablet)</i> | \$0 (Tier 1) | PA |
| EPIVIR HBV 25 MG/5 ML SOLN | \$0-\$8.50 (Tier 2) | PA NSO |

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Antivirals

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| INTRON A 18 MILLION UNITS VIAL | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>lamivudine 100 mg tablet</i> | \$0 (Tier 1) | PA NSO |
| <i>lamivudine hbv 100 mg tablet</i> | \$0 (Tier 1) | PA NSO |
| <i>tenofovir disop fum 300 mg tb</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET) | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| VIREAD POWDER | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA NSO |
| PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL) | \$0-\$8.50 (Tier 2) | PA |
| PEGASYS PROCLICK 180 MCG/0.5 | \$0-\$8.50 (Tier 2) | PA |
| <i>ribavirin (200 mg capsule, 200 mg tablet)</i> | \$0 (Tier 1) | PA |
| SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT) | \$0-\$8.50 (Tier 2) | PA NSO |
| EPCLUSIA 400 MG-100 MG TABLET | \$0-\$8.50 (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 |
|---|---|--|
| HARVONI (45-200 MG TABLET, 90-400 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (28 per 28 days) |
| <i>ledipasvir-sofosbuvir 90-400mg</i> | \$0 (Tier 1) | PA, QL (28 per 28 days) |
| MAVYRET 100-40 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (84 per 28 days) |
| <i>sofosbuvir-velpatasvir 400-100</i> | \$0 (Tier 1) | PA, QL (28 per 28 days) |
| SOVALDI (200 MG TABLET, 400 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (28 per 28 days) |
| VIEKIRA PAK | \$0-\$8.50 (Tier 2) | PA, QL (112 per 28 days) |
| VOSEVI 400-100-100 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (28 per 28 days) |
| ZEPATIER 50-100 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| RELENZA 5 MG DISKHALER | \$0-\$8.50 (Tier 2) | QL (56 per 180 days) |
| <i>rimantadine hcl 100 mg tablet</i> | \$0 (Tier 1) | |
| <i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i> | \$0 (Tier 1) | |
| <i>acyclovir 5% cream</i> | \$0 (Tier 1) | PA, QL (5 per 30 days) |

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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 5% ointment</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i> | \$0 (Tier 1) | PA |
| DENAVIR 1% CREAM | \$0-\$8.50 (Tier 2) | PA, QL (5 per 30 days) |
| <i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>trifluridine 1% eye drops</i> | \$0 (Tier 1) | |
| <i>valacyclovir (1 gram tablet, 500 mg tablet)</i> | \$0 (Tier 1) | |
| ZOVIRAX 5% CREAM | \$0-\$8.50 (Tier 2) | PA, QL (5 per 30 days) |
| <i>abacavir-lamivudine 600-300 mg</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>lopinavir-ritonavir 80-20mg/ml</i> | \$0 (Tier 1) | |
| <i>oseltamivir 6 mg/ml suspension</i> | \$0 (Tier 1) | QL (350 per 180 days) |
| <i>oseltamivir phos 30 mg capsule</i> | \$0 (Tier 1) | QL (84 per 180 days) |
| <i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i> | \$0 (Tier 1) | QL (42 per 180 days) |
| TRIUMEQ 600-50-300 MG TABLET | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>valganciclovir hcl 50 mg/ml</i> | \$0 (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 |
|----------------------|--|---|
| VEMLIDY 25 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |

Anxiolytics

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

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Anxiolytics

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>diazepam (5 mg/5 ml solution, 5 mg/ml oral conc)</i> | \$0 (Tier 1) | PA NSO |
| <i>lorazepam (0.5 mg tablet, 1 mg tablet)</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>lorazepam 2 mg tablet</i> | \$0 (Tier 1) | QL (150 per 30 days) |
| <i>lorazepam 2 mg/ml oral concent</i> | \$0 (Tier 1) | |
| <i>oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)</i> | \$0 (Tier 1) | QL (120 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-\$8.50 (Tier 2) | |
| <i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i> | \$0 (Tier 1) | |
| <i>lithium carbonate er (er 300 mg tb, er 450 mg tb)</i> | \$0 (Tier 1) | |

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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>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>alogliptin (6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i> | \$0-\$8.50 (Tier 2) | ST, QL (30 per 30 days) |
| <i>BYDUREON 2 MG PEN INJECT</i> | \$0-\$8.50 (Tier 2) | QL (4 per 28 days) |
| <i>BYDUREON 2 MG VIAL</i> | \$0-\$8.50 (Tier 2) | QL (4 per 28 days) |
| <i>BYDUREON BCISE 2 MG AUTOINJECT</i> | \$0-\$8.50 (Tier 2) | QL (3.4 per 28 days) |
| <i>BYETTA 10 MCG DOSE PEN INJ</i> | \$0-\$8.50 (Tier 2) | ST, QL (2.4 per 30 days) |
| <i>BYETTA 5 MCG DOSE PEN INJ</i> | \$0-\$8.50 (Tier 2) | ST, QL (1.2 per 30 days) |
| <i>colesevelam hcl 3.75 g packet</i> | \$0 (Tier 1) | |
| <i>glimepiride (1 mg tablet, 2 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>glimepiride 4 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>glipizide 10 mg tablet</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>glipizide 5 mg tablet</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>glipizide er (er 2.5 mg tablet, er 5 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |

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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>glipizide er 10 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>glipizide xl (2.5 mg tablet, 5 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>glipizide xl 10 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>glyburide (1.25 mg tablet, 2.5 mg tablet)</i> | \$0 (Tier 1) | PA-HRM, QL (120 per 30 days) |
| <i>glyburide 5 mg tablet</i> | \$0 (Tier 1) | PA-HRM, QL (240 per 30 days) |
| INVOKANA (100 MG TABLET, 300 MG TABLET) | \$0-\$8.50 (Tier 2) | ST, QL (30 per 30 days) |
| JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | \$0-\$8.50 (Tier 2) | ST, QL (30 per 30 days) |
| <i>metformin hcl 1,000 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>metformin hcl 500 mg tablet</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>metformin hcl 850 mg tablet</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>metformin hcl er 500 mg tablet</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>metformin hcl er 750 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>nateglinide (60 mg tablet, 120 mg tablet)</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>pioglitazone hcl (15 mg tablet, 30 mg tablet, 45 mg tablet)</i> | \$0 (Tier 1) | QL (30 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>repaglinide (1 mg tablet, 2 mg tablet)</i> | \$0 (Tier 1) | QL (240 per 30 days) |
| <i>repaglinide 0.5 mg tablet</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| SYMLINPEN 120 PEN INJECTOR | \$0-\$8.50 (Tier 2) | PA |
| SYMLINPEN 60 PEN INJECTOR | \$0-\$8.50 (Tier 2) | PA |
| <i>tolbutamide 500 mg tablet</i> | \$0 (Tier 1) | QL (180 per 30 days) |
| TRADJENTA 5 MG TABLET | \$0-\$8.50 (Tier 2) | ST, QL (30 per 30 days) |
| WELCHOL 3.75G PACKET | \$0-\$8.50 (Tier 2) | |
| <i>alogliptin-metformin (12.5-500, 12.5-1000)</i> | \$0-\$8.50 (Tier 2) | ST, QL (60 per 30 days) |
| BASAGLAR 100 UNIT/ML KWIKPEN | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| <i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>glipizide-metformin 2.5-250 mg</i> | \$0 (Tier 1) | QL (90 per 30 days) |
| <i>glyburid-metformin 1.25-250 mg</i> | \$0 (Tier 1) | PA-HRM, QL (90 per 30 days) |
| <i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i> | \$0 (Tier 1) | PA-HRM, QL (120 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 |
|--|---|---|
| INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET) | \$0-\$8.50 (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-\$8.50 (Tier 2) | ST, QL (60 per 30 days) |
| JANUMET (50-500 MG TABLET, 50-1,000 MG TABLET) | \$0-\$8.50 (Tier 2) | ST, QL (60 per 30 days) |
| JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET) | \$0-\$8.50 (Tier 2) | ST, QL (30 per 30 days) |
| JARDIANCE (10 MG TABLET, 25 MG TABLET) | \$0-\$8.50 (Tier 2) | ST, QL (30 per 30 days) |
| SEGLUROMET (2.5-1,000 MG TABLET, 7.5-1,000 MG TABLET, 7.5-500 MG TABLET) | \$0-\$8.50 (Tier 2) | ST, QL (60 per 30 days) |
| SEGLUROMET 2.5-500 MG TABLET | \$0-\$8.50 (Tier 2) | ST, QL (90 per 30 days) |
| SOLIQUA 100 UNIT-33 MCG/ML PEN | \$0-\$8.50 (Tier 2) | PA NSO, QL (18 per 30 days) |
| STEGLATRO 15 MG TABLET | \$0-\$8.50 (Tier 2) | ST, QL (30 per 30 days) |
| STEGLATRO 5 MG TABLET | \$0-\$8.50 (Tier 2) | ST, 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 |
|---|---|--|
| STEGLUJAN (5-100 MG TABLET, 15-100 MG TABLET) | \$0-\$8.50 (Tier 2) | ST, QL (30 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-\$8.50 (Tier 2) | ST, QL (60 per 30 days) |
| SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET) | \$0-\$8.50 (Tier 2) | ST, QL (30 per 30 days) |
| SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB) | \$0-\$8.50 (Tier 2) | ST, QL (60 per 30 days) |
| GLUCAGON 1 MG EMERGENCY KIT | \$0-\$8.50 (Tier 2) | QL (4 per 28 days) |
| PROGLYCEM 50 MG/ML ORAL SUSP | \$0-\$8.50 (Tier 2) | PA |
| HUMALOG (100 UNIT/ML VIAL, 100 UNITS/ML CARTRIDGE) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMALOG 100 UNITS/ML KWIKPEN | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMALOG 200 UNITS/ML KWIKPEN | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMALOG JR 100 UNIT/ML KWIKPEN | \$0-\$8.50 (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 MIX 50-50 KWIKPEN | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMALOG MIX 50-50 VIAL | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMALOG MIX 75-25 KWIKPEN | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMALOG MIX 75-25 VIAL | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMULIN 70-30 (70-30 VIAL, RELION 70-30 VIAL) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMULIN 70/30 KWIKPEN | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMULIN N (N 100 VIAL, RELION N 100) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMULIN N 100 UNITS/ML KWIKPEN | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| HUMULIN R 100 UNIT/ML VIAL | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| <i>insulin lispro 100 unit/ml pen</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>insulin lispro 100 unit/ml vial</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| LANTUS 100 UNIT/ML VIAL | \$0-\$8.50 (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 SOLOSTAR 100 UNIT/ML | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| LEVEMIR 100 UNIT/ML VIAL | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| LEVEMIR FLEXPEN 100 UNITS/ML | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| LEVEMIR FLEXTOUCH 100 UNIT/ML | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| NOVOLIN 70-30 (RELION 70-30 VIAL, 70-30 100 UNIT/ML VIAL) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| NOVOLIN N (N 100 VIAL, RELION N 100) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| NOVOLIN R 100 UNIT/ML VIAL | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| NOVOLOG (100 VIAL, 100 CARTRIDGE) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| NOVOLOG 100 UNIT/ML FLEXPEN | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| NOVOLOG MIX 70-30 FLEXPEN SYRN | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| NOVOLOG MIX 70-30 VIAL | \$0-\$8.50 (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 |
|--------------------------------|--|---|
| TOUJEO MAX SOLOSTR 300 UNIT/ML | \$0-\$8.50 (Tier 2) | ST |
| TOUJEO SOLOSTAR 300 UNIT/ML | \$0-\$8.50 (Tier 2) | ST |
| TRESIBA 100 UNIT/ML VIAL | \$0-\$8.50 (Tier 2) | ST |
| TRESIBA FLEXTOUCH 100 UNIT/ML | \$0-\$8.50 (Tier 2) | ST |
| TRESIBA FLEXTOUCH 200 UNIT/ML | \$0-\$8.50 (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-\$8.50 (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-\$8.50 (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-\$8.50 (Tier 2) | QL (60 per 30 days) |
| ELIQUIS DVT-PE TREAT START 5MG | \$0-\$8.50 (Tier 2) | QL (74 per 365 days) |
| <i>enoxaparin 30 mg/0.3 ml syr</i> | \$0 (Tier 1) | QL (8.4 per 30 days) |
| <i>enoxaparin 40 mg/0.4 ml syr</i> | \$0 (Tier 1) | QL (11.2 per 30 days) |
| <i>enoxaparin 60 mg/0.6 ml syr</i> | \$0 (Tier 1) | QL (16.8 per 30 days) |
| <i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i> | \$0 (Tier 1) | QL (28 per 30 days) |
| <i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i> | \$0 (Tier 1) | QL (22.4 per 30 days) |
| <i>fondaparinux sodium (2.5 mg/0.5 ml syr, 5 mg/0.4 ml syr, 7.5 mg/0.6 ml syr, 10 mg/0.8 ml syr)</i> | \$0 (Tier 1) | 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-\$8.50 (Tier 2) | |
| <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 (Tier 1) | |

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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 |
|--|---|--|
| JANTOVEN (1 MG TABLET, 2 MG TABLET, 2.5 MG TABLET, 3 MG TABLET, 4 MG TABLET, 5 MG TABLET, 6 MG TABLET, 7.5 MG TABLET, 10 MG TABLET) | \$0 (Tier 1) | |
| PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE) | \$0-\$8.50 (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 (Tier 1) | |
| XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, STARTER PACK) | \$0-\$8.50 (Tier 2) | |
| ZONTIVITY 2.08 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| <i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i> | \$0 (Tier 1) | |
| ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/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-\$8.50 (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 |
|--|---|--|
| DOPTELET ((10 TAB PK) 20 MG TAB, (15 TAB PK) 20 MG TAB) | \$0-\$8.50 (Tier 2) | PA, QL (15 per 5 days) |
| DOPTELET (30 TAB PK) 20 MG TAB | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| EPOGEN (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/2 ML VIAL, 20,000 UNITS/ML VIAL) | \$0-\$8.50 (Tier 2) | PA |
| FULPHILA 6 MG/0.6 ML SYRINGE | \$0-\$8.50 (Tier 2) | PA |
| LEUKINE 250 MCG VIAL | \$0-\$8.50 (Tier 2) | PA |
| NEULASTA (6 MG/0.6 ML SYRINGE, ONPRO 6 MG/0.6 ML KIT) | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA |
| NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL) | \$0-\$8.50 (Tier 2) | PA |
| PROCERIT (2,000 VIAL, 3,000 VIAL, 4,000 VIAL, 10,000 VIAL, 20,000 VIAL, 40,000 VIAL) | \$0-\$8.50 (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 |
|---|---|---|
| PROMACTA (12.5 MG TABLET, 25 MG TABLET, 75 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, LA, QL (90 per 30 days) |
| PROMACTA 12.5 MG SUSPEN PACKET | \$0-\$8.50 (Tier 2) | PA, LA, QL (180 per 30 days) |
| PROMACTA 50 MG TABLET | \$0-\$8.50 (Tier 2) | PA, LA, QL (30 per 30 days) |
| RETACRIT (2,000 VIAL, 3,000 VIAL, 4,000 VIAL, 10,000 VIAL, 40,000 VIAL) | \$0-\$8.50 (Tier 2) | PA |
| UDENYCA 6 MG/0.6 ML SYRINGE | \$0-\$8.50 (Tier 2) | PA |
| ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE) | \$0-\$8.50 (Tier 2) | PA |
| CABLIVI (11 MG VIAL, 11 MG KIT) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| <i>tranexamic acid 650 mg tablet</i> | \$0 (Tier 1) | |
| <i>aspirin-dipyridam er 25-200 mg</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| BRILINTA (60 MG TABLET, 90 MG TABLET) | \$0-\$8.50 (Tier 2) | |
| <i>cilostazol (50 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | |
| <i>clopidogrel 75 mg tablet</i> | \$0 (Tier 1) | QL (30 per 30 days) |

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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 |
|---|--|---|
| dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet) | \$0 (Tier 1) | PA-HRM |
| prasugrel hcl (5 mg tablet, 10 mg tablet) | \$0 (Tier 1) | QL (30 per 30 days) |

Cardiovascular Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| clonidine (0.1 patch, 0.2 patch, 0.3 patch) | \$0 (Tier 1) | QL (4 per 28 days) |
| clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet) | \$0 (Tier 1) | |
| guanfacine hcl (1 mg tablet, 2 mg tablet) | \$0 (Tier 1) | PA-HRM |
| methyldopa (250 mg tablet, 500 mg tablet) | \$0 (Tier 1) | PA-HRM |
| midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet) | \$0 (Tier 1) | PA |
| NORTHERA (100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA, QL (84 per 14 days) |
| doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab) | \$0 (Tier 1) | |
| phenoxybenzamine hcl 10 mg cap | \$0 (Tier 1) | PA |

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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>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i> | \$0 (Tier 1) | |
| <i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i> | \$0 (Tier 1) | |
| <i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>benazepril hcl 40 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i> | \$0 (Tier 1) | |
| <i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i> | \$0 (Tier 1) | |

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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 (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>lisinopril 40 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i> | \$0 (Tier 1) | |
| <i>perindopril erbumine (2 mg tab, 4 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>perindopril erbumine 8 mg tab</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>ramipril 10 mg capsule</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>trandolapril (1 mg tablet, 2 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>trandolapril 4 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>amiodarone hcl (200 mg tablet, 400 mg tablet)</i> | \$0 (Tier 1) | |
| <i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</i> | \$0 (Tier 1) | |
| <i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i> | \$0 (Tier 1) | |
| <i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i> | \$0 (Tier 1) | |

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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>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i> | \$0 (Tier 1) | |
| MULTAQ 400 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| <i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i> | \$0 (Tier 1) | |
| <i>propafenone hcl er (er 225 mg cap, er 325 mg cap, er 425 mg cap)</i> | \$0 (Tier 1) | |
| <i>quinidine gluc er 324 mg tab</i> | \$0 (Tier 1) | |
| <i>quinidine sulfate (200 mg tab, 300 mg tab)</i> | \$0 (Tier 1) | |
| <i>sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i> | \$0 (Tier 1) | |
| <i>sotalol af 120 mg tablet</i> | \$0 (Tier 1) | |
| <i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i> | \$0 (Tier 1) | |
| <i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | |
| <i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | |
| <i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i> | \$0 (Tier 1) | |
| <i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i> | \$0 (Tier 1) | |

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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>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i> | \$0 (Tier 1) | |
| <i>metoprolol succ er 200 mg tab</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i> | \$0 (Tier 1) | |
| <i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i> | \$0 (Tier 1) | |
| <i>pindolol (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | |
| <i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg/5 ml soln, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i> | \$0 (Tier 1) | |
| <i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i> | \$0 (Tier 1) | |
| <i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | |
| <i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)</i> | \$0 (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 |
|--|---|--|
| DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE) | \$0 (Tier 1) | |
| <i>diltiazem 12hr er (12hr er 120 mg cap, 12hr er 60 mg cap, 12hr er 90 mg cap)</i> | \$0 (Tier 1) | |
| <i>diltiazem 24hr er (24hr er 300 mg cap, 24hr er 240 mg cap, 24hr er 360 mg cap, 24hr er 120 mg cap, 24hr er 180 mg cap)</i> | \$0 (Tier 1) | |
| <i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 360 mg cp, 24h er(cd) 300 mg cp)</i> | \$0 (Tier 1) | |
| <i>diltiazem 24hr er (xr) (24h er(xr) 240 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 120 mg cp)</i> | \$0 (Tier 1) | |
| <i>diltiazem 24hr er 420 mg cap</i> | \$0-\$8.50 (Tier 2) | |
| <i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i> | \$0 (Tier 1) | |
| <i>felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i> | \$0 (Tier 1) | |
| <i>nifedipine (10 mg capsule, 20 mg capsule)</i> | \$0 (Tier 1) | PA-HRM |

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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 (Tier 1) | QL (30 per 30 days) |
| <i>nifedipine er 90 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>nimodipine 30 mg capsule</i> | \$0 (Tier 1) | |
| TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE) | \$0 (Tier 1) | |
| <i>verapamil 360 mg cap pellet</i> | \$0-\$8.50 (Tier 2) | |
| <i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg tablet, er 180 mg capsule, er 240 mg tablet, er 240 mg capsule)</i> | \$0 (Tier 1) | |
| <i>verapamil er pm (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)</i> | \$0 (Tier 1) | |
| <i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i> | \$0 (Tier 1) | |
| <i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i> | \$0 (Tier 1) | |
| ALLI 60 MG CAPSULE* | \$0 (Tier 3) | PA, QL (90 per 30 days) |
| <i>amiloride hcl-hctz 5-50 mg tab</i> | \$0 (Tier 1) | |
| <i>amiodarone hcl 100 mg tablet</i> | \$0 (Tier 1) | |

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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-benazepril (2.5-10, 5-40 mg, 5-10 mg, 5-20 mg, 10-40 mg, 10-20 mg)</i> | \$0 (Tier 1) | 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 (Tier 1) | QL (30 per 30 days) |
| <i>amlodipine-olmesartan (5-40 mg, 5-20 mg, 10-20 mg, 10-40 mg)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>amlodipine-valsartan (5-320 mg, 5-160 mg, 10-320 mg, 10-160 mg)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>atenolol-chlorthalidone (50-25, 100-25)</i> | \$0 (Tier 1) | |
| <i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-25 mg tab, 20-12.5 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)</i> | \$0 (Tier 1) | |
| <i>DEMSER 250 MG CAPSULE</i> | \$0-\$8.50 (Tier 2) | |
| <i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)</i> | \$0 (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>ezetimibe 10 mg tablet</i> | \$0 (Tier 1) | PA NSO, QL (30 per 30 days) |
| <i>fosinopril-hctz 10-12.5 mg tab</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>fosinopril-hctz 20-12.5 mg tab</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>furosemide 10 mg/ml solution</i> | \$0 (Tier 1) | |
| <i>irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| KEVEYIS 50 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (120 per 30 days) |
| <i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i> | \$0 (Tier 1) | |
| <i>losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>methyldopa-hctz 250-25 mg tab</i> | \$0 (Tier 1) | PA-HRM |
| <i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i> | \$0 (Tier 1) | |
| <i>nifedipine er (er 30 mg tablet, er 60 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>nifedipine er 90 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i> | \$0 (Tier 1) | |

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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>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <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 (Tier 1) | |
| <i>quinapril-hctz 20-25 mg tab</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>spironolactone-hctz 25-25 tab</i> | \$0 (Tier 1) | |
| <i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i> | \$0 (Tier 1) | |
| <i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| CORLANOR (5 MG TABLET, 7.5 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| CORLANOR 5 MG/5 ML ORAL SOLN | \$0-\$8.50 (Tier 2) | PA, QL (450 per 30 days) |
| DIGITEK (125 MCG TABLET, 250 MCG TABLET) | \$0 (Tier 1) | |
| DIGOX (125 MCG TABLET, 250 MCG TABLET) | \$0 (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>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i> | \$0 (Tier 1) | |
| <i>digoxin 0.05 mg/ml solution</i> | \$0-\$8.50 (Tier 2) | |
| <i>ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)</i> | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| <i>pentoxifylline er 400 mg tab</i> | \$0 (Tier 1) | |
| <i>RANEXA (ER 500 MG TABLET, ER 1,000 MG TABLET)</i> | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>ranolazine er (er 500 mg tablet, er 1,000 mg tablet)</i> | \$0 (Tier 1) | PA NSO |
| <i>VYNDAQEL 20 MG CAPSULE</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>acetazolamide (125 mg tablet, 250 mg tablet)</i> | \$0 (Tier 1) | |
| <i>acetazolamide er 500 mg cap</i> | \$0 (Tier 1) | |
| <i>methazolamide (25 mg tablet, 50 mg tablet)</i> | \$0 (Tier 1) | |
| <i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg/4 ml vial, 1 mg tablet, 2 mg tablet, 2.5 mg/10 ml vial)</i> | \$0 (Tier 1) | |
| <i>furosemide (20 mg/2 ml vial, 20 mg tablet, 40 mg/4 ml syringe, 40 mg/5 ml soln, 40 mg/4 ml vial, 40 mg tablet, 80 mg tablet, 100 mg/10 ml vial, 100 mg/10 ml syring)</i> | \$0 (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>torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | |
| <i>amiloride hcl 5 mg tablet</i> | \$0 (Tier 1) | |
| CAROSPIR 25 MG/5 ML SUSPENSION | \$0-\$8.50 (Tier 2) | PA |
| <i>eplerenone (25 mg tablet, 50 mg tablet)</i> | \$0 (Tier 1) | ST |
| <i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | |
| <i>chlorothiazide (250 mg tablet, 500 mg tablet)</i> | \$0 (Tier 1) | |
| <i>chlorthalidone (25 mg tablet, 50 mg tablet)</i> | \$0 (Tier 1) | |
| DIURIL 250 MG/5 ML ORAL SUSP | \$0-\$8.50 (Tier 2) | |
| <i>hydrochlorothiazide (12.5 mg tb, 12.5 mg cp, 25 mg tab, 50 mg tab)</i> | \$0 (Tier 1) | |
| <i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i> | \$0 (Tier 1) | |
| <i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | |
| <i>fenofibrate (40 mg tablet, 120 mg tablet)</i> | \$0 (Tier 1) | PA NSO, QL (60 per 30 days) |
| <i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i> | \$0 (Tier 1) | QL (30 per 30 days) |

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Cardiovascular Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|---|
| <i>fenofibrate 150 mg capsule</i> | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| <i>fenofibrate 50 mg capsule</i> | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| <i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>gemfibrozil 600 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>lovastatin (10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>lovastatin 40 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>simvastatin (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>simvastatin 20 mg tablet</i> | \$0 (Tier 1) | QL (45 per 30 days) |
| <i>simvastatin 40 mg tablet</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>cholestyramine (packet, powder)</i> | \$0 (Tier 1) | |
| <i>cholestyramine light (packet, powder)</i> | \$0 (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>colesevelam 625 mg tablet</i> | \$0-\$8.50 (Tier 2) | |
| <i>colestipol hcl (hcl 1 gm tablet, hcl granules, hcl granules packet, micronized 1 gm tab)</i> | \$0 (Tier 1) | |
| JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| JUXTAPID 20 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA, QL (90 per 30 days) |
| JUXTAPID 30 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| <i>niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)</i> | \$0 (Tier 1) | PA NSO, QL (60 per 30 days) |
| <i>omega-3 ethyl esters 1 gm cap</i> | \$0 (Tier 1) | PA NSO, QL (120 per 30 days) |
| PRALUENT PEN (75 MG/ML PEN, 150 MG/ML PEN) | \$0-\$8.50 (Tier 2) | PA |
| REPATHA 140 MG/ML SURECLICK | \$0-\$8.50 (Tier 2) | PA |
| REPATHA 140 MG/ML SYRINGE | \$0-\$8.50 (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 |
|--|---|--|
| REPATHA 420 MG/3.5ML PUSHTRONX | \$0-\$8.50 (Tier 2) | PA |
| VASCEPA (0.5 GM CAPSULE, 1 GM CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO, QL (120 per 30 days) |
| <i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i> | \$0 (Tier 1) | |
| <i>minoxidil (2.5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | |
| <i>isosorbide dinitr er 40 mg tab</i> | \$0 (Tier 1) | |
| <i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i> | \$0 (Tier 1) | |
| <i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i> | \$0 (Tier 1) | |
| <i>isosorbide mononitrate er (mn er 60 mg tablet, mononit er 30 mg tb, mononit er 60 mg tb, mononit er 120 mg)</i> | \$0 (Tier 1) | |
| NITRO-BID 2% OINTMENT | \$0 (Tier 1) | |
| <i>nitroglycerin (lingual 0.4 mg, 400 mcg spray)</i> | \$0 (Tier 1) | |
| <i>nitroglycerin patch (0.1 patch, 0.2 patch, 0.4 patch, 0.6 patch)</i> | \$0 (Tier 1) | |
| NITROSTAT (0.3 MG TABLET, 0.4 MG TABLET, 0.6 MG TABLET) | \$0-\$8.50 (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 |
|----------------------|--|---|
| RECTIV 0.4% OINTMENT | \$0-\$8.50 (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 (Tier 1) | PA, QL (60 per 30 days) |
| <i>dextroamphetamine 10 mg tab</i> | \$0 (Tier 1) | PA, QL (180 per 30 days) |
| <i>dextroamphetamine 5 mg tab</i> | \$0 (Tier 1) | PA, QL (90 per 30 days) |
| <i>dextroamphetamine er 10 mg cap</i> | \$0 (Tier 1) | PA, QL (150 per 30 days) |
| <i>dextroamphetamine er 15 mg cap</i> | \$0 (Tier 1) | PA, QL (120 per 30 days) |
| <i>dextroamphetamine er 5 mg cap</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i> | \$0 (Tier 1) | PA, QL (90 per 30 days) |

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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>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>clonidine hcl er 0.1 mg tablet</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| DAYTRANA (10 MG/9 HR PATCH, 15 MG/9 HR PATCH, 20 MG/9 HOUR PATCH, 30 MG/9 HOUR PATCH) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| <i>guanfacine hcl er (er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>methylphenidate 10 mg/5 ml sol</i> | \$0 (Tier 1) | PA, QL (900 per 30 days) |
| <i>methylphenidate 5 mg/5 ml soln</i> | \$0 (Tier 1) | PA, QL (1800 per 30 days) |
| <i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i> | \$0 (Tier 1) | PA, QL (90 per 30 days) |
| <i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 54 mg tab, er 72 mg tab)</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp, er(la) 40mg cp)</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>methylphenidate er 36 mg tab</i> | \$0 (Tier 1) | PA, QL (60 per 30 days) |
| <i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | PA, QL (90 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 hcl cd (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp, er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 60 mg cap)</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>methylphenidate sr 20 mg tab</i> | \$0 (Tier 1) | PA, QL (90 per 30 days) |
| BELVIQ 10 MG TABLET* | \$0 (Tier 3) | PA, QL (60 per 30 days) |
| INGREZZA 40 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| INGREZZA 80 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| INGREZZA INITIATION PACK | \$0-\$8.50 (Tier 2) | PA, QL (28 per 28 days) |
| LYRICA CR (CR 82.5 MG TABLET, CR 165 MG TABLET, CR 330 MG TABLET) | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA, QL (60 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>phentermine hcl 15 mg capsule*</i> | \$0 (Tier 3) | PA, QL (30 per 30 days) |
| <i>phentermine hcl 30 mg capsule*</i> | \$0 (Tier 3) | PA, QL (30 per 30 days) |
| <i>riluzole 50 mg tablet</i> | \$0 (Tier 1) | |
| TEGSEDI 284 MG/1.5 ML SYRINGE | \$0-\$8.50 (Tier 2) | PA, QL (6 per 28 days) |
| <i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i> | \$0 (Tier 1) | PA NSO |
| TIGLUTIK 50 MG/10 ML SUSP | \$0-\$8.50 (Tier 2) | QL (600 per 30 days) |
| SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET) | \$0-\$8.50 (Tier 2) | PA NSO, QL (60 per 30 days) |
| SAVELLA TITRATION PACK | \$0-\$8.50 (Tier 2) | PA NSO, QL (55 per 28 days) |
| AMPYRA ER 10 MG TABLET | \$0-\$8.50 (Tier 2) | PA |
| AUBAGIO (7 MG TABLET, 14 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| AVONEX (SYR 30 MCG, SYR 30 MCG KT) | \$0-\$8.50 (Tier 2) | PA |
| AVONEX PEN (PEN 30 MCG/0.5 ML KIT, PEN 30 MCG/0.5 ML) | \$0-\$8.50 (Tier 2) | 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 |
|--|---|---|
| BETASERON (0.3 MG VIAL, 0.3 MG KIT) | \$0-\$8.50 (Tier 2) | PA |
| <i>dalfampridine er 10 mg tablet</i> | \$0 (Tier 1) | PA |
| GILENYA 0.5 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| <i>glatiramer acetate (20 mg/ml syringe, 40 mg/ml syringe)</i> | \$0 (Tier 1) | PA |
| GLATOPA 20 MG/ML SYRINGE | \$0 (Tier 1) | PA |
| MAVENCLAD (10 MG 10 TABLET PK, 10 MG 6 TABLET PK, 10 MG 4 TABLET PK, 10 MG 9 TABLET PK, 10 MG 8 TABLET PK, 10 MG 5 TABLET PK, 10 MG 7 TABLET PK) | \$0-\$8.50 (Tier 2) | PA, QL (2 per 365 days) |
| MAYZENT 0.25 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (120 per 30 days) |
| MAYZENT 2 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| PLEGRIDY (125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK) | \$0-\$8.50 (Tier 2) | PA, QL (1 per 28 days) |
| PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK) | \$0-\$8.50 (Tier 2) | PA, QL (1 per 28 days) |
| REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE, TITRATION PACK) | \$0-\$8.50 (Tier 2) | 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 |
|--|--|---|
| REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML, TITRATION PACK) | \$0-\$8.50 (Tier 2) | PA |
| TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK) | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |

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 (Tier 1) | |
| <i>chlorhexidine 0.12% rinse</i> | \$0 (Tier 1) | |
| <i>doxycycline hydiate 20 mg tab</i> | \$0 (Tier 1) | |
| <i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i> | \$0 (Tier 1) | |
| <i>triamcinolone 0.1% paste</i> | \$0 (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 |
|---|---|--|
| ABSORICA (10 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i> | \$0 (Tier 1) | PA |
| ALA-CORT 1% CREAM | \$0 (Tier 1) | |
| <i>amcinonide (0.1% ointment, 0.1% lotion, 0.1% cream)</i> | \$0 (Tier 1) | |
| <i>ammonium lactate (12% cream, 12% lotion)</i> | \$0 (Tier 1) | PA |
| AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE) | \$0 (Tier 1) | PA NSO |
| <i>bacitracin 500 unit/g oint. (g)*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| <i>bacitracin zinc 500 unit/g oint. (g)*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| <i>benzoyl peroxide 5 % gel (gram)*</i> | \$0 (Tier 3) | QL (60 per 30 days) |
| <i>betamethasone diprop augmented (0.05% lot, 0.05% oin, 0.05% crm, 0.05% gel)</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate (0.05% oint, aug 0.05% crm, 0.05% crm, 0.05% lot)</i> | \$0 (Tier 1) | |
| <i>betamethasone valerate (va 0.1% cream, va 0.1% lotion, valer 0.1% ointm)</i> | \$0 (Tier 1) | |

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Dermatological Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>calamine lotion*</i> | \$0 (Tier 3) | QL (360 per 30 days) |
| <i>calcipotriene (0.005% solution, 0.005% ointment, 0.005% cream)</i> | \$0 (Tier 1) | PA |
| CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE) | \$0 (Tier 1) | PA NSO |
| <i>clind ph-benzoyl perox 1.2-5%</i> | \$0 (Tier 1) | |
| <i>clobetasol emollient 0.05% crm</i> | \$0 (Tier 1) | |
| <i>clobetasol propionate (0.05% ointment, 0.05% cream, 0.05% solution, 0.05% topical lotn, 0.05% gel)</i> | \$0 (Tier 1) | |
| <i>clotrimazole 1 % cream/appl*</i> | \$0 (Tier 3) | QL (45 per 30 days) |
| <i>clotrimazole 1% solution</i> | \$0 (Tier 1) | |
| <i>clotrimazole 2 % cream/appl*</i> | \$0 (Tier 3) | QL (45 per 30 days) |
| <i>clotrimazole-betamethasone (crm, lot)</i> | \$0 (Tier 1) | |
| CONDYLOX 0.5% GEL | \$0-\$8.50 (Tier 2) | |
| CORTISPORIN OINTMENT | \$0-\$8.50 (Tier 2) | |
| COSENTYX 150 MG/ML PEN INJECT | \$0-\$8.50 (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 |
|---|---|--|
| COSENTYX 150 MG/ML SYRINGE | \$0-\$8.50 (Tier 2) | PA |
| COSENTYX 300 MG DOSE-2 PENS | \$0-\$8.50 (Tier 2) | PA |
| COSENTYX 300 MG DOSE-2 SYRINGE | \$0-\$8.50 (Tier 2) | PA |
| <i>desonide (0.05% ointment, 0.05% lotion, 0.05% cream)</i> | \$0 (Tier 1) | |
| <i>desoximetasone (0.05% gel, 0.05% cream, 0.05% ointment, 0.25% cream, 0.25% ointment)</i> | \$0 (Tier 1) | |
| <i>diflorasone diacetate (0.05% cream, 0.05% ointment)</i> | \$0 (Tier 1) | |
| <i>docosanol 10% cream*</i> | \$0 (Tier 3) | PA, QL (4 per 30 days) |
| <i>doxepin 5% cream</i> | \$0-\$8.50 (Tier 2) | PA |
| DUPIXENT (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE) | \$0-\$8.50 (Tier 2) | PA |
| ELIDEL 1% CREAM | \$0-\$8.50 (Tier 2) | PA |
| <i>erythromycin-benzoyl gel</i> | \$0 (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>fluocinolone acetonide (0.01% scalp oil, 0.01% solution, 0.01% cream, 0.025% cream, 0.025% ointment)</i> | \$0 (Tier 1) | |
| <i>fluocinonide (0.05% solution, 0.05% gel, 0.05% ointment)</i> | \$0 (Tier 1) | |
| <i>fluocinonide-e 0.05% cream</i> | \$0 (Tier 1) | |
| <i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i> | \$0 (Tier 1) | PA NSO |
| <i>fluorouracil 0.5% cream</i> | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>fluticasone propionate (0.005% oint, 0.05% cream, 0.05% lotion)</i> | \$0 (Tier 1) | |
| <i>halobetasol propionate (0.05% ointmnt, 0.05% cream)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone (1% cream, 1% ointment, 2.5% ointment, 2.5% lotion, 2.5% cream)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone 0.5 % cream (g)*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| <i>hydrocortisone butyrate (buty 0.1% cream, butyr 0.1% oint, butyr 0.1% soln)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone valerate (0.2% ointmt, 0.2% cream)</i> | \$0 (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>imiquimod 5% cream packet</i> | \$0 (Tier 1) | QL (12 per 30 days) |
| <i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i> | \$0 (Tier 1) | PA NSO |
| <i>methoxsalen (10 mg capsule, 10 mg softgel)</i> | \$0 (Tier 1) | |
| <i>miconazole nitrate 2 % cream (g)*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| <i>miconazole nitrate 2 % cream/appl*</i> | \$0 (Tier 3) | QL (45 per 30 days) |
| <i>miconazole nitrate 200 mg-2 % kit*</i> | \$0 (Tier 3) | QL (1 per 30 days) |
| <i>mometasone furoate (0.1% soln, 0.1% oint, 0.1% cream)</i> | \$0 (Tier 1) | |
| MYORISAN (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE) | \$0 (Tier 1) | PA NSO |
| <i>neomycin/bacitracin/polymyxinb 3.5-400-5k oint. (g)*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| <i>pimecrolimus 1% cream</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>piperonyl butoxide/pyrethrins 4%-0.33% shampoo*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| <i>podofilox 0.5% topical soln</i> | \$0 (Tier 1) | |
| <i>prednicarbate 0.1% cream</i> | \$0-\$8.50 (Tier 2) | |

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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>prednicarbate 0.1% ointment</i> | \$0 (Tier 1) | |
| PROCTO-MED HC 2.5% CREAM | \$0 (Tier 1) | QL (30 per 30 days) |
| PROCTOSOL-HC 2.5% CREAM | \$0 (Tier 1) | QL (30 per 30 days) |
| PROCTOZONE-HC 2.5% CREAM | \$0 (Tier 1) | QL (30 per 30 days) |
| QBREXZA 2.4% CLOTH | \$0-\$8.50 (Tier 2) | PA |
| REGRANEX 0.01% GEL | \$0-\$8.50 (Tier 2) | PA |
| SANTYL OINTMENT | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| <i>selenium sulfide 1 % shampoo*</i> | \$0 (Tier 3) | QL (207 per 30 days) |
| <i>selenium sulfide 2.5% lotion</i> | \$0 (Tier 1) | |
| STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL) | \$0-\$8.50 (Tier 2) | PA |
| <i>tacrolimus (0.03% ointment, 0.1% ointment)</i> | \$0 (Tier 1) | PA |
| TALTZ 80 MG/ML AUTOINJ (2-PK) | \$0-\$8.50 (Tier 2) | PA |
| TALTZ 80 MG/ML AUTOINJ (3-PK) | \$0-\$8.50 (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 |
|--|---|--|
| TALTZ 80 MG/ML AUTOINJECTOR | \$0-\$8.50 (Tier 2) | PA |
| TALTZ 80 MG/ML SYRINGE | \$0-\$8.50 (Tier 2) | PA |
| TALTZ 80 MG/ML SYRINGE (2-PK) | \$0-\$8.50 (Tier 2) | PA |
| TALTZ 80 MG/ML SYRINGE (3-PK) | \$0-\$8.50 (Tier 2) | PA |
| <i>tazarotene 0.1% cream</i> | \$0 (Tier 1) | PA |
| TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL) | \$0-\$8.50 (Tier 2) | PA |
| <i>tolnaftate 1% cream*</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 (Tier 1) | PA |
| <i>triamcinolone acetonide (0.025% oint, 0.025% cream, 0.025% lotion, 0.1% cream, 0.1% ointment, 0.1% lotion, 0.5% ointment, 0.5% cream)</i> | \$0 (Tier 1) | |
| ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE) | \$0 (Tier 1) | PA NSO |

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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-\$8.50 (Tier 2) | |
| CLOVIQUE 250 MG CAPSULE | \$0 (Tier 1) | PA |
| <i>deferasirox (125 mg tb susp, 250 mg tb susp, 500 mg tb susp)</i> | \$0 (Tier 1) | PA |
| EXJADE (125 MG TABLET, 250 MG TABLET, 500 MG TABLET) | \$0-\$8.50 (Tier 2) | PA |
| FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET) | \$0-\$8.50 (Tier 2) | PA |
| <i>ferrous gluconate 324(38)mg tablet*</i> | \$0 (Tier 3) | QL (90 per 30 days) |
| <i>ferrous sulfate 15 mg/ml drops*</i> | \$0 (Tier 3) | QL (480 per 30 days) |
| <i>ferrous sulfate 220 mg/5 ml elixir*</i> | \$0 (Tier 3) | QL (480 per 30 days) |
| <i>ferrous sulfate 324(65)mg tablet dr*</i> | \$0 (Tier 3) | QL (90 per 30 days) |
| <i>ferrous sulfate 325(65) mg tablet*</i> | \$0 (Tier 3) | QL (90 per 30 days) |
| <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-\$8.50 (Tier 2) | PA |
| KIONEX 15 GM/60 ML SUSPENSION | \$0 (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 |
|---|---|--|
| <i>sodium polystyrene sulfonate (sod polystyrene 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 (Tier 1) | |
| <i>sodium,potassium phosphates 280-250 mg oral powder packets*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| <i>SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)</i> | \$0 (Tier 1) | |
| <i>trientine hcl 250 mg capsule</i> | \$0 (Tier 1) | PA |
| <i>VENOFER (50 MG/2.5 ML VIAL, 100 MG/5 ML VIAL, 200 MG/10 ML VIAL) *</i> | \$0 (Tier 3) | PA |
| <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) |

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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 500 mg-125 tablet*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| <i>calcium carbonate/vitamin d3 500 mg-200 tablet*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| <i>calcium carbonate/vitamin d3 500 mg-400 tab chew*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| <i>calcium carbonate/vitamin d3 500 mg-400 tablet*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| <i>calcium carbonate/vitamin d3 600 mg-200 tablet*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| <i>calcium carbonate/vitamin d3 600 mg-400 tablet*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| <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) |

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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 |
|---|---|--|
| CARBAGLU 200 MG DISPER TABLET | \$0-\$8.50 (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-\$8.50 (Tier 2) | |
| K-TAB ER (ER 8 TABLET, ER 10 TABLET, ER 20 TABLET) | \$0-\$8.50 (Tier 2) | |
| KLOR-CON 10 MEQ TABLET | \$0-\$8.50 (Tier 2) | |
| KLOR-CON 8 MEQ TABLET | \$0-\$8.50 (Tier 2) | |
| KLOR-CON M15 TABLET | \$0 (Tier 1) | |
| <i>magnesium chloride 70 mg tablet dr*</i> | \$0 (Tier 3) | QL (360 per 30 days) |
| <i>magnesium oxide 400 mg tablet*</i> | \$0 (Tier 3) | QL (180 per 30 days) |
| <i>magnesium sulfate 50% syringe</i> | \$0 (Tier 1) | |
| NORMOSOL-R PH 7.4 IV SOLUTION | \$0-\$8.50 (Tier 2) | |
| OSMOPREP TABLET | \$0-\$8.50 (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 |
|---|---|--|
| PLASMA-LYTE 148 IV SOLUTION | \$0-\$8.50 (Tier 2) | |
| PLASMA-LYTE A PH 7.4 SOLN. | \$0-\$8.50 (Tier 2) | |
| <i>potassium chl-normal saline (20 1,000 ml iv soln, 40 1,000 ml iv soln)</i> | \$0-\$8.50 (Tier 2) | |
| <i>potassium chloride (10% (40 meq/30 ml, 10 meq/100 ml sol, 10% (20 meq/15ml), 10% (40 meq/30ml), 10% (20 meq/15 ml, er 20 meq tablet, 20% (40 meq/15ml), 20% (40 meq/15 ml)</i> | \$0-\$8.50 (Tier 2) | |
| <i>potassium chloride (er 8 meq capsule, er 8 meq tablet, er 10 meq capsule, 10 meq/5 ml conc, er 10 meq tablet, 20 meq/10 ml conc, 40 meq/20 ml conc, 60 meq/30 ml conc)</i> | \$0 (Tier 1) | |
| <i>potassium citrate er (er 5 tab, er 10 tb, er 15 tb)</i> | \$0 (Tier 1) | |
| <i>potassium cl 20 meq-0.45% nacl</i> | \$0 (Tier 1) | |
| <i>potassium cl 20 meq/10 ml conc</i> | \$0 (Tier 1) | |
| <i>sodium chloride (0.9% prcss sol, 0.9% 50 ml, 0.9% solution, 0.9% soln, 0.9% sol-excel, 0.9% 1,000 ml, 0.9% irrig., 0.9% 100 ml, 0.9% 250 ml, 0.9% vial, 0.9% 500 ml, 3% iv soln, 5% iv soln)</i> | \$0-\$8.50 (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 |
|---|---|--|
| sodium chloride 0.9%-water | \$0-\$8.50 (Tier 2) | |
| AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION) | \$0-\$8.50 (Tier 2) | PA |
| AMINOSYN-PF (7% IV SOLUTION, 10% IV SOLUTION) | \$0-\$8.50 (Tier 2) | PA |
| ascorbic acid 1000 mg tablet* | \$0 (Tier 3) | PA |
| cholecalciferol (vitamin d3) 1000 unit capsule* | \$0 (Tier 3) | QL (30 per 30 days) |
| cholecalciferol (vitamin d3) 1000 unit tablet* | \$0 (Tier 3) | QL (30 per 30 days) |
| cholecalciferol (vitamin d3) 2000 unit capsule* | \$0 (Tier 3) | QL (30 per 30 days) |
| cholecalciferol (vitamin d3) 2000 unit tablet* | \$0 (Tier 3) | QL (30 per 30 days) |
| cholecalciferol (vitamin d3) 400 unit capsule* | \$0 (Tier 3) | QL (30 per 30 days) |
| cholecalciferol (vitamin d3) 400 unit tablet* | \$0 (Tier 3) | QL (90 per 30 days) |
| cholecalciferol (vitamin d3) 5000 unit capsule* | \$0 (Tier 3) | QL (30 per 30 days) |
| cholecalciferol (vitamin d3) 50000 unit capsule* | \$0 (Tier 3) | QL (4 per 28 days) |
| CLINIMIX (4.25%-10% SOLUTION, 4.25%-5% SOLUTION, 4.25%-25% SOLUTION, 5%-20% SOLUTION, 5%-25% SOLUTION, 5%-15% SOLUTION) | \$0-\$8.50 (Tier 2) | 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 |
|---|---|--|
| CLINIMIX E (2.75%-5% SOLUTION, 4.25%-5% SOLUTION, 4.25%-10% SOLUTION, 5%-15% SOLUTION, 5%-20% SOLUTION) | \$0-\$8.50 (Tier 2) | PA |
| CLINISOL 15% SOLUTION | \$0 (Tier 1) | PA |
| <i>cyanocobalamin (vitamin b-12) 1000 mcg tablet*</i> | \$0 (Tier 3) | PA, QL (30 per 30 days) |
| <i>cyanocobalamin (vitamin b-12) 1000mcg/ml vial*</i> | \$0 (Tier 3) | PA |
| <i>dextrose 10%-0.2% nacl iv soln</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 10%-0.45% nacl iv sol</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 2.5%-0.45% nacl iv</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 5%-0.2% nacl iv soln</i> | \$0-\$8.50 (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-\$8.50 (Tier 2) | |
| <i>dextrose 5%-0.225% nacl iv sol</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 5%-0.225% nacl-kcl (10 in d5w-0.225%, 20 in d5w-0.225%)</i> | \$0-\$8.50 (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%-0.3% nacl iv soln</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 5%-0.3% nacl-kcl (10 in d5w-0.3%, 20 in d5w-0.3%)</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 5%-0.33% nacl iv soln</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 5%-0.45% nacl iv soln</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 5%-0.45% nacl-kcl (10 in d5w-0.45%, 20 in d5w-0.45%)</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 5%-0.9% nacl iv soln</i> | \$0-\$8.50 (Tier 2) | |
| <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-\$8.50 (Tier 2) | |
| <i>dextrose 5%-ns-kcl (20 in d5w-ns, 40 in d5w-nacl 0.9%)</i> | \$0-\$8.50 (Tier 2) | |
| <i>dextrose 5%-potassium chloride (20 in d5w solution, 40 in d5w solution)</i> | \$0-\$8.50 (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-\$8.50 (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>ergocalciferol (vitamin d2) 50000 unit capsule*</i> | \$0 (Tier 3) | QL (4 per 28 days) |
| <i>ferrous sulfate 220 mg/5 ml elixir*</i> | \$0 (Tier 3) | QL (480 per 30 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) |
| FREAMINE HBC 6.9% IV SOLN | \$0-\$8.50 (Tier 2) | PA |
| <i>glucose in water (5%-water 50 ml, 5%-water 100 ml)</i> | \$0-\$8.50 (Tier 2) | |
| HEPATAMINE 8% IV SOLUTION | \$0-\$8.50 (Tier 2) | PA |
| <i>hydroxocobalamin 1000mcg/ml vial*</i> | \$0 (Tier 3) | PA |
| INTRALIPID (20% IV EMUL, 30% IV EMUL) | \$0-\$8.50 (Tier 2) | PA |
| IONOSOL MB-D5W IV SOLUTION | \$0-\$8.50 (Tier 2) | |
| ISOLYTE P-DEXTROSE 5% SOLN | \$0-\$8.50 (Tier 2) | |
| JYNARQUE (15 MG TABLET, 30 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET) | \$0-\$8.50 (Tier 2) | 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>kcl 20 meq in d5w-0.33% nacl</i> | \$0-\$8.50 (Tier 2) | |
| <i>kcl 20 meq in d5w-lact ringer</i> | \$0-\$8.50 (Tier 2) | |
| KLOR-CON M10 TABLET | \$0 (Tier 1) | |
| <i>lactated ringers (injection, irrigation)</i> | \$0-\$8.50 (Tier 2) | |
| <i>levocarnitine 1 g/10 ml soln</i> | \$0 (Tier 1) | |
| <i>levocarnitine 330 mg tablet</i> | \$0-\$8.50 (Tier 2) | |
| <i>magnesium oxide 400 mg tablet*</i> | \$0 (Tier 3) | QL (180 per 30 days) |
| <i>magnesium sulfate 50% vial</i> | \$0-\$8.50 (Tier 2) | |
| <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-\$8.50 (Tier 2) | |
| NORMOSOL-R-DEXTROSE 5% IV SOLN | \$0-\$8.50 (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 |
|--|---|--|
| NUTRILIPID 20% IV FAT EMULSION | \$0-\$8.50 (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-\$8.50 (Tier 2) | |
| <i>potassium chloride (er 10 tablet, er 20 tablet)</i> | \$0 (Tier 1) | |
| <i>potassium cl 20meq/100ml-water</i> | \$0-\$8.50 (Tier 2) | |
| PREMASOL (6% IV SOLUTION, 10% IV SOLUTION) | \$0 (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 (Tier 1) | |
| PROCALAMINE IV SOLUTION | \$0-\$8.50 (Tier 2) | PA |
| PROSOL 20% INJECTION | \$0-\$8.50 (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) |

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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>riboflavin (vitamin b2) 50 mg tablet*</i> | \$0 (Tier 3) | PA |
| <i>ringer's iv solution</i> | \$0-\$8.50 (Tier 2) | |
| <i>ringers irrigation solution</i> | \$0-\$8.50 (Tier 2) | |
| <i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln)</i> | \$0-\$8.50 (Tier 2) | |
| <i>sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet</i> | \$0 (Tier 1) | |
| <i>sodium lactate 50 meq/10 ml vl</i> | \$0-\$8.50 (Tier 2) | |
| <i>thiamine hcl 50 mg tablet*</i> | \$0 (Tier 3) | PA |
| TPN ELECTROLYTES II IV SOLN | \$0-\$8.50 (Tier 2) | |
| TPN ELECTROLYTES VIAL | \$0-\$8.50 (Tier 2) | |
| TRAVASOL 10% SOLN VIAFLEX | \$0-\$8.50 (Tier 2) | PA |
| TROPHAMINE (6% IV SOLUTION, 10% IV SOLUTION) | \$0-\$8.50 (Tier 2) | PA |
| <i>vitamin e (dl,tocopheryl acet) 200 unit capsule*</i> | \$0 (Tier 3) | 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 |
|---|---|--|
| <i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i> | \$0 (Tier 1) | PA-HRM |
| <i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i> | \$0 (Tier 1) | |
| <i>bismuth subsalicylate 262 mg tablet*</i> | \$0 (Tier 3) | QL (120 per 30 days) |
| CREON DR 36,000 UNITS CAPSULE | \$0-\$8.50 (Tier 2) | |
| <i>famotidine 10 mg tablet*</i> | \$0 (Tier 3) | QL (60 per 30 days) |
| GAVILYTE-C SOLUTION | \$0 (Tier 1) | |
| GAVILYTE-G SOLUTION | \$0 (Tier 1) | |
| GAVILYTE-N SOLUTION | \$0 (Tier 1) | |
| GOLYTELY (PACKET, SOLUTION) | \$0-\$8.50 (Tier 2) | |
| LINZESS 72 MCG CAPSULE | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| LITHOSTAT 250 MG TABLET | \$0-\$8.50 (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) |

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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>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-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| <i>peg 3350 electrolyte soln</i> | \$0-\$8.50 (Tier 2) | |
| <i>peg 3350-electrolyte solution</i> | \$0 (Tier 1) | |
| <i>peg-3350 and electrolytes soln</i> | \$0-\$8.50 (Tier 2) | |
| PERTZYE (DR 8,000 CAPSULE, DR 16,000 CAPSULE) | \$0-\$8.50 (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 (Tier 1) | |
| <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 (Tier 1) | |
| VIOKACE (10,440-39,150 TB, 20,880-78,300 TB) | \$0-\$8.50 (Tier 2) | |
| <i>diphenoxylate-atropine (diphenoxylat-atrop 2.5-0.025/5, diphenoxylate-atrop 2.5-0.025)</i> | \$0 (Tier 1) | PA-HRM |

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Gastrointestinal Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|---|
| GATTEX (5 MG ONE-VIAL KIT, 5 MG 30-VIAL KIT) | \$0-\$8.50 (Tier 2) | PA |
| <i>loperamide 2 mg capsule</i> | \$0 (Tier 1) | |
| MOVANTIK (12.5 MG TABLET, 25 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| MYALEPT 11.3 MG (5 MG/ML) VIAL | \$0-\$8.50 (Tier 2) | PA |
| RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML VIAL, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML KIT) | \$0-\$8.50 (Tier 2) | PA |
| RELISTOR 150 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (90 per 30 days) |
| SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL) | \$0-\$8.50 (Tier 2) | PA |
| <i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i> | \$0 (Tier 1) | |
| XERMELO 250 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (90 per 30 days) |
| ZORBTIVE 8.8 MG VIAL | \$0-\$8.50 (Tier 2) | PA |
| <i>cimetidine (200 mg tablet, 300 mg/5 ml soln, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i> | \$0 (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 |
|---|---|---|
| famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp) | \$0 (Tier 1) | |
| nizatidine (15 mg/ml solution, 150 mg capsule, 300 mg capsule) | \$0 (Tier 1) | |
| ranitidine hcl (15 mg/ml syrup, 150 mg tablet, 150 mg/10 ml syrup, 300 mg tablet) | \$0 (Tier 1) | |
| alosetron hcl (0.5 mg tablet, 1 mg tablet) | \$0 (Tier 1) | PA |
| AMITIZA (8 MCG CAPSULE, 24 MCG CAPSULES) | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| LINZESS (145 MCG CAPSULE, 290 MCG CAPSULE) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| TRULANCE 3 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| VIBERZI (75 MG TABLET, 100 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| bisacodyl 10 mg supp.rect* | \$0 (Tier 3) | QL (30 per 30 days) |
| bisacodyl 5 mg tablet dr* | \$0 (Tier 3) | QL (60 per 30 days) |
| CONSTULOSE 10 GM/15 ML SOLN | \$0 (Tier 1) | |
| docusate calcium 240 mg capsule* | \$0 (Tier 3) | QL (30 per 30 days) |
| docusate sodium 100 mg capsule* | \$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 (Tier 1) | |
| GENERLAC 10 GM/15 ML SOLUTION | \$0 (Tier 1) | |
| <i>glycerin adult supp.rect*</i> | \$0 (Tier 3) | QL (12 per 30 days) |
| KRISTALOSE (10 GM PACKET, 20 GM PACKET) | \$0 (Tier 1) | PA |
| <i>lactulose (10 gm/15 ml solution, 20 gm/30 ml solution)</i> | \$0 (Tier 1) | |
| <i>lactulose 10 gm packet</i> | \$0 (Tier 1) | PA |
| <i>magnesium hydroxide 400 mg/5ml oral susp*</i> | \$0 (Tier 3) | QL (480 per 30 days) |
| MOVIPREP POWDER PACKET | \$0-\$8.50 (Tier 2) | |
| <i>sennosides 8.6 mg tablet*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| SUPREP BOWEL PREP KIT | \$0-\$8.50 (Tier 2) | |
| <i>misoprostol (100 mcg tablet, 200 mcg tablet)</i> | \$0 (Tier 1) | ST |
| <i>sucralfate 1 gm tablet</i> | \$0 (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>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>omeprazole dr 20 mg capsule</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>omeprazole magnesium 20 mg capsule dr*</i> | \$0 (Tier 3) | QL (28 per 28 days) |
| <i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>rabeprazole sod dr 20 mg tab</i> | \$0 (Tier 1) | QL (60 per 30 days) |

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 |
|---|--|---|
| ARALAST NP 1,000 MG VIAL | \$0-\$8.50 (Tier 2) | PA |
| ARALAST NP 500 MG VIAL | \$0-\$8.50 (Tier 2) | |
| CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE) | \$0-\$8.50 (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 |
|---|---|--|
| CREON (DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE) | \$0-\$8.50 (Tier 2) | |
| CYSTADANE 1 GRAM/1.7 ML POWDER | \$0-\$8.50 (Tier 2) | PA NSO |
| CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA |
| CYSTARAN 0.44% EYE DROPS | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| GALAFOLD 123 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA, QL (14 per 28 days) |
| GLASSIA 1 GM/50 ML VIAL | \$0-\$8.50 (Tier 2) | PA |
| KUVAN (100 MG TABLET, 500 MG POWDER PACKET) | \$0-\$8.50 (Tier 2) | PA |
| <i>miglustat 100 mg capsule</i> | \$0 (Tier 1) | PA |
| OCALIVA (5 MG TABLET, 10 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| PALYNZIQ (2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE) | \$0-\$8.50 (Tier 2) | PA |
| PANCREAZE (DR 2,600 CAP, DR 4,200 CAP, DR 10,500 CAP, DR 16,800 CAP, DR 21,000 CAP) | \$0-\$8.50 (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 |
|--|---|--|
| PERTZYE DR 4,000 UNIT CAPSULE | \$0-\$8.50 (Tier 2) | |
| PLENAMINE 15% SOLUTION | \$0 (Tier 1) | PA |
| PROLASTIN C 1,000 MG VIAL | \$0-\$8.50 (Tier 2) | PA |
| PROLASTIN C 1,000 MG/20 ML VL | \$0-\$8.50 (Tier 2) | |
| RAVICTI 1.1 GRAM/ML LIQUID | \$0-\$8.50 (Tier 2) | PA |
| <i>sodium phenylbutyrate powder</i> | \$0 (Tier 1) | PA |
| ZEMAIRA 1,000 MG VIAL | \$0-\$8.50 (Tier 2) | PA |
| ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNITS CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE) | \$0-\$8.50 (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 (Tier 1) | QL (30 per 30 days) |
| <i>flavoxate hcl 100 mg tablet</i> | \$0 (Tier 1) | |
| <i>GELNIQUE (10% GEL SACHET, 10% GEL SACHETS, 10% GEL PUMP)</i> | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)</i> | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml syrup)</i> | \$0 (Tier 1) | |
| <i>oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>OXYTROL 3.9 MG/24HR PATCH</i> | \$0-\$8.50 (Tier 2) | QL (8 per 28 days) |
| <i>solifenacin succinate (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>tolterodine tartrate (1 mg tab, 2 mg tab)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>tolterodine tartrate er (er 2 mg cap, er 4 mg cap)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>TOVIAZ (ER 4 MG TABLET, ER 8 MG TABLET)</i> | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>trospium chloride 20 mg tablet</i> | \$0 (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>trospium chloride er 60 mg cap</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| VESICARE (5 MG TABLET, 10 MG TABLET) | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>alfuzosin hcl er 10 mg tablet</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>dutasteride 0.5 mg capsule</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>finasteride 5 mg tablet</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>tamsulosin hcl 0.4 mg capsule</i> | \$0 (Tier 1) | |
| <i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i> | \$0 (Tier 1) | |
| DEPEN 250 MG TITRATAB | \$0-\$8.50 (Tier 2) | |
| ELMIRON 100 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA, QL (90 per 30 days) |
| AURYXIA 210 MG TABLET | \$0-\$8.50 (Tier 2) | PA NSO, QL (360 per 30 days) |
| <i>calcium acetate (667 mg capsule, 667 mg gelcap)</i> | \$0 (Tier 1) | |
| FOSRENOL (750 MG POWDER PACKET, 1,000 MG POWDER PACK) | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>lanthanum carbonate (500 mg tab chew, 750 mg tab chew, 1,000 mg tb chw)</i> | \$0 (Tier 1) | PA NSO |

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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-\$8.50 (Tier 2) | |
| <i>sevelamer carbonate (2.4 gm powder packet, carbonate 800 mg tab)</i> | \$0 (Tier 1) | |
| <i>sevelamer hcl (400 mg tablet, 800 mg tablet)</i> | \$0 (Tier 1) | |

Hormonal Agents, Parathyroid

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>cinacalcet hcl (30 mg tablet, 60 mg tablet, 90 mg tablet)</i> | \$0 (Tier 1) | PA BvD |
| NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE) | \$0-\$8.50 (Tier 2) | PA, QL (2 per 28 days) |
| SENSIPAR (30 MG TABLET, 60 MG TABLET, 90 MG TABLET) | \$0-\$8.50 (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 |
|---|---|--|
| ACTHAR GEL 400 UNIT/5 ML VIAL | \$0-\$8.50 (Tier 2) | PA, QL (30 per 28 days) |
| <i>cortisone 25 mg tablet</i> | \$0 (Tier 1) | |
| DEPO-MEDROL 20 MG/ML VIAL | \$0-\$8.50 (Tier 2) | |
| <i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 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 (Tier 1) | |
| DEXAMETHASONE INTENSOL 1 MG/ML | \$0 (Tier 1) | |
| <i>dexamethasone sodium phosphate (4 mg/ml vial, 10 mg/ml vial, 10 mg/ml syring, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i> | \$0 (Tier 1) | |
| EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET) | \$0-\$8.50 (Tier 2) | PA |
| <i>fludrocortisone 0.1 mg tablet</i> | \$0 (Tier 1) | |
| <i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | |
| <i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)</i> | \$0 (Tier 1) | |

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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>methylprednisolone acetate (40 mg/ml v/l, 80 mg/ml v/l)</i> | \$0 (Tier 1) | |
| <i>methylprednisolone ss 1 gm v/l</i> | \$0 (Tier 1) | |
| <i>prednisolone (15 mg/5 ml syrup, 15 mg/5 ml soln)</i> | \$0 (Tier 1) | |
| <i>prednisolone sodium phos odt (odt 10 mg tablet, odt 15 mg tablet, odt 30 mg tablet)</i> | \$0 (Tier 1) | |
| <i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i> | \$0 (Tier 1) | |
| <i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg/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 (Tier 1) | |
| PREDNISONE INTENSOL 5 MG/ML | \$0 (Tier 1) | |

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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 |
|--|---|--|
| <i>desmopressin acetate (0.01% spray, 0.01% solution, acetate 0.1 mg tb, acetate 0.2 mg tb)</i> | \$0 (Tier 1) | |
| EGRIFTA (1 MG VIAL, 2 MG VIAL) | \$0-\$8.50 (Tier 2) | PA, QL (60 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-\$8.50 (Tier 2) | PA |
| HUMATROPE (5 MG VIAL, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE) | \$0-\$8.50 (Tier 2) | PA |
| INCRELEX 40 MG/4 ML VIAL | \$0-\$8.50 (Tier 2) | PA |
| NOCTIVA (0.83 MCG/0.1 ML SPRAY, 1.66 MCG/0.1 ML SPRAY) | \$0-\$8.50 (Tier 2) | PA |
| NORDITROPIN FLEXPRESSO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML) | \$0-\$8.50 (Tier 2) | PA |
| NORDITROPIN NORDIFLEX 30 MG/3 | \$0-\$8.50 (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 |
|--|--|---|
| NUTROPIN AQ NUSPIN (5, 10, 20) | \$0-\$8.50 (Tier 2) | PA |
| OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG) | \$0-\$8.50 (Tier 2) | PA |
| SAIZEN (5 MG VIAL, 8.8 MG CLICK.EASY CARTG, 8.8 MG VIAL) | \$0-\$8.50 (Tier 2) | PA |
| SAIZEN 8.8 MG SAIZENPREP CART | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA |
| ZOMACTON (5 MG VIAL, 10 MG VIAL) | \$0-\$8.50 (Tier 2) | PA |

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-\$8.50 (Tier 2) | PA |
| ANDRODERM (2 MG/24HR PATCH, 4 MG/24HR PATCH) | \$0-\$8.50 (Tier 2) | PA NSO |

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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 |
|--|---|--|
| ANDROGEL (1.62% GEL PUMP, 1.62%(1.25G) GEL PCKT, 1.62%(2.5G) GEL PCKT) | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i> | \$0 (Tier 1) | |
| <i>methyltestosterone 10 mg cap</i> | \$0 (Tier 1) | PA NSO |
| <i>testosterone (1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 12.5 mg/1.25 gram, 25 mg/2.5 gm pkt, 30 mg/1.5 ml pump, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i> | \$0 (Tier 1) | PA NSO |
| <i>testosterone 10 mg gel pump</i> | \$0-\$8.50 (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, testosterone 500 mg/5 ml, testosterone 500 mg/2.5 ml, testosterone 1,000 mg/5 ml, testosterone 6,000 mg/30ml)</i> | \$0 (Tier 1) | PA NSO |
| <i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i> | \$0 (Tier 1) | PA NSO |
| DEPO-ESTRADIOL 5 MG/ML VIAL | \$0 (Tier 1) | PA-HRM |
| DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH) | \$0 (Tier 1) | PA-HRM, QL (8 per 28 days) |

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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 (Tier 1) | |
| <i>estradiol (0.01% cream, 10 mcg vaginal insrt)</i> | \$0 (Tier 1) | |
| <i>estradiol (0.025 mg patch, 0.0375 mg patch, tds 0.05 mg/day, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i> | \$0 (Tier 1) | PA-HRM, QL (8 per 28 days) |
| <i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i> | \$0 (Tier 1) | PA-HRM |
| <i>estradiol (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 (Tier 1) | PA-HRM, QL (4 per 28 days) |
| <i>estradiol valerate (20 mg/ml vl, 40 mg/ml vl)</i> | \$0 (Tier 1) | |
| ESTRING 2 MG VAGINAL RING | \$0-\$8.50 (Tier 2) | |
| FEMRING (0.05 VAG RING, 0.10 VAG RING) | \$0-\$8.50 (Tier 2) | |
| IMVEXXY (4 MCG STARTER PACK, 4 MCG MAINTENANCE PACK, 10 MCG STARTER PACK, 10 MCG MAINTENANCE PAK) | \$0-\$8.50 (Tier 2) | |
| MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET) | \$0 (Tier 1) | PA-HRM |
| MENOSTAR 14 MCG/DAY PATCH | \$0-\$8.50 (Tier 2) | 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 |
|--|---|--|
| PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET) | \$0-\$8.50 (Tier 2) | PA-HRM |
| PREMARIN VAGINAL CREAM-APPL | \$0-\$8.50 (Tier 2) | |
| ACTIVELLA 1 MG-0.5 MG TABLET | \$0-\$8.50 (Tier 2) | PA-HRM |
| AFIRMELLE-28 TABLET | \$0 (Tier 1) | |
| ALTAVERA-28 TABLET | \$0 (Tier 1) | |
| ALYACEN 1-35 28 TABLET | \$0 (Tier 1) | |
| AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET) | \$0 (Tier 1) | PA-HRM |
| AMETHIA 0.15-0.03-0.01 MG TAB | \$0 (Tier 1) | |
| AMETHIA LO TABLET | \$0-\$8.50 (Tier 2) | |
| ANGELIQ (0.25 MG-0.5 MG TABLET, 0.5 MG-1 MG TABLET) | \$0-\$8.50 (Tier 2) | PA-HRM |
| ANNOVERA VAGINAL RING | \$0-\$8.50 (Tier 2) | |
| APRI 28 DAY TABLET | \$0 (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 |
|---|---|--|
| ARANELLE 28 TABLET | \$0 (Tier 1) | |
| ASHLYNA 0.15-0.03-0.01 MG TAB | \$0 (Tier 1) | |
| AUBRA-28 TABLET | \$0 (Tier 1) | |
| AUROVELA (1 MG-20 MCG TABLET, 21 1.5-30 TABLET) | \$0 (Tier 1) | |
| AUROVELA 24 FE 1 MG-20 MCG TAB | \$0 (Tier 1) | |
| AUROVELA FE (1-20 TABLET, 1.5 MG-30 MCG TAB) | \$0 (Tier 1) | |
| AVIANE-28 TABLET | \$0 (Tier 1) | |
| AYUNA-28 TABLET | \$0 (Tier 1) | |
| BALCOLTRA TABLET | \$0-\$8.50 (Tier 2) | |
| BALZIVA 28 TABLET | \$0 (Tier 1) | |
| BEYAZ 28 TABLET | \$0-\$8.50 (Tier 2) | |
| BLISOVI 24 FE TABLET | \$0 (Tier 1) | |
| BLISOVI FE 1.5-30 TABLET | \$0 (Tier 1) | |
| BRIELLYN TABLET | \$0 (Tier 1) | |
| CAMRESE LO TABLET | \$0-\$8.50 (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 |
|---|---|--|
| CAZIANT 28 DAY TABLET | \$0 (Tier 1) | |
| CLIMARA PRO PATCH | \$0-\$8.50 (Tier 2) | PA-HRM |
| COMBIPATCH (0.05-0.25 MG, 0.05-0.14 MG) | \$0-\$8.50 (Tier 2) | PA-HRM |
| CRINONE (4% GEL, 8% GEL) | \$0-\$8.50 (Tier 2) | PA |
| CRYSELLE-28 TABLET | \$0 (Tier 1) | |
| CYCLAFEM (1-35-28 TABLET, 7-7-7-28 TABLET) | \$0 (Tier 1) | |
| CYRED 28 DAY TABLET | \$0 (Tier 1) | |
| CYRED EQ 28 DAY TABLET | \$0 (Tier 1) | |
| DELYLA-28 TABLET | \$0 (Tier 1) | |
| <i>desogestrel-eth estrad eth estra</i> | \$0 (Tier 1) | |
| <i>desogestrel-ethinyl estradiol (desogest-eth estra 0.15-0.03mg, desogestrel-ethinyl estrad tab)</i> | \$0 (Tier 1) | |
| <i>drosp-ee-levomef 3-0.02-0.451</i> | \$0-\$8.50 (Tier 2) | |
| <i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i> | \$0 (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 |
|---|---|--|
| EMOQUETTE 28 DAY TABLET | \$0 (Tier 1) | |
| ENPRESSE-28 TABLET | \$0 (Tier 1) | |
| ENSKYCE 28 TABLET | \$0 (Tier 1) | |
| ESTARYLLA 0.25-0.035 MG TABLET | \$0 (Tier 1) | |
| <i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i> | \$0 (Tier 1) | PA-HRM |
| <i>ethynodiol-ethynodiol estradiol (1mg-35mcg, 1mg- 50mcg)</i> | \$0 (Tier 1) | |
| FALMINA-28 TABLET | \$0 (Tier 1) | |
| FAYOSIM TABLET | \$0 (Tier 1) | |
| FEMYNOR 28 TABLET | \$0 (Tier 1) | |
| FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG- 5 MCG TABLET) | \$0 (Tier 1) | PA-HRM |
| GENERESS FE CHEWABLE TABLET | \$0-\$8.50 (Tier 2) | |
| GIANVI 3 MG-0.02 MG TABLET | \$0-\$8.50 (Tier 2) | |
| HAILEY 21 1.5 MG-30 MCG TAB | \$0 (Tier 1) | |
| HAILEY 24 FE 1 MG-20 MCG TAB | \$0 (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 |
|---|---|--|
| INTRAROSA 6.5 MG VAG INSERT | \$0-\$8.50 (Tier 2) | PA |
| INTROVALE 0.15-0.03 MG TABLET | \$0 (Tier 1) | |
| ISIBLOOM 28 DAY TABLET | \$0 (Tier 1) | |
| JASMIEL 3 MG-0.02 MG TABLET | \$0 (Tier 1) | |
| JINTELI 1 MG-5 MCG TABLET | \$0 (Tier 1) | PA-HRM |
| JULEBER 28 DAY TABLET | \$0 (Tier 1) | |
| JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET) | \$0 (Tier 1) | |
| JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET) | \$0 (Tier 1) | |
| JUNEL FE 24 TABLET | \$0 (Tier 1) | |
| KAITLIB FE CHEWABLE TABLET | \$0 (Tier 1) | |
| KALLIGA 28 DAY TABLET | \$0 (Tier 1) | |
| KARIVA 28 DAY TABLET | \$0 (Tier 1) | |
| KELNOR 1-35 28 TABLET | \$0 (Tier 1) | |
| KELNOR 1-50 TABLET | \$0 (Tier 1) | |
| KURVELO TABLET | \$0 (Tier 1) | |
| LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET) | \$0 (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 |
|--|---|--|
| LARIN FE (1-20 TABLET, 1.5-30 TABLET) | \$0 (Tier 1) | |
| LARISSIA-28 TABLET | \$0 (Tier 1) | |
| LAYOLIS FE CHEWABLE TABLET | \$0-\$8.50 (Tier 2) | |
| LEENA 28 TABLET | \$0-\$8.50 (Tier 2) | |
| LESSINA-28 TABLET | \$0 (Tier 1) | |
| LEVONEST-28 TABLET | \$0 (Tier 1) | |
| <i>levonorg-eth estrad eth estrad (levono-e estradiol 0.10-0.02-0.01, levono-e estrad 0.15- 0.03-0.01, levonorg 0.15mg-ee 20-25-30mcg)</i> | \$0 (Tier 1) | |
| <i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estradiol triphasic)</i> | \$0 (Tier 1) | |
| LEVORA-28 TABLET | \$0 (Tier 1) | |
| LO LOESTRIN FE 1-10 TABLET | \$0-\$8.50 (Tier 2) | |
| LO-ZUMANDIMINE 3 MG-0.02 MG TB | \$0 (Tier 1) | |
| LOESTRIN (21 1-20 TABLET, 21 1.5-30 TABLET) | \$0 (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, 1.5-30 TABLET) | \$0 (Tier 1) | |
| LORYNA 3 MG-0.02 MG TABLET | \$0 (Tier 1) | |
| LOSEASONIQUE TABLET | \$0-\$8.50 (Tier 2) | |
| LOW-OGESTREL-28 TABLET | \$0 (Tier 1) | |
| LUTERA-28 TABLET | \$0 (Tier 1) | |
| MARLISSA-28 TABLET | \$0 (Tier 1) | |
| MELODETTA 24 FE CHEWABLE TAB | \$0 (Tier 1) | |
| MIBELAS 24 FE CHEWABLE TABLET | \$0 (Tier 1) | |
| MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB) | \$0-\$8.50 (Tier 2) | |
| MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB) | \$0-\$8.50 (Tier 2) | |
| MILI 0.25-0.035 MG TABLET | \$0 (Tier 1) | |
| MIMVEY 1-0.5 MG TABLET | \$0 (Tier 1) | PA-HRM |
| MIMVEY LO 0.5-0.1 MG TABLET | \$0 (Tier 1) | PA-HRM |
| MINASTRIN 24 FE CHEWABLE TAB | \$0-\$8.50 (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 |
|---|---|--|
| NATAZIA 28 TABLET | \$0-\$8.50 (Tier 2) | |
| NECON 0.5-35-28 TABLET | \$0 (Tier 1) | |
| NIKKI 3 MG-0.02 MG TABLET | \$0 (Tier 1) | |
| <i>norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, noreth-estradiol 1-0.02(24)-75, norethin-estra-fe 0.8-0.025 mg)</i> | \$0 (Tier 1) | |
| <i>norethindron-ethynodiol dihydrochloride (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i> | \$0 (Tier 1) | |
| <i>norethindron-ethynodiol dihydrochloride (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i> | \$0 (Tier 1) | PA-HRM |
| <i>norgestimate-ethynodiol dihydrochloride (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 (Tier 1) | |
| NORTREL (0.5-35-28 TABLET, 1-35 21 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET) | \$0 (Tier 1) | |
| NUVARING VAGINAL RING | \$0-\$8.50 (Tier 2) | |
| OCELLA 3 MG-0.03 MG TABLET | \$0-\$8.50 (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 |
|--|---|--|
| OGESTREL TABLET | \$0 (Tier 1) | |
| ORSYTHIA-28 TABLET | \$0 (Tier 1) | |
| ORTHO TRI-CYCLEN LO TABLET | \$0-\$8.50 (Tier 2) | |
| ORTHO-NOVUM (1-35-28 TABLET, 7-7-7-28 TABLET) | \$0-\$8.50 (Tier 2) | |
| <i>oxandrolone (2.5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | PA |
| PIMTREA 28 DAY TABLET | \$0 (Tier 1) | |
| PIRMELLA (1-35-28 TABLET, 1-35 28 TABLET) | \$0 (Tier 1) | |
| PORTIA-28 TABLET | \$0 (Tier 1) | |
| PREFEST TABLET | \$0 (Tier 1) | PA-HRM |
| PREMPHASE 0.625-5 MG TABLET | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA-HRM |
| PREVIFEM TABLET | \$0 (Tier 1) | |
| QUARTETTE TABLET | \$0-\$8.50 (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 |
|--------------------------------|---|---|
| RECLIPSEN 28 DAY TABLET | \$0 (Tier 1) | |
| RIVELSA TABLET | \$0-\$8.50 (Tier 2) | |
| SAFYRAL TABLET | \$0-\$8.50 (Tier 2) | |
| SEASONIQUE 0.15-0.03-0.01 TAB | \$0-\$8.50 (Tier 2) | |
| SETLAKIN 0.15 MG-0.03 MG TAB | \$0 (Tier 1) | |
| SIMLIYA 28 DAY TABLET | \$0 (Tier 1) | |
| SIMPESSE 0.15-0.03-0.01 MG TAB | \$0 (Tier 1) | |
| SLYND 4 MG TABLET | \$0-\$8.50 (Tier 2) | |
| SPRINTEC 28 DAY TABLET | \$0 (Tier 1) | |
| SRONYX 0.10-0.02 MG TABLET | \$0 (Tier 1) | |
| SYEDA 28 TABLET | \$0 (Tier 1) | |
| TARINA 24 FE 1 MG-20 MCG TAB | \$0 (Tier 1) | |
| TARINA FE 1-20 TABLET | \$0 (Tier 1) | |
| TRI-ESTARYLLA TABLET | \$0 (Tier 1) | |
| TRI-LEGEST FE-28 DAY TABLET | \$0 (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 |
|---------------------------|---|--|
| TRI-LO-ESTARYLLA TABLET | \$0 (Tier 1) | |
| TRI-LO-MILI TABLET | \$0 (Tier 1) | |
| TRI-LO-SPRINTEC TABLET | \$0 (Tier 1) | |
| TRI-MILI 28 TABLET | \$0 (Tier 1) | |
| TRI-PREVIFEM TABLET | \$0 (Tier 1) | |
| TRI-SPRINTEC TABLET | \$0 (Tier 1) | |
| TRI-VYLIBRA 28 TABLET | \$0 (Tier 1) | |
| TRI-VYLIBRA LO TABLET | \$0 (Tier 1) | |
| TRIVORA-28 TABLET | \$0 (Tier 1) | |
| TYDEMY TABLET | \$0 (Tier 1) | |
| VELIVET 28 DAY TABLET | \$0 (Tier 1) | |
| VIENVA-28 TABLET | \$0 (Tier 1) | |
| VYFEMLA 28 TABLET | \$0 (Tier 1) | |
| VYLIBRA 28 TABLET | \$0 (Tier 1) | |
| WYMZYA FE CHEWABLE TABLET | \$0 (Tier 1) | |
| XULANE PATCH | \$0 (Tier 1) | |
| YASMIN 28 TABLET | \$0-\$8.50 (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 |
|--|---|--|
| YAZ 28 TABLET | \$0-\$8.50 (Tier 2) | |
| YUVAFEM (10 MCG INSERT, 10 MCG TABLET) | \$0 (Tier 1) | |
| ZARAH TABLET | \$0 (Tier 1) | |
| ZOVIA 1-35E TABLET | \$0 (Tier 1) | |
| ZUMANDIMINE 3 MG-0.03 MG TAB | \$0 (Tier 1) | |
| CAMILA 0.35 MG TABLET | \$0 (Tier 1) | |
| DEBLITANE 0.35 MG TABLET | \$0 (Tier 1) | |
| DEPO-PROVERA 400 MG/ML VIAL | \$0-\$8.50 (Tier 2) | |
| DEPO-SUBQ PROVERA 104 SYRINGE | \$0-\$8.50 (Tier 2) | |
| ERRIN 0.35 MG TABLET | \$0 (Tier 1) | |
| INCASSIA 0.35 MG TABLET | \$0 (Tier 1) | |
| <i>levonorgestrel 1.5 mg tablet*</i> | \$0 (Tier 3) | QL (1 per 30 days) |
| LYZA 0.35 MG TABLET | \$0 (Tier 1) | |
| <i>medroxyprogesterone 150 mg/ml</i> | \$0-\$8.50 (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>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i> | \$0 (Tier 1) | |
| <i>megestrol acetate (20 mg tablet, 40 mg tablet)</i> | \$0 (Tier 1) | PA NSO |
| <i>megestrol acetate (40 mg/ml susp, 400 mg/10 ml)</i> | \$0 (Tier 1) | PA |
| NORA-BE TABLET | \$0-\$8.50 (Tier 2) | |
| <i>norethindrn 5 mg tb (lupaneta)</i> | \$0 (Tier 1) | |
| <i>norethindrone 0.35 mg tablet</i> | \$0 (Tier 1) | |
| <i>norethindrone 5 mg tablet</i> | \$0 (Tier 1) | |
| NORLYROC 0.35 MG TABLET | \$0 (Tier 1) | |
| ORTHO MICRONOR 0.35 MG TABLET | \$0-\$8.50 (Tier 2) | |
| <i>progesterone (100 mg capsule, 200 mg capsule)</i> | \$0 (Tier 1) | |
| SHAROBEL 0.35 MG TABLET | \$0 (Tier 1) | |
| DUAVEE 0.45-20 MG TABLET | \$0-\$8.50 (Tier 2) | PA-HRM |
| <i>raloxifene hcl 60 mg tablet</i> | \$0 (Tier 1) | QL (30 per 30 days) |

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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 |
|--|---|--|
| 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-\$8.50 (Tier 2) | |
| <i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i> | \$0 (Tier 1) | |
| LEVOXYL (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET) | \$0-\$8.50 (Tier 2) | |
| <i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i> | \$0 (Tier 1) | |
| SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET) | \$0-\$8.50 (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 |
|--|---|--|
| 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, 175 MCG CAPSULE, 200 MCG CAPSULE) | \$0-\$8.50 (Tier 2) | |
| TIROSINT-SOL (13 MCG/ML SOLN, 25 MCG/ML SOLN, 50 MCG/ML SOLN, 75 MCG/ML SOLN, 88 MCG/ML SOLN, 100 MCG/ML SOLN, 112 MCG/ML SOLN, 125 MCG/ML SOLN, 137 MCG/ML SOLN, 150 MCG/ML SOLN, 175 MCG/ML SOLN, 200 MCG/ML SOLN) | \$0-\$8.50 (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-\$8.50 (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-\$8.50 (Tier 2) | PA, QL (120 per 30 days) |
| LYSODREN 500 MG TABLET | \$0-\$8.50 (Tier 2) | |
| <i>methylprednisolone sodium succ (40 mg v, 125 mg)</i> | \$0 (Tier 1) | |
| SOLU-MEDROL 2,000 MG VIAL | \$0-\$8.50 (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 (Tier 1) | |
| 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-\$8.50 (Tier 2) | PA NSO |
| FIRMAGON (2 X 120 MG KIT, 2 X 120 MG VIALS, 80 MG KIT, 80 MG VIAL, 120 MG VIAL) | \$0-\$8.50 (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 |
|--|---|--|
| <i>leuprolide acetate (1 mg/0.2 ml vial, 2wk 1 mg/0.2 ml kit, 2wk 14 mg/2.8 ml kt, 2wk 14 mg/2.8 ml vl)</i> | \$0 (Tier 1) | PA NSO |
| LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 11.25 MG 3MO KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT) | \$0-\$8.50 (Tier 2) | PA NSO |
| LUPRON DEPOT (LUPANETA) (DEPO 11.25MG (LUPANETA), DEPOT 3.75MG (LUPANETA)) | \$0-\$8.50 (Tier 2) | PA NSO |
| LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO) | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i> | \$0 (Tier 1) | PA |
| SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML) | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML) | \$0-\$8.50 (Tier 2) | |
| SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL) | \$0-\$8.50 (Tier 2) | PA |

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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 |
|--|--|---|
| SYNAREL 2 MG/ML NASAL SPRAY | \$0-\$8.50 (Tier 2) | PA |
| TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL) | \$0-\$8.50 (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 (Tier 1) | |
| <i>propylthiouracil 50 mg tablet</i> | \$0 (Tier 1) | |

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-\$8.50 (Tier 2) | PA |
| FIRAZYR 30 MG/3 ML SYRINGE | \$0-\$8.50 (Tier 2) | PA NSO |

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Immunological Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| HAEGARDA (2,000 VIAL, 3,000 VIAL) | \$0-\$8.50 (Tier 2) | PA |
| <i>icatibant 30 mg/3 ml syringe</i> | \$0 (Tier 1) | PA NSO |
| TAKHZYRO 300 MG/2 ML VIAL | \$0-\$8.50 (Tier 2) | PA |
| AZASAN (75 MG TABLET, 100 MG TABLET) | \$0 (Tier 1) | PA BvD |
| <i>azathioprine 50 mg tablet</i> | \$0 (Tier 1) | PA BvD |
| CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET) | \$0-\$8.50 (Tier 2) | PA BvD |
| CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT) | \$0-\$8.50 (Tier 2) | PA |
| <i>cyclosporine (25 mg capsule, 100 mg capsule)</i> | \$0 (Tier 1) | PA BvD |
| <i>cyclosporine modified (25 mg, 50 mg, 100mg/ml, 100 mg)</i> | \$0 (Tier 1) | PA BvD |
| ENBREL (25 MG/0.5 ML SYRINGE, 25 MG KIT, 50 MG/ML SYRINGE) | \$0-\$8.50 (Tier 2) | PA |
| ENBREL 50 MG/ML MINI CARTRIDGE | \$0-\$8.50 (Tier 2) | PA |
| ENBREL 50 MG/ML SURECLICK | \$0-\$8.50 (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 |
|---|---|--|
| GENGRAF (25 MG CAPSULE, 100 MG/ML SOLUTION, 100 MG CAPSULE) | \$0 (Tier 1) | PA BvD |
| HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE) | \$0-\$8.50 (Tier 2) | PA |
| HUMIRA PEDI CROHN 40 MG/0.8 ML | \$0-\$8.50 (Tier 2) | PA |
| HUMIRA PEN 40 MG/0.8 ML | \$0-\$8.50 (Tier 2) | PA |
| HUMIRA PEN CROHN-UC-HS 40 MG | \$0-\$8.50 (Tier 2) | PA |
| HUMIRA PEN PS-UV-ADOL HS 40 MG | \$0-\$8.50 (Tier 2) | PA |
| HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING) | \$0-\$8.50 (Tier 2) | PA |
| HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8) | \$0-\$8.50 (Tier 2) | PA |
| HUMIRA(CF) PEN 40 MG/0.4 ML | \$0-\$8.50 (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 |
|--|---|--|
| HUMIRA(CF) PEN CRHN-UC-HS 80MG | \$0-\$8.50 (Tier 2) | PA |
| HUMIRA(CF) PEN PS-UV-AHS 80-40 | \$0-\$8.50 (Tier 2) | PA |
| ILUMYA 100 MG/ML SYRINGE | \$0-\$8.50 (Tier 2) | PA |
| KEVZARA (150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML SYRINGE) | \$0-\$8.50 (Tier 2) | PA, QL (1.14 per 14 days) |
| KINERET 100 MG/0.67 ML SYRINGE | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>methotrexate (1 gm vial, 2.5 mg tablet)</i> | \$0 (Tier 1) | |
| <i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i> | \$0 (Tier 1) | PA BvD |
| <i>mycophenolic acid (dr 180 mg tb, dr 360 mg tb)</i> | \$0 (Tier 1) | PA BvD |
| MYFORTIC (180 MG TABLET, 360 MG TABLET) | \$0-\$8.50 (Tier 2) | PA BvD |
| NEORAL (25 MG GELATIN CAPSULE, 100 MG/ML SOLUTION, 100 MG GELATIN CAPSULE) | \$0-\$8.50 (Tier 2) | PA BvD |
| OLUMIANT 2 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 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 |
|--|---|--|
| ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL) | \$0-\$8.50 (Tier 2) | PA |
| ORENCIA CLICKJECT 125 MG/ML | \$0-\$8.50 (Tier 2) | PA |
| PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG GRANULE PACKET, 1 MG CAPSULE, 5 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA BvD |
| RAPAMUNE (0.5 MG TABLET, 1 MG/ML ORAL SOLN, 1 MG TABLET, 2 MG TABLET) | \$0-\$8.50 (Tier 2) | PA BvD |
| REMICADE 100 MG VIAL | \$0-\$8.50 (Tier 2) | PA |
| SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN) | \$0-\$8.50 (Tier 2) | PA BvD |
| SILIQ 210 MG/1.5 ML SYRINGE | \$0-\$8.50 (Tier 2) | PA |
| SIMPONI (100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE) | \$0-\$8.50 (Tier 2) | PA |
| SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE) | \$0-\$8.50 (Tier 2) | PA, QL (1 per 28 days) |
| <i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i> | \$0 (Tier 1) | PA BvD |

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Immunological Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| SKYRIZI 150 MG DOSE KIT-2 SYRN | \$0-\$8.50 (Tier 2) | PA |
| <i>tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)</i> | \$0 (Tier 1) | PA BvD |
| TAVALISSE (100 MG TABLET, 150 MG TABLET) | \$0-\$8.50 (Tier 2) | PA |
| TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE) | \$0-\$8.50 (Tier 2) | PA |
| XATMEP 2.5 MG/ML ORAL SOLUTION | \$0-\$8.50 (Tier 2) | |
| XELJANZ (5 MG TABLET, 10 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| XELJANZ XR 11 MG TABLET | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA BvD |
| BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT) | \$0-\$8.50 (Tier 2) | PA NSO |
| FLEBOGAMMA DIF 10% VIAL | \$0-\$8.50 (Tier 2) | PA |
| GAMMAGARD LIQUID 10% VIAL | \$0-\$8.50 (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 |
|--|---|--|
| GAMMAGARD S-D (5 GM VL W/SET, 5 G (IGA<1) SOLN, 10 G (IGA<1) SOL, 10 GM VL W/ST) | \$0-\$8.50 (Tier 2) | PA |
| GAMMAKED 1 GRAM/10 ML VIAL | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA |
| GAMUNEX-C 1 GRAM/10 ML VIAL | \$0-\$8.50 (Tier 2) | PA |
| HAVRIX 1,440 UNITS/ML VIAL | \$0-\$8.50 (Tier 2) | |
| INFLECTRA 100 MG VIAL | \$0-\$8.50 (Tier 2) | PA |
| KEDRAB (300 UNIT/2 ML VIAL, 1,500 UNIT/10 ML VIAL) | \$0-\$8.50 (Tier 2) | PA NSO |
| KINRIX TIP-LOK SYRINGE | \$0-\$8.50 (Tier 2) | |
| <i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i> | \$0 (Tier 1) | |

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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>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 100 mg/4 ml vial, 200 mg/8 ml vial, 250 mg/10 ml vial)</i> | \$0 (Tier 1) | |
| OCTAGAM (5% VIAL, 10% VIAL) | \$0-\$8.50 (Tier 2) | PA |
| PANZYGIA (10% (30 G/300 ML) VIAL, 10% (2.5 G/25 ML) VIAL, 10% (20 G/200 ML) VIAL, 10% (1 G/10 ML) VIAL, 10% (10 G/100 ML) VIAL, 10% (5 G/50 ML) VIAL) | \$0-\$8.50 (Tier 2) | PA |
| PEDIARIX 0.5 ML SYRINGE | \$0-\$8.50 (Tier 2) | |
| PRIVIGEN 10% VIAL | \$0-\$8.50 (Tier 2) | PA |
| RECOMBIVAX HB 10 MCG/ML VIAL | \$0-\$8.50 (Tier 2) | PA |
| RENFLEXIS 100 MG VIAL | \$0-\$8.50 (Tier 2) | PA |
| XEMBIFY (20% (1 G/5 ML) VIAL, 20% (2 G/10 ML) VIAL, 20% (10 G/50 ML) VIAL, 20% (4 G/20 ML) VIAL) | \$0-\$8.50 (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-\$8.50 (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 |
|---|---|--|
| ACTEMRA ACTPEN 162 MG/0.9 ML | \$0-\$8.50 (Tier 2) | PA |
| ACTIMMUNE 100 MCG/0.5 ML VIAL | \$0-\$8.50 (Tier 2) | PA NSO |
| ARCALYST 220 MG INJECTION | \$0-\$8.50 (Tier 2) | |
| <i>leflunomide (10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | |
| OTEZLA 28 DAY STARTER PACK | \$0-\$8.50 (Tier 2) | PA, QL (55 per 28 days) |
| OTEZLA 30 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| RIDAURA 3 MG CAPSULE | \$0-\$8.50 (Tier 2) | |
| ACTHIB (VIAL, WITH DILUENT) | \$0-\$8.50 (Tier 2) | |
| ADACEL TDAP (SYRINGE, VIAL) | \$0-\$8.50 (Tier 2) | |
| BEXSERO PREFILLED SYRINGE | \$0-\$8.50 (Tier 2) | |
| BOOSTRIX TDAP (SYRINGE, VIAL) | \$0-\$8.50 (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-\$8.50 (Tier 2) | |
| <i>diphtheria-tetanus toxoids-ped</i> | \$0-\$8.50 (Tier 2) | |
| ENGERIX-B 20 MCG/ML SYRN | \$0-\$8.50 (Tier 2) | PA |
| ENGERIX-B PEDI 10 MCG/0.5 SYRN | \$0-\$8.50 (Tier 2) | PA |
| GARDASIL 9 (9 SYRINGE, 9 VIAL) | \$0-\$8.50 (Tier 2) | PA |
| HAVRIX (720 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML SYRINGE) | \$0-\$8.50 (Tier 2) | |
| HIBERIX (VIAL, WITH DILUENT) | \$0-\$8.50 (Tier 2) | |
| IMOVAX RABIES VACCINE (VACCINE VIAL, VACCINE+DILUENT) | \$0-\$8.50 (Tier 2) | |
| INFANRIX DTAP VIAL | \$0-\$8.50 (Tier 2) | |
| IPOL VIAL | \$0-\$8.50 (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 |
|---|---|--|
| IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR) | \$0-\$8.50 (Tier 2) | |
| KINRIX VIAL | \$0-\$8.50 (Tier 2) | |
| M-M-R II VACCINE (VIAL, WITH DILUENT) | \$0-\$8.50 (Tier 2) | |
| MENACTRA VIAL | \$0-\$8.50 (Tier 2) | |
| MENVEO A-C-Y-W-135-DIP VIAL KT | \$0-\$8.50 (Tier 2) | |
| PEDVAXHIB VACCINE VIAL | \$0-\$8.50 (Tier 2) | |
| PENTACEL ACTHIB COMPONENT VIAL | \$0-\$8.50 (Tier 2) | |
| PROQUAD VIAL | \$0-\$8.50 (Tier 2) | |
| QUADRACEL DTAP-IPV VIAL | \$0-\$8.50 (Tier 2) | |
| RABAVERT (VACC W-DILUENT, VACCINE VIAL) | \$0-\$8.50 (Tier 2) | |
| RECOMBIVAX HB (5 MCG/0.5 ML SYR, 10 MCG/ML SYR, 40 MCG/ML VIAL) | \$0-\$8.50 (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 |
|--|---|--|
| ROTARIX VACCINE SUSPENSION | \$0-\$8.50 (Tier 2) | |
| ROTAQUE VACCINE | \$0-\$8.50 (Tier 2) | |
| SHINGRIX VIAL KIT | \$0-\$8.50 (Tier 2) | QL (2 per 365 days) |
| <i>tdvax vial</i> | \$0-\$8.50 (Tier 2) | |
| TENIVAC SYRINGE | \$0-\$8.50 (Tier 2) | |
| <i>tetanus diphtheria toxoids</i> | \$0-\$8.50 (Tier 2) | |
| TRUMENBA 120 MCG/0.5 ML VACCIN | \$0-\$8.50 (Tier 2) | |
| TWINRIX VACCINE SYRINGE | \$0-\$8.50 (Tier 2) | |
| TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG) | \$0-\$8.50 (Tier 2) | |
| VAQTA (25 UNITS/0.5 ML VIAL, 25 UNITS/0.5 ML SYRINGE, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL) | \$0-\$8.50 (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 |
|--------------------------------------|---|--|
| VARIVAX VACCINE (VIAL, WITH DILUENT) | \$0-\$8.50 (Tier 2) | |
| VARIZIG 125 UNIT/1.2 ML VIAL | \$0-\$8.50 (Tier 2) | PA NSO |
| YF-VAX (1 VIAL, 5 VIAL) | \$0-\$8.50 (Tier 2) | |
| ZOSTAVAX VIAL | \$0-\$8.50 (Tier 2) | QL (1 per 365 days) |

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 (Tier 1) | |
| CANASA 1,000 MG SUPPOSITORY | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| DELZICOL DR 400 MG CAPSULE | \$0-\$8.50 (Tier 2) | |
| DIPENTUM 250 MG CAPSULE | \$0-\$8.50 (Tier 2) | |
| <i>mesalamine 1,000 mg supp</i> | \$0 (Tier 1) | QL (30 per 30 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>mesalamine 4 gm/60 ml enema</i> | \$0 (Tier 1) | |
| <i>mesalamine 800 mg dr tablet</i> | \$0-\$8.50 (Tier 2) | |
| <i>mesalamine dr 1.2 gm tablet</i> | \$0 (Tier 1) | QL (120 per 30 days) |
| <i>mesalamine dr 400 mg capsule</i> | \$0 (Tier 1) | |
| PENTASA 250 MG CAPSULE | \$0-\$8.50 (Tier 2) | QL (120 per 30 days) |
| PENTASA 500 MG CAPSULE | \$0-\$8.50 (Tier 2) | QL (240 per 30 days) |
| ALA-CORT 2.5% CREAM | \$0 (Tier 1) | QL (30 per 30 days) |
| ANUSOL-HC 2.5% CREAM | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>budesonide ec 3 mg capsule</i> | \$0 (Tier 1) | |
| <i>hydrocortisone 100 mg/60 ml</i> | \$0-\$8.50 (Tier 2) | |
| MICORT-HC (MICORT HC 2.5% CREAM, MICORT-HC 2.5% CREAM) | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>sulfasalazine 500 mg tablet</i> | \$0 (Tier 1) | |
| <i>sulfasalazine dr 500 mg tab</i> | \$0-\$8.50 (Tier 2) | |

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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>alendronate sod 70 mg/75 ml</i> | \$0 (Tier 1) | |
| <i>alendronate sodium (35 mg tab, 70 mg tab)</i> | \$0 (Tier 1) | QL (4 per 28 days) |
| <i>alendronate sodium (5 mg tablet, 10 mg tab, 40 mg tab)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>calcitonin-salmon 200 units sp</i> | \$0 (Tier 1) | |
| <i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i> | \$0 (Tier 1) | |
| <i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i> | \$0 (Tier 1) | |
| <i>etidronate disodium (200 mg tab, 400 mg tab)</i> | \$0 (Tier 1) | |
| <i>FORTEO 600 MCG/2.4 ML PEN INJ</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>ibandronate sodium 150 mg tab</i> | \$0 (Tier 1) | QL (1 per 28 days) |
| <i>pamidronate disodium (30 mg/10 ml vial, 60 mg/10 ml vial, 90 mg/10 ml vial)</i> | \$0 (Tier 1) | PA |
| <i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i> | \$0 (Tier 1) | PA |
| <i>PROLIA 60 MG/ML SYRINGE</i> | \$0-\$8.50 (Tier 2) | PA |
| <i>RAYALDEE ER 30 MCG CAPSULE</i> | \$0-\$8.50 (Tier 2) | PA NSO |

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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 |
|--|--|---|
| TYMLOS 80 MCG DOSE PEN INJECTR | \$0-\$8.50 (Tier 2) | PA, QL (2 per 30 days) |
| XGEVA 120 MG/1.7 ML VIAL | \$0-\$8.50 (Tier 2) | PA |
| <i>zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)</i> | \$0 (Tier 1) | PA |
| ZOMETA 4 MG/100 ML INJECTION | \$0-\$8.50 (Tier 2) | PA |

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-\$8.50 (Tier 2) | PA |
| <i>bacitracin-polymyxin eye oint</i> | \$0 (Tier 1) | |
| <i>balanced salt eye irrigation solution*</i> | \$0 (Tier 3) | QL (240 per 30 days) |
| BLEPHAMIDE EYE DROPS | \$0-\$8.50 (Tier 2) | |
| BLEPHAMIDE EYE OINTMENT | \$0 (Tier 1) | |
| COMBIGAN 0.2%-0.5% EYE DROPS | \$0-\$8.50 (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>dorzolamide-timolol eye drops</i> | \$0 (Tier 1) | |
| LASTACAF 0.25% EYE DROPS | \$0-\$8.50 (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 (Tier 1) | |
| <i>neomyc-bacit-polymix eye oint</i> | \$0 (Tier 1) | |
| <i>neomyc-polym-gramcid eye drop</i> | \$0 (Tier 1) | |
| <i>neomycin-poly-hc eye drops</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i> | \$0 (Tier 1) | |
| <i>polymyxin b-tmp eye drops</i> | \$0 (Tier 1) | |
| <i>polyvinyl alcohol 1.4 % 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-\$8.50 (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) |

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Ophthalmic Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| sodium chloride 5 % drops* | \$0 (Tier 3) | PA, QL (15 per 30 days) |
| sulfacetamide-prednisolone (10-0.25% drops, 10-0.23% drops) | \$0 (Tier 1) | |
| TOBRADEX ST EYE DROPS | \$0-\$8.50 (Tier 2) | |
| tobramycin-dexameth ophth susp | \$0 (Tier 1) | |
| XIIDRA 5% EYE DROPS | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| carboxymethylcellulose sodium 0.5 % droperette* | \$0 (Tier 3) | PA |
| carboxymethylcellulose sodium 0.5 % ophthalmic drops* | \$0 (Tier 3) | PA, QL (15 per 30 days) |
| carboxymethylcellulose sodium 1 % ophthalmic dropper gel* | \$0 (Tier 3) | PA, QL (15 per 30 days) |
| LACRISERT 5 MG EYE INSERT | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| OXERVATE 0.002% EYE DROP | \$0-\$8.50 (Tier 2) | PA |
| RESTASIS 0.05% EYE EMULSION | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| RESTASIS MULTIDOSE 0.05% EYE | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |

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Ophthalmic Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| ALOCRIL 2% EYE DROPS | \$0-\$8.50 (Tier 2) | ST |
| ALOMIDE 0.1% EYE DROPS | \$0-\$8.50 (Tier 2) | ST |
| <i>azelastine hcl 0.05% drops</i> | \$0 (Tier 1) | |
| <i>cromolyn 4% eye drops</i> | \$0 (Tier 1) | |
| <i>ketotifen fumarate 0.025 % drops*</i> | \$0 (Tier 3) | QL (5 per 30 days) |
| <i>olopatadine hcl 0.1% eye drops</i> | \$0 (Tier 1) | ST, QL (5 per 30 days) |
| <i>olopatadine hcl 0.2% eye drop</i> | \$0 (Tier 1) | ST |
| PAZEO 0.7% EYE DROPS | \$0-\$8.50 (Tier 2) | ST, QL (2.5 per 30 days) |
| ACUVAIL 0.45% OPHTH SOLUTION | \$0-\$8.50 (Tier 2) | QL (70 per 180 days) |
| ALREX 0.2% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| <i>dexamethasone 0.1% eye drop</i> | \$0 (Tier 1) | |
| <i>diclofenac 0.1% eye drops</i> | \$0 (Tier 1) | QL (20 per 180 days) |
| DUREZOL 0.05% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| FLAREX 0.1% EYE DROPS | \$0-\$8.50 (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>fluorometholone 0.1% drops</i> | \$0-\$8.50 (Tier 2) | |
| <i>flurbiprofen 0.03% eye drop</i> | \$0 (Tier 1) | |
| FML FORTE 0.25% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| FML S.O.P. 0.1% OINTMENT | \$0-\$8.50 (Tier 2) | |
| <i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i> | \$0 (Tier 1) | |
| LOTEMAX (0.5% OPHTHALMIC GEL, 0.5% EYE OINTMENT) | \$0-\$8.50 (Tier 2) | QL (10 per 180 days) |
| LOTEMAX 0.5% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| LOTEMAX SM 0.38% OPHTH GEL | \$0-\$8.50 (Tier 2) | QL (10 per 180 days) |
| <i>loteprednol etabonate 0.5% drp</i> | \$0 (Tier 1) | |
| NEVANAC 0.1% DROPTAINER | \$0-\$8.50 (Tier 2) | QL (6 per 180 days) |
| PRED MILD 0.12% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| <i>prednisolone ac 1% eye drop</i> | \$0-\$8.50 (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 sod 1% eye drop</i> | \$0 (Tier 1) | |
| ALPHAGAN P 0.1% DROPS | \$0-\$8.50 (Tier 2) | |
| <i>apraclonidine hcl 0.5% drops</i> | \$0 (Tier 1) | |
| AZOPT 1% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| <i>betaxolol hcl 0.5% eye drop</i> | \$0 (Tier 1) | |
| BETOPTIC S 0.25% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| <i>brimonidine 0.2% eye drop</i> | \$0 (Tier 1) | |
| <i>brimonidine tartrate 0.15% drp</i> | \$0-\$8.50 (Tier 2) | |
| <i>carteolol hcl 1% eye drops</i> | \$0 (Tier 1) | |
| <i>dorzolamide hcl 2% eye drops</i> | \$0 (Tier 1) | |
| IOPIDINE 1% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| <i>levobunolol 0.5% eye drops</i> | \$0 (Tier 1) | |
| PHOSPHOLINE IODIDE 0.125% | \$0-\$8.50 (Tier 2) | |
| <i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i> | \$0-\$8.50 (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>timolol maleate</i> (0.25% gfs, 0.25%, 0.5% gfs, 0.5%) | \$0-\$8.50 (Tier 2) | |
| <i>timolol maleate</i> (maleate 0.25% drop, 0.5% drop, maleate 0.5% drops) | \$0 (Tier 1) | |
| <i>bimatoprost</i> 0.03% eye drops | \$0 (Tier 1) | |
| <i>latanoprost</i> 0.005% eye drops | \$0 (Tier 1) | |
| LUMIGAN 0.01% EYE DROPS | \$0-\$8.50 (Tier 2) | |
| TRAVATAN Z 0.004% EYE DROP | \$0-\$8.50 (Tier 2) | |

Otic Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>carbamide peroxide</i> 6.5 % drops* | \$0 (Tier 3) | QL (15 per 30 days) |
| CIPRO HC OTIC SUSPENSION | \$0-\$8.50 (Tier 2) | |
| CIPRODEX OTIC SUSPENSION | \$0-\$8.50 (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>fluocinolone oil 0.01% ear drp</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-hc ear soln</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-hc ear susp</i> | \$0 (Tier 1) | |

Respiratory Tract/Pulmonary Agents

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG) | \$0-\$8.50 (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-\$8.50 (Tier 2) | QL (4 per 30 days) |
| ASMANEX HFA (HFA 100 MCG INHALER, HFA 200 MCG INHALER) | \$0-\$8.50 (Tier 2) | QL (13 per 30 days) |
| <i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i> | \$0 (Tier 1) | |
| FLOVENT DISKUS (50 MCG, 100 MCG, 250 MCG) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER) | \$0-\$8.50 (Tier 2) | QL (12 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 |
|--|---|--|
| FLOVENT HFA 220 MCG INHALER | \$0-\$8.50 (Tier 2) | QL (24 per 30 days) |
| PULMICORT FLEXHALER (90 MCG, 180 MCG) | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| QVAR REDIHALER (40 MCG, 80 MCG) | \$0-\$8.50 (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) |
| <i>cyproheptadine hcl (2 mg/5 ml syrup, 2 mg/5 ml soln, 4 mg tablet, 4 mg/10 ml syrup)</i> | \$0 (Tier 1) | PA-HRM |
| <i>desloratadine 5 mg tablet</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>dimenhydrinate 50 mg tablet*</i> | \$0 (Tier 3) | PA, 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) |

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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>levocetirizine 2.5 mg/5 ml sol</i> | \$0 (Tier 1) | QL (300 per 30 days) |
| <i>levocetirizine 5 mg tablet</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>loratadine 10 mg tablet*</i> | \$0 (Tier 3) | QL (30 per 30 days) |
| <i>loratadine 5 mg/5 ml solution*</i> | \$0 (Tier 3) | QL (240 per 30 days) |
| <i>triprolidine/pseudoephedrine 2.5mg-60mg tablet*</i> | \$0 (Tier 3) | PA, QL (60 per 30 days) |
| <i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>zafirlukast (10 mg tablet, 20 mg tablet)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| ATROVENT 17 MCG HFA INHALER | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| INCRUSE ELLIPTA 62.5 MCG INH | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| <i>ipratropium br 0.02% soln</i> | \$0 (Tier 1) | |
| SPIRIVA 18 MCG CP-HANDIHALER | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| SPIRIVA RESPIMAT (1.25 MCG, 2.5 MCG) | \$0-\$8.50 (Tier 2) | QL (4 per 30 days) |
| TUDORZA PRESSAIR 400 MCG INH (30 ACTUATIONS) | \$0-\$8.50 (Tier 2) | 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 |
|--|---|---|
| TUDORZA PRESSAIR 400 MCG INH (60 ACTUATIONS) | \$0-\$8.50 (Tier 2) | QL (2 per 30 days) |
| ADRENALIN 1 MG/ML VIAL | \$0-\$8.50 (Tier 2) | |
| ADRENALIN CL 1 MG/ML VIAL | \$0-\$8.50 (Tier 2) | |
| <i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, sulf 2 mg/5 ml syrup, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution)</i> | \$0 (Tier 1) | |
| <i>albuterol sulfate hfa 90 mcg inhaler (proair generic)</i> | \$0 (Tier 1) | QL (34 per 30 days) |
| <i>albuterol sulfate hfa 90 mcg inhaler (proventil generic)</i> | \$0 (Tier 1) | QL (14 per 30 days) |
| <i>albuterol sulfate hfa 90 mcg inhaler (ventolin generic)</i> | \$0 (Tier 1) | QL (36 per 30 days) |
| BROVANA 15 MCG/2 ML SOLUTION | \$0-\$8.50 (Tier 2) | PA NSO |
| <i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i> | \$0-\$8.50 (Tier 2) | QL (2 per 30 days) |
| <i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)</i> | \$0 (Tier 1) | PA NSO |

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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>metaproterenol 10 mg/5 ml syr</i> | \$0 (Tier 1) | |
| PROAIR HFA 90 MCG INHALER | \$0-\$8.50 (Tier 2) | QL (34 per 30 days) |
| PROAIR RESPICLICK 90 MCG INHLR | \$0-\$8.50 (Tier 2) | QL (2 per 30 days) |
| PROVENTIL HFA 90 MCG INHALER | \$0-\$8.50 (Tier 2) | QL (14 per 30 days) |
| SEREVENT DISKUS 50 MCG | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| STRIVERDI RESPIMAT INHAL SPRAY | \$0-\$8.50 (Tier 2) | QL (4 per 30 days) |
| VENTOLIN HFA 90 MCG INHALER | \$0-\$8.50 (Tier 2) | QL (36 per 30 days) |
| BETHKIS 300 MG/4 ML AMPULE | \$0-\$8.50 (Tier 2) | |
| CAYSTON 75 MG INHAL SOLUTION | \$0-\$8.50 (Tier 2) | PA |
| KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| ORKAMBI (100-125 MG GRANULE PKT, 150- 188 MG GRANULE PKT) | \$0-\$8.50 (Tier 2) | PA, QL (56 per 28 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 |
|--|---|--|
| ORKAMBI 200 MG-125 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (112 per 28 days) |
| SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS) | \$0-\$8.50 (Tier 2) | PA |
| TOBI PODHALER 28 MG INHALE CAP | \$0-\$8.50 (Tier 2) | PA |
| <i>tobramycin 300 mg/5 ml ampule</i> | \$0 (Tier 1) | PA |
| <i>cromolyn 20 mg/2 ml neb soln</i> | \$0 (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-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| <i>theophylline (80 mg/15 ml soln, er 400 mg tablet, er 600 mg tablet)</i> | \$0 (Tier 1) | |
| <i>theophylline er 300 mg tab</i> | \$0 (Tier 1) | |
| ADCIRCA 20 MG TABLET | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA, LA |
| ALYQ 20 MG TABLET | \$0 (Tier 1) | PA, 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 |
|--|---|---|
| <i>ambrisentan (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>bosentan (62.5 mg tablet, 125 mg tablet)</i> | \$0 (Tier 1) | PA, LA, QL (60 per 30 days) |
| LETAIRIS (5 MG TABLET, 10 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| OPSUMIT 10 MG TABLET | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA |
| REVATIO 10 MG/ML ORAL SUSP | \$0-\$8.50 (Tier 2) | PA |
| <i>sildenafil 20 mg tablet</i> | \$0 (Tier 1) | PA |
| <i>sildenafil citrate (10 mg/ml oral susp, 20 mg tablet)</i> | \$0 (Tier 1) | PA |
| <i>tadalafil 20 mg tablet</i> | \$0 (Tier 1) | PA, QL (60 per 30 days) |
| TRACLEER (62.5 MG TABLET, 125 MG TABLET) | \$0-\$8.50 (Tier 2) | PA, LA, QL (60 per 30 days) |
| TRACLEER 32 MG TABLET FOR SUSP | \$0-\$8.50 (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-\$8.50 (Tier 2) | PA, 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 |
|--|---|--|
| VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION) | \$0-\$8.50 (Tier 2) | PA |
| ESBRIET 267 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA, QL (270 per 30 days) |
| OFEV (100 MG CAPSULE, 150 MG CAPSULE) | \$0-\$8.50 (Tier 2) | PA, QL (60 per 30 days) |
| <i>acetylcysteine (10% vial, 20% vial)</i> | \$0 (Tier 1) | |
| ADVAIR DISKUS (100-50, 250-50, 500-50) | \$0-\$8.50 (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-\$8.50 (Tier 2) | QL (12 per 30 days) |
| ANORO ELLIPTA 62.5-25 MCG INH | \$0-\$8.50 (Tier 2) | QL (60 per 30 days) |
| <i>benzonatate 100 mg capsule*</i> | \$0 (Tier 3) | QL (60 per 30 days) |
| <i>benzonatate 200 mg capsule*</i> | \$0 (Tier 3) | QL (60 per 30 days) |
| BREO ELLIPTA (100-25 MCG, 200-25 MCG) | \$0-\$8.50 (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-\$8.50 (Tier 2) | QL (13 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 |
|--|---|--|
| FASENRA 30 MG/ML SYRINGE | \$0-\$8.50 (Tier 2) | PA |
| <i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i> | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i> | \$0-\$8.50 (Tier 2) | QL (1 per 30 days) |
| NUCALA (100 MG/ML SYRINGE, 100 MG VIAL, 100 MG/ML AUTO-INJECTOR) | \$0-\$8.50 (Tier 2) | PA, QL (3 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-\$8.50 (Tier 2) | QL (11 per 30 days) |
| TRELEGY ELLIPTA 100-62.5-25 | \$0-\$8.50 (Tier 2) | ST, QL (60 per 30 days) |
| WIXELA INHUB (100-50, 250-50, 500-50) | \$0 (Tier 1) | QL (60 per 30 days) |
| <i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i> | \$0 (Tier 1) | 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 |
|---|---|---|
| COMBIVENT RESPIMAT 20-100 MCG | \$0-\$8.50 (Tier 2) | QL (4 per 30 days) |
| <i>epinephrine 0.3 mg auto-inject</i> | \$0-\$8.50 (Tier 2) | QL (2 per 30 days) |
| ESBRIET 267 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (270 per 30 days) |
| ESBRIET 801 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (90 per 30 days) |
| <i>flunisolide 0.025% spray</i> | \$0 (Tier 1) | QL (50 per 30 days) |
| <i>fluticasone prop 50 mcg spray</i> | \$0 (Tier 1) | QL (16 per 30 days) |
| <i>iprat-albut 0.5-3(2.5) mg/3 ml</i> | \$0 (Tier 1) | |
| <i>ipratropium bromide (0.03% spray, 0.06% spray)</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>levalbuterol conc 1.25 mg/0.5</i> | \$0 (Tier 1) | PA NSO |
| <i>levalbuterol tar hfa 45mcg inh</i> | \$0-\$8.50 (Tier 2) | QL (30 per 30 days) |
| ORKAMBI 100 MG-125 MG TABLET | \$0-\$8.50 (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) |

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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>pseudoephedrine hcl 60 mg tablet*</i> | \$0 (Tier 3) | QL (60 per 30 days) |
| PULMOZYME 1 MG/ML AMPUL | \$0-\$8.50 (Tier 2) | PA NSO |
| STIOLTO RESPIMAT INHAL SPRAY | \$0-\$8.50 (Tier 2) | QL (4 per 30 days) |
| XOFLUZA (20 MG TAB (40 MG DOSE), 40 MG TAB (80 MG DOSE)) | \$0-\$8.50 (Tier 2) | QL (2 per 30 days) |
| XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL) | \$0-\$8.50 (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 (Tier 1) | PA-HRM, QL (120 per 30 days) |
| <i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | PA-HRM, QL (90 per 30 days) |
| <i>methocarbamol (500 mg tablet, 750 mg tablet)</i> | \$0 (Tier 1) | PA-HRM |
| <i>orphenadrine er 100 mg tablet</i> | \$0 (Tier 1) | PA-HRM |

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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 (Tier 1) | PA-HRM, QL (30 per 30 days) |
| <i>flurazepam hcl (15 mg capsule, 30 mg capsule)</i> | \$0 (Tier 1) | PA-HRM, QL (30 per 30 days) |
| <i>temazepam (15 mg capsule, 30 mg capsule)</i> | \$0 (Tier 1) | PA-HRM, QL (30 per 30 days) |
| <i>triazolam (0.125 mg tablet, 0.25 mg tablet)</i> | \$0-\$8.50 (Tier 2) | PA-HRM, QL (30 per 30 days) |
| <i>zaleplon (5 mg capsule, 10 mg capsule)</i> | \$0 (Tier 1) | PA-HRM, QL (30 per 30 days) |
| <i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i> | \$0 (Tier 1) | PA-HRM, QL (30 per 30 days) |
| HETLIOZ 20 MG CAPSULE | \$0-\$8.50 (Tier 2) | PA NSO, QL (30 per 30 days) |
| <i>modafinil (100 mg tablet, 200 mg tablet)</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| <i>ramelteon 8 mg tablet</i> | \$0 (Tier 1) | PA, QL (30 per 30 days) |
| ROZEREM 8 MG TABLET | \$0-\$8.50 (Tier 2) | PA, QL (30 per 30 days) |
| XYREM 500 MG/ML ORAL SOLUTION | \$0-\$8.50 (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 (Tier 1) | QL (100 per 30 days) |
| <i>GYNOL II 3% GEL*</i> | \$0 (Tier 3) | QL (81 per 30 days) |
| <i>inhaler, assist devices*</i> | \$0 (Tier 3) | QL (1 per 365 days) |
| <i>insulin pen needle</i> | \$0 (Tier 1) | QL (200 per 30 days) |
| <i>insulin syringe (disp) u-100 0.3 ml</i> | \$0 (Tier 1) | QL (200 per 30 days) |
| <i>insulin syringe (disp) u-100 1 ml</i> | \$0 (Tier 1) | QL (200 per 30 days) |
| <i>insulin syringe (disp) u-100 1/2 ml</i> | \$0 (Tier 1) | QL (200 per 30 days) |
| <i>isopropyl alcohol 0.7 ml/ml medicated pad</i> | \$0 (Tier 1) | |
| <i>lancets*</i> | \$0 (Tier 3) | PA, QL (100 per 30 days) |
| <i>needles, insulin disp., safety</i> | \$0 (Tier 1) | QL (30 per 30 days) |
| <i>urine glucose-acet test strip*</i> | \$0 (Tier 3) | PA, QL (100 per 30 days) |

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Uncategorized

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---------------------------------|---|--|
| <i>inhaler, assist devices*</i> | \$0 (Tier 3) | |

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| rifabutin | .56 | selenium sulfide | .131 | tablet | .146 |
| RIFAMATE | .56 | selenium sulfide 1 % shampoo | .131 | sodium chloride | .137,144 |
| rifampin | .56 | SELZENTRY | .85 | sodium chloride 0.65 % spray | .209 |
| RIFATER | .57 | sennosides 8.6 mg tablet | .149 | sodium chloride 5 % drops | .196 |
| riluzole | .123 | SENSIPAR | .155 | sodium chloride-water | .138 |
| rimantadine hcl | .89 | SEREVENT DISKUS | .205 | sodium fluoride 2.2 mg (fluoride | |
| ringers injection | .144 | SEROSTIM | .147 | ion 1 mg) oral tablet | .144 |
| ringers irrigation | .144 | sertraline hcl | .46 | sodium lactate | .144 |
| RISPERDAL CONSTA | .79 | SETLAKIN | .171 | sodium phenylbutyrate | .152 |
| risperidone | .79,80 | sevelamer carbonate | .155 | sodium polystyrene sulfonate | |
| risperidone odt | .80 | sevelamer hcl | .155 | sulfonate | .134 |
| ritonavir | .87 | SHAROBEL | .174 | sodium sulfacetamide | .34 |
| RITUXAN | .63 | SHINGRIX | .190 | sodium,potassium phosphates | |
| rivastigmine | .42 | SIGNIFOR | .178 | 280-250 mg oral powder | |
| RIVELSA | .171 | sildenafil | .207 | packets | .134 |
| rizatriptan | .54 | sildenafil citrate | .207 | sofosbuvir-velpatasvir | .89 |
| ropinirole hcl | .74 | SILIQ | .183 | solifenacin succinate | .153 |
| rosuvastatin calcium | .117 | SILVADENE | .34 | SOLIQUA 100-33 | .96 |
| ROTARIX | .190 | silver sulfadiazine | .34 | SOLOSEC | .27 |
| ROTAQUE | .190 | simethicone 80 mg tab | | SOLTAMOX | .59 |
| ROZEREM | .212 | chew | .146 | SOLU-MEDROL | .177 |
| ROZLYTREK | .63 | SIMLIYA | .171 | SOMATULINE DEPOT | .178 |
| RUBRACA | .63 | SIMPESSE | .171 | SOMAVERT | .178 |
| RYDAPT | .69 | SIMPONI | .183 | sotalol | .108 |
| | | simvastatin | .117 | sotalol af | .108 |
| | | sirolimus | .183 | SOVALDI | .89 |
| SABRIL | .38 | SIRTURO | .57 | SPIRIVA | .203 |
| SAFYRAL | .171 | SIVEXTRO | .27 | SPIRIVA RESPIMAT | .203 |
| SAIZEN | .159 | SKELETAL MUSCLE | | spironolactone | .116 |
| SAIZEN-SAIZENPREP | .159 | RELAXANTS | .211 | spironolactone-hctz | .114 |
| SANDIMMUNE | .183 | SKYRIZI (2 SYRINGES) | | SPORANOX | .52 |
| SANDOSTATIN LAR DEPOT | .159 | KIT | .184 | SPRAVATO | .44 |
| SANTYL | .131 | SLEEP DISORDER AGENTS | .212 | SPRINTEC | .171 |
| | | | | SPRITAM | .36 |

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|-----------------------|------|-----------------------|------|---------------------|------|
| SABRIL | .38 | SIRTURO | .57 | SPIRIVA | .203 |
| SAFYRAL | .171 | SIVEXTRO | .27 | SPIRIVA RESPIMAT | .203 |
| SAIZEN | .159 | SKELETAL MUSCLE | | spironolactone | .116 |
| SAIZEN-SAIZENPREP | .159 | RELAXANTS | .211 | spironolactone-hctz | .114 |
| SANDIMMUNE | .183 | SKYRIZI (2 SYRINGES) | | SPORANOX | .52 |
| SANDOSTATIN LAR DEPOT | .159 | KIT | .184 | SPRAVATO | .44 |
| SANTYL | .131 | SLEEP DISORDER AGENTS | .212 | SPRINTEC | .171 |
| | | | | SPRITAM | .36 |

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| SPRYCEL | 69 | SYNJARDY | 97 | <i>tenofovir disoproxil fumarate</i> | 88 |
| SPS | 134 | SYNJARDY XR | 97 | <i>terazosin hcl</i> | 106 |
| SRONYX | 171 | SYNRIBO | 63 | <i>terbinafine hcl</i> | 52 |
| SSD | 34 | SYNTHROID | 175 | <i>terconazole</i> | 53 |
| <i>stavudine</i> | .84 | | | <i>testosterone</i> | 160 |
| STEGLATRO | 96 | T | | <i>testosterone cypionate</i> | 160 |
| STEGLUJAN | 97 | TABLOID | .59 | <i>testosterone enanthate</i> | 160 |
| STELARA | 131 | <i>tacrolimus</i> | 131,184 | <i>tetanus diphtheria toxoids</i> | 190 |
| STIOLTO RESPIMAT | 211 | <i>tadalafil</i> | 207 | <i>tetrabenazine</i> | 123 |
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| <i>streptomycin sulfate</i> | .24 | TAGRISSO | .69 | THALOMID | 59 |
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| STRIVERDI RESPIMAT | 205 | TALTZ AUTOINJECTOR | .132 | <i>theophylline anhydrous</i> | 206 |
| <i>sucralfate</i> | 149 | TALTZ AUTOINJECTOR (2 | | <i>thiamine hcl 50 mg tablet</i> | 144 |
| <i>sulfacetamide sodium</i> | .34 | PACK) | .131 | <i>thioridazine hcl</i> | 76 |
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| <i>sulfadiazine</i> | .34 | PACK) | .131 | <i>tiagabine hcl</i> | 39 |
| <i>sulfamethoxazole-</i> | | TALTZ SYRINGE | .132 | TIBSOVO | 63 |
| <i>trimethoprim</i> | .34 | TALTZ SYRINGE (2 PACK) | .132 | <i>tigecycline</i> | 27 |
| SULFAMYLYON | .27 | TALTZ SYRINGE (3 PACK) | .132 | TIGLUTIK | 123 |
| <i>sulfasalazine</i> | .192 | TALZENNA | .63 | <i>timolol maleate</i> | 109,200 |
| <i>sulfasalazine dr</i> | .192 | <i>tamoxifen citrate</i> | .59 | <i>tinidazole</i> | 28 |
| <i>sulindac</i> | .18 | <i>tamsulosin hcl</i> | .154 | TIROSINT | 176 |
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| <i>sumatriptan succinate</i> | .55 | TARGETIN | .71 | TIVICAY | 82 |
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| SUPREP | .149 | TASIGNA | .69 | TOBRADEX | 24 |
| SUTENT | .69 | TAVALISSE | .184 | TOBRADEX ST | 196 |
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| SYMFI | .85 | TECENTRIQ | .65 | TOBREX | 24 |
| SYMFI LO | .85 | TECFIDERA | .125 | <i>tolbutamide</i> | 95 |
| SYMLINPEN 120 | .95 | TEFLARO | .29 | <i>tolcapone</i> | 74 |
| SYMLINPEN 60 | .95 | TEGSEDI | .123 | <i>tolnaftate 1% cream</i> | 132 |
| SYMPAZAN | .39 | <i>telmisartan</i> | .106 | <i>tolterodine tartrate</i> | 153 |
| SYMTUZA | .85 | <i>temazepam</i> | .212 | <i>tolterodine tartrate er</i> | 153 |
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| SYNDROS | .50 | TENIVAC | .190 | <i>toremifene citrate</i> | 59 |

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| TPN ELECTROLYTES II | 144 | <i>trifluridine</i> | 90 | <i>valacyclovir</i> | 90 |
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| <i>tramadol hcl</i> | 21 | PACKETS | 146 | <i>valproic acid</i> | 39 |
| <i>trandolapril</i> | 107 | <i>trimethobenzamide hcl</i> | 49 | <i>valsartan</i> | 106 |
| <i>tranexamic acid</i> | 104 | <i>trimethoprim</i> | 28 | <i>valsartan</i> | |
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| <i>tranylcypromine sulfate</i> | 44 | TRINTELLIX | 46 | <i>vancomycin hcl</i> | 26,28 |
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| VIREAD | 88 | YAZ | 173 | | |
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OneCare Connect Customer Service

| Method | Customer Service – Contact Information |
|---------|---|
| CALL | <p>1-855-705-8823</p> <p>Calls to this number are free. You can call Customer Service 24 hours a day, 7 days a week.</p> <p>Customer Service also has free language interpreter services available for non-English speakers.</p> |
| TTY | <p>1-800-735-2929</p> <p>Calls to this number are free. You can call Customer Service 24 hours a day, 7 days a week.</p> |
| FAX | 1-714-246-8711 |
| WRITE | OneCare Connect Attention: Customer Service 505 City Parkway West Orange, CA 92868 |
| EMAIL | OneCareConnectCS@caloptima.org |
| WEBSITE | www.caloptima.org/onecareconnect |