

2022

Aetna[®] Assure Premier Plus (HMO D-SNP) **List of Covered Drugs (Formulary)**

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

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit **[AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/betterhealth/new-jersey-hmosnp/drug-formulary)**

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2022 Aetna[®] Assure Premier Plus (HMO D-SNP) *List of Covered Drugs* (Formulary)

Introduction

This document is called the List of Covered Drugs (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs and items are covered by Aetna Assure Premier Plus (HMO D-SNP). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Aetna Assure Premier Plus (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY:711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free. **For more information**, visit AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary

A. Disclaimers

This is a list of drugs that members can get in Aetna® Assure Premier Plus (HMO D-SNP).

- ❖ Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- ❖ Aetna Assure Premier Plus (HMO D-SNP) es un plan totalmente integrado de necesidades especiales de doble elegibilidad con un contrato de Medicare y un contrato con el programa de Medicaid de Nueva Jersey. La inscripción en Aetna Assure Premier Plus depende de la renovación del contrato.
- ❖ You can always check Aetna Assure Premier Plus (HMO D-SNP)'s up-to-date List of Covered Drugs online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/betterhealth/new-jersey-hmosnp/drug-formulary) or call Member Services at the number listed at the bottom of this page.
- ❖ ATTENTION: If you speak a language other than English, free language assistance services are available. Visit our website [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/betterhealth/new-jersey-hmosnp) or call **1-844-362-0934 (TTY: 711)**, 8:00 a.m. a 8:00 p.m., 7 days a week.
- ❖ ATENCIÓN: Si habla un idioma que no sea el inglés, los servicios gratuitos de asistencia en idiomas están disponibles. Visite nuestro sitio web en [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/betterhealth/new-jersey-hmosnp) o llame al **1-844-362-0934 (TTY: 711)**, de 8 a.m. a 8 p.m., los 7 días de la semana.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number listed at the bottom of this page. The call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week. The call is free.
- ❖ If you wish to make or change a standing request to receive materials in a language other than English or in an alternate format, you can call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 11 are the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Aetna Assure Premier Plus (HMO D-SNP) 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 an Aetna Assure Premier Plus (HMO D-SNP) network pharmacy.
- Aetna Better Health Premier Plan may have additional steps to access certain drugs. Refer to question B4 for more information.

You can also find an up-to-date list of drugs we cover on our website at AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary or call Member Services at 1-844-362-0934 (TTY:711).

B2. Does the Drug List ever change?

Yes, and Aetna Assure Premier Plus (HMO D-SNP) must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Aetna Assure Premier Plus (HMO D-SNP) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

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

- You can always check Aetn[®]a Assure Premier Plus (HMO D-SNP)'s current Drug List online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary).
- You can also call Member Services at **1-844-362-0934 (TTY:711)** to check the current Drug List.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - 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. Refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we may take it off the Drug List. If you are taking the drug, we will let you know.
- Please contact your doctor if a drug you are taking is removed from the drug list.

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 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**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

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

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

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, 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, your doctor, or other prescriber must get authorization from Aetna® Assure Premier Plus (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Aetna Assure Premier Plus (HMO D-SNP) may not cover the drug if you do not get authorization.
- **Quantity limits:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) 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 or other prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on page 11 - 97. You can also get more information by visiting our website at AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The *table of Drugs* on page 11 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Aetna Assure Premier Plus (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)

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

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

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by drug type.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 98. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. 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 drug type**, find the section labeled “List of Drugs by Drug Type” on page 11. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for an infection, you should look in the “Anti-infectives” category. That is where you will find drugs that treat infections.

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

If you don’t find your drug on the Drug List, call Member Services at **1-844-362-0934 (TTY:711)** and ask about it. If you learn that Aetna® Assure Premier Plus (HMO D-SNP) will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Aetna Assure Premier Plus (HMO D-SNP) member and can’t find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead, or whether to ask for an exception.

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

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

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Aetna Assure Premier Plus (HMO D-SNP), **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 Aetna® Assure Premier Plus (HMO D-SNP) member.

- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP).

Current members with a change in level of care

If you experience a change in your setting of care (such as being discharged or admitted to a nursing home or other long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30- day supply) for the applicable drug(s).

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

Yes. You can ask Aetna® Assure Premier Plus (HMO D-SNP) 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, Aetna Assure Premier Plus (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* to learn more about exceptions.

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

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

To send your statement, you or your prescriber may call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.S.T., 7 days a week for assistance. You may fax us the statement to 844-814-2260.

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Aetna Assure Premier Plus (HMO D-SNP) covers both brand name drugs and generic drugs.

B14. What are over-the-counter (OTC) drugs?

OTC stands for “over-the-counter.” Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan’s coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this Drug List starting on page 121.

B15. Does Aetna Assure Premier Plus (HMO D-SNP) cover non-drug OTC products?

Yes. Aetna Assure Premier Plus (HMO D-SNP) covers some non-drug OTC products when they are prescribed for you by your provider. These non-drug OTC products are listed in this Drug List starting on page 121.

Examples of non-drug OTC products include condoms. There is no cost sharing or copays.

B16. Can I get my drugs through Mail-Order/Long-Term Supply?

Yes. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

- Mail-Order Program. We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home.
- Long-Term Supply. We offer a way to get a long-term supply of “maintenance” drugs on our plan’s Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

For more information about getting drugs through mail-order or long-term supply, please call Member Services at **1-844-362-0934 (TTY:711)**.

B17. What is my copay?

Aetna Assure Premier Plus (HMO D-SNP) members have no copay for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan’s rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Preferred Generic drugs have \$0 copay
- Tier 2 Generic drugs \$0 copay
- Tier 3 Preferred Brand name drugs \$0 copay
- Tier 4 Non-Preferred drugs \$0 copay
- Tier 5 Specialty drugs \$0 copay

OTCs have a \$0 copay.

If you have questions, call Member Services at **1-844-362-0934 (TTY:711)**.

C. Overview of the *List of Covered Drugs*

The following List of Covered Drugs gives you information about the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 98. The index alphabetically lists all drugs covered by Aetna Assure Premier Plus (HMO D-SNP).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover.
PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
ST: Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
LA: Limited Access: These prescriptions may be available only at certain pharmacies.
MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.
B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
EA: Each
ML: Milliliter

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for treating an infection, you should look in the “Anti-infectives” category. That is where you will find drugs that treat infection.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin*), brand name drugs are capitalized (e.g., SYNTHROID), and OTC drugs and products are listed in lower case (e.g., acetaminophen tablet). The information in the “Necessary actions, restrictions or limits on use” column tells you if Aetna® Assure Premier Plus (HMO D-SNP) has any rules for covering your drug.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
<i>GOUT</i>		
<i>allopurinol tabs</i>	\$0 (Tier 1)	MO
<i>colchicine tabs</i>	\$0 (Tier 3)	QL (120 EA per 30 days) MO
<i>febuxostat</i>	\$0 (Tier 3)	ST MO
MITIGARE	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>probenecid</i>	\$0 (Tier 3)	MO
<i>probenecid/colchicine</i>	\$0 (Tier 3)	MO
<i>NSAIDS</i>		
<i>cataflam</i>	\$0 (Tier 2)	QL (120 EA per 30 days)
<i>celecoxib caps 400mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium er</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>diflunisal</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
DUEXIS	\$0 (Tier 5)	QL (90 EA per 30 days) PA MO
<i>ec-naproxen tbec 375mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days)
<i>ec-naproxen tbec 500mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>etodolac er tb24 600mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access MO - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>etodolac er tb24 400mg, 500mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>etodolac caps 300mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) MO
<i>etodolac caps 200mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
<i>etodolac tabs 500mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>etodolac tabs 400mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPS 400MG	\$0 (Tier 4)	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tabs</i>	\$0 (Tier 4)	QL (150 EA per 30 days) MO
<i>flurbiprofen tabs 100mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>ibu tabs 600mg, 800mg</i>	\$0 (Tier 2)	
<i>ibuprofen tabs 400mg, 600mg, 800mg; susp 100mg/5ml</i>	\$0 (Tier 2)	MO
<i>ibuprofen/famotidine</i>	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO
<i>ketoprofen er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>ketoprofen caps 75mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>ketoprofen caps 50mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days)
<i>ketoprofen caps 25mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	\$0 (Tier 4)	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	\$0 (Tier 2)	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>meloxicam tabs</i>	\$0 (Tier 1)	MO
<i>nabumetone</i>	\$0 (Tier 2)	MO
NAPROXEN SODIUM CR	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>naproxen sodium er</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TB24	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>naproxen sodium tabs 275mg, 550mg</i>	\$0 (Tier 2)	MO
<i>naproxen/esomeprazole magnesium</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	\$0 (Tier 1)	MO
<i>naproxen susp</i>	\$0 (Tier 2)	MO
<i>naproxen dr tab 375mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>naproxen dr tab 500mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>piroxicam caps 20mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>piroxicam caps 10mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>relafen tabs 500mg, 750mg</i>	\$0 (Tier 2)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy B/D - Covered under Medicare B or D LA - Limited Access MO - available at Mail order

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulindac</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	\$0 (Tier 4)	QL (4 EA per 28 days) PA MO
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>fentanyl pt72 87.5mcg/hr</i>	\$0 (Tier 5)	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tabs</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
HYSINGLA ER	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	\$0 (Tier 5)	PA
<i>methadone hcl oral soln</i>	\$0 (Tier 3)	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral conc</i>	\$0 (Tier 3)	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cap24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cap24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 100mg, 200mg, 30mg, 60mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbc 15mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
MORPHINE SULFATE/SODIUM CHLORIDE	\$0 (Tier 4)	B/D
<i>tramadol hcl er tb24</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tabs</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	\$0 (Tier 3)	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	\$0 (Tier 4)	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	\$0 (Tier 4)	
<i>butorphanol tartrate inj 2mg/ml</i>	\$0 (Tier 4)	MO
CODEINE SULFATE TABS	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	\$0 (Tier 3)	QL (2700 ML per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	\$0 (Tier 3)	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>hydromorphone hcl oral liqd</i>	\$0 (Tier 4)	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	\$0 (Tier 4)	B/D MO
<i>hydromorphone hcl pf inj 10mg/ml</i>	\$0 (Tier 4)	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML, 2MG/ML	\$0 (Tier 4)	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	\$0 (Tier 4)	B/D MO
<i>hydromorphone hydrochloride pf inj 50mg/5ml</i>	\$0 (Tier 4)	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	\$0 (Tier 4)	B/D MO
<i>morphine sulfate tabs</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
MORPHINE SULFATE IV OR IM INJ 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	\$0 (Tier 4)	B/D
<i>morphine sulfate iv inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	\$0 (Tier 4)	B/D
<i>morphine sulfate iv, epidural, or intrathecal inj 1mg/ml</i>	\$0 (Tier 4)	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	\$0 (Tier 3)	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 20mg/ml</i>	\$0 (Tier 4)	QL (180 ML per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	\$0 (Tier 3)	MO
<i>oxycodone hcl caps</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride oral soln</i>	\$0 (Tier 3)	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride oral conc</i>	\$0 (Tier 4)	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO

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<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	\$0 (Tier 2)	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	\$0 (Tier 4)	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride tabs 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl pf inj 0.5%, 1%, 1.5%, 2%, 4%</i>	\$0 (Tier 4)	
<i>lidocaine hydrochloride inj 1%, 2%</i>	\$0 (Tier 4)	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i>	\$0 (Tier 5)	MO
<i>amikacin sulfate</i>	\$0 (Tier 4)	MO
<i>atovaquone</i>	\$0 (Tier 5)	PA MO
<i>aztreonam inj 1gm</i>	\$0 (Tier 4)	MO
<i>aztreonam inj 2gm</i>	\$0 (Tier 5)	MO
CAYSTON	\$0 (Tier 5)	PA LA
<i>chloramphenicol inj 1gm</i>	\$0 (Tier 4)	
<i>clindamycin hcl caps 300mg, 75mg</i>	\$0 (Tier 2)	MO
<i>clindamycin hydrochloride caps 150mg</i>	\$0 (Tier 2)	MO
<i>clindamycin palmitate hcl oral soln 75mg/5ml</i>	\$0 (Tier 4)	MO
<i>clindamycin phosphate/dextrose</i>	\$0 (Tier 4)	
<i>clindamycin phosphate inj 300mg/2ml, 900mg/60ml</i>	\$0 (Tier 4)	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	\$0 (Tier 4)	MO
CLINDAMYCIN/SODIUM CHLORIDE	\$0 (Tier 4)	
<i>colistimethate sodium</i>	\$0 (Tier 5)	PA MO
<i>dapsone tabs 100mg, 25mg</i>	\$0 (Tier 3)	MO
DAPTOMYCIN INJ 350MG	\$0 (Tier 5)	
<i>daptomycin inj 500mg</i>	\$0 (Tier 5)	
EMVERM	\$0 (Tier 5)	QL (12 EA per 365 days) MO
<i>ertapenem</i>	\$0 (Tier 4)	MO
<i>gentamicin sulfate pediatric</i>	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (Tier 4)	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	\$0 (Tier 4)	MO
<i>gentamicin sulfate inj 40mg/ml</i>	\$0 (Tier 4)	MO
<i>imipenem/cilastatin</i>	\$0 (Tier 4)	MO
<i>isotonic gentamicin</i>	\$0 (Tier 4)	MO
<i>ivermectin</i>	\$0 (Tier 3)	PA MO
<i>linezolid tabs</i>	\$0 (Tier 4)	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	\$0 (Tier 5)	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	\$0 (Tier 4)	PA
<i>linezolid inj 600mg/300ml</i>	\$0 (Tier 4)	PA
<i>meropenem inj 500mg</i>	\$0 (Tier 4)	
<i>meropenem inj 1gm</i>	\$0 (Tier 4)	MO
<i>methenamine hippurate</i>	\$0 (Tier 4)	MO
<i>methenamine mandelate</i>	\$0 (Tier 4)	MO
<i>metronidazole caps 375mg</i>	\$0 (Tier 3)	MO
<i>metronidazole inj 500mg/100ml</i>	\$0 (Tier 4)	
<i>metronidazole tabs 250mg, 500mg</i>	\$0 (Tier 3)	MO
<i>neomycin sulfate</i>	\$0 (Tier 2)	MO
<i>nitazoxanide</i>	\$0 (Tier 5)	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	\$0 (Tier 3)	MO
<i>nitrofurantoin monohydrate/macrocrystals</i>	\$0 (Tier 3)	MO
<i>paramomycin sulfate</i>	\$0 (Tier 4)	MO
<i>pentamidine isethionate inhalation soln</i>	\$0 (Tier 4)	B/D MO
<i>pentamidine isethionate inj</i>	\$0 (Tier 4)	MO
<i>praziquantel</i>	\$0 (Tier 3)	MO
SIVEXTRO INJ	\$0 (Tier 5)	
SIVEXTRO TABS	\$0 (Tier 5)	MO
<i>streptomycin sulfate</i>	\$0 (Tier 5)	MO
<i>sulfadiazine</i>	\$0 (Tier 4)	MO
<i>sulfamethoxazole/trimethoprim ds</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	\$0 (Tier 1)	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	\$0 (Tier 4)	MO

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SYNERCID	\$0 (Tier 5)	
<i>tinidazole</i>	\$0 (Tier 4)	MO
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	\$0 (Tier 4)	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	\$0 (Tier 4)	MO
<i>tobramycin nebu 300mg/5ml</i>	\$0 (Tier 5)	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	\$0 (Tier 1)	MO
VANCOMYCIN INJ 2GM/400ML	\$0 (Tier 4)	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	\$0 (Tier 4)	
<i>vancomycin hcl inj 100gm, 10gm</i>	\$0 (Tier 4)	
<i>vancomycin hydrochloride caps 125mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	\$0 (Tier 4)	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 250MG, 500MG/100ML, 750MG/150ML	\$0 (Tier 4)	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	\$0 (Tier 4)	
<i>vancomycin hydrochloride inj 500mg</i>	\$0 (Tier 4)	MO
ANTIFUNGALS		
ABELCET	\$0 (Tier 4)	B/D
AMBISOME	\$0 (Tier 5)	B/D MO
<i>amphotericin b</i>	\$0 (Tier 4)	B/D MO
<i>amphotericin b liposome</i>	\$0 (Tier 5)	B/D
<i>caspofungin acetate</i>	\$0 (Tier 5)	
<i>fluconazole in sodium chloride inj</i>	\$0 (Tier 4)	
<i>fluconazole/sodium chloride</i>	\$0 (Tier 4)	
<i>fluconazole tabs</i>	\$0 (Tier 2)	MO
<i>fluconazole oral susp</i>	\$0 (Tier 3)	MO
<i>flucytosine</i>	\$0 (Tier 5)	MO
<i>griseofulvin microsize</i>	\$0 (Tier 4)	MO
<i>griseofulvin ultramicrosize</i>	\$0 (Tier 4)	MO
<i>itraconazole caps</i>	\$0 (Tier 4)	PA MO
<i>ketoconazole tabs 200mg</i>	\$0 (Tier 2)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>micafungin</i>	\$0 (Tier 5)	
NOXAFIL ORAL SUSP	\$0 (Tier 5)	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	\$0 (Tier 4)	MO
<i>posaconazole dr</i>	\$0 (Tier 5)	QL (93 EA per 30 days) MO
<i>terbinafine hcl</i>	\$0 (Tier 2)	QL (90 EA per 365 days) MO
<i>voriconazole inj</i>	\$0 (Tier 5)	PA
<i>voriconazole oral susp</i>	\$0 (Tier 5)	PA MO
<i>voriconazole tabs 200mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	\$0 (Tier 4)	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	\$0 (Tier 4)	MO
<i>chloroquine phosphate</i>	\$0 (Tier 2)	MO
COARTEM	\$0 (Tier 4)	MO
<i>mefloquine hcl</i>	\$0 (Tier 3)	MO
<i>primaquine phosphate</i>	\$0 (Tier 3)	
<i>quinine sulfate</i>	\$0 (Tier 4)	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	\$0 (Tier 4)	MO
APTIVUS SOLN	\$0 (Tier 5)	
APTIVUS CAPS	\$0 (Tier 5)	MO
<i>atazanavir sulfate</i>	\$0 (Tier 4)	MO
CRIXIVAN	\$0 (Tier 4)	MO
EDURANT	\$0 (Tier 5)	MO
<i>efavirenz caps 50mg</i>	\$0 (Tier 3)	MO
<i>efavirenz caps 200mg</i>	\$0 (Tier 4)	MO
<i>efavirenz tabs</i>	\$0 (Tier 4)	MO
<i>emtricitabine caps 200mg</i>	\$0 (Tier 4)	MO
EMTRIVA ORAL SOLN	\$0 (Tier 4)	MO
<i>etravirine</i>	\$0 (Tier 5)	MO
<i>fosamprenavir calcium</i>	\$0 (Tier 5)	MO
FUZEON	\$0 (Tier 5)	
INTELENCE TABS 25MG	\$0 (Tier 4)	
INTELENCE TABS 100MG, 200MG	\$0 (Tier 5)	MO
INVIRASE	\$0 (Tier 5)	MO
ISENTRESS HD	\$0 (Tier 5)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISENTRESS PACKET FOR ORAL SUSP	\$0 (Tier 4)	MO
ISENTRESS TABS	\$0 (Tier 5)	MO
ISENTRESS CHEW 25MG	\$0 (Tier 4)	MO
ISENTRESS CHEW 100MG	\$0 (Tier 5)	MO
<i>lamivudine soln 10mg/ml</i>	\$0 (Tier 4)	MO
<i>lamivudine tabs 150mg, 300mg</i>	\$0 (Tier 4)	MO
LEXIVA ORAL SUSP	\$0 (Tier 4)	MO
<i>maraviroc</i>	\$0 (Tier 5)	MO
<i>nevirapine er tb24 100mg</i>	\$0 (Tier 3)	
<i>nevirapine er tb24 400mg</i>	\$0 (Tier 3)	MO
<i>nevirapine tabs</i>	\$0 (Tier 3)	MO
<i>nevirapine susp</i>	\$0 (Tier 4)	MO
NORVIR SOLN, ORAL POWDER	\$0 (Tier 4)	MO
PIFELTRO	\$0 (Tier 5)	MO
PREZISTA SUSP	\$0 (Tier 5)	QL (400 ML per 30 days) MO
PREZISTA TABS 150MG	\$0 (Tier 4)	QL (240 EA per 30 days) MO
PREZISTA TABS 75MG	\$0 (Tier 4)	QL (480 EA per 30 days) MO
PREZISTA TABS 800MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
REYATAZ PACKET FOR ORAL SUSP	\$0 (Tier 4)	MO
<i>ritonavir</i>	\$0 (Tier 3)	MO
RUKOBIA	\$0 (Tier 5)	MO
SELZENTRY SOLN	\$0 (Tier 5)	MO
SELZENTRY TABS 25MG	\$0 (Tier 3)	
SELZENTRY TABS 75MG	\$0 (Tier 5)	
SELZENTRY TABS 150MG, 300MG	\$0 (Tier 5)	MO
<i>stavudine</i>	\$0 (Tier 4)	MO
<i>tenofovir disoproxil fumarate</i>	\$0 (Tier 4)	MO
TIVICAY PD	\$0 (Tier 4)	MO
TIVICAY TABS 10MG	\$0 (Tier 3)	MO
TIVICAY TABS 25MG, 50MG	\$0 (Tier 5)	MO
TROGARZO	\$0 (Tier 5)	LA
TYBOST	\$0 (Tier 4)	MO
VIRACEPT TABS 250MG	\$0 (Tier 4)	MO
VIRACEPT TABS 625MG	\$0 (Tier 5)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	\$0 (Tier 5)	MO
<i>zidovudine</i>	\$0 (Tier 3)	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	\$0 (Tier 4)	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	\$0 (Tier 5)	MO
BIKTARVY	\$0 (Tier 5)	MO
CIMDUO	\$0 (Tier 5)	MO
COMPLERA	\$0 (Tier 5)	MO
DELSTRIGO	\$0 (Tier 5)	MO
DESCOVY	\$0 (Tier 5)	MO
DOVATO	\$0 (Tier 5)	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	\$0 (Tier 5)	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	\$0 (Tier 5)	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) MO
EVOTAZ	\$0 (Tier 5)	MO
GENVOYA	\$0 (Tier 5)	MO
JULUCA	\$0 (Tier 5)	MO
KALETRA TABS 100MG; 25MG	\$0 (Tier 4)	MO
KALETRA TABS 200MG; 50MG	\$0 (Tier 5)	MO
<i>lamivudine/zidovudine</i>	\$0 (Tier 4)	MO
<i>lopinavir/ritonavir oral soln</i>	\$0 (Tier 4)	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	\$0 (Tier 4)	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	\$0 (Tier 5)	MO
ODEFSEY	\$0 (Tier 5)	MO
PREZCOBIX	\$0 (Tier 5)	MO
STRIBILD	\$0 (Tier 5)	MO
SYMTUZA	\$0 (Tier 5)	MO
TEMIXYS	\$0 (Tier 5)	MO
TRIUMEQ	\$0 (Tier 5)	MO

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TRIUMEQ PD	\$0 (Tier 5)	MO
TRIZIVIR	\$0 (Tier 5)	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	\$0 (Tier 5)	MO
<i>ethambutol hydrochloride</i>	\$0 (Tier 4)	MO
<i>isoniazid tabs</i>	\$0 (Tier 1)	MO
<i>isoniazid syrp</i>	\$0 (Tier 2)	MO
<i>isoniazid inj</i>	\$0 (Tier 4)	
PASER	\$0 (Tier 4)	MO
PRETOMANID	\$0 (Tier 4)	QL (30 EA per 30 days) PA
PRIFTIN	\$0 (Tier 4)	MO
<i>pyrazinamide</i>	\$0 (Tier 4)	MO
<i>rifabutin</i>	\$0 (Tier 4)	MO
<i>rifampin caps</i>	\$0 (Tier 3)	MO
<i>rifampin inj</i>	\$0 (Tier 4)	
SIRTURO	\$0 (Tier 5)	PA LA
TRECTOR	\$0 (Tier 4)	MO
ANTIVIRALS		
<i>acyclovir sodium iv soln 50mg/ml</i>	\$0 (Tier 4)	B/D
<i>acyclovir caps 200mg</i>	\$0 (Tier 2)	MO
<i>acyclovir susp 200mg/5ml</i>	\$0 (Tier 2)	MO
<i>acyclovir tabs 400mg, 800mg</i>	\$0 (Tier 2)	MO
<i>adefovir dipivoxil</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLN	\$0 (Tier 5)	QL (630 ML per 30 days) MO
<i>entecavir</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
EPCLUSA	\$0 (Tier 5)	PA
EPIVIR HBV	\$0 (Tier 4)	MO
<i>famciclovir tabs 500mg</i>	\$0 (Tier 2)	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	\$0 (Tier 3)	B/D
HARVONI	\$0 (Tier 5)	PA
<i>lamivudine tabs 100mg</i>	\$0 (Tier 3)	MO
MAVYRET	\$0 (Tier 5)	PA
<i>oseltamivir phosphate caps 30mg</i>	\$0 (Tier 3)	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	\$0 (Tier 3)	QL (84 EA per 365 days) MO

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<i>oseltamivir phosphate oral susp</i>	\$0 (Tier 3)	QL (1080 ML per 365 days) MO
PEGASYS	\$0 (Tier 5)	PA
PREVYMIS TABS	\$0 (Tier 5)	QL (28 EA per 28 days) MO
RELENZA DISKHALER	\$0 (Tier 3)	QL (120 EA per 365 days) MO
<i>ribavirin</i>	\$0 (Tier 3)	
<i>rimantadine hydrochloride</i>	\$0 (Tier 4)	MO
<i>valacyclovir hcl tabs 1gm</i>	\$0 (Tier 3)	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	\$0 (Tier 3)	MO
<i>valganciclovir hydrochloride oral soln</i>	\$0 (Tier 3)	MO
<i>valganciclovir tabs 450mg</i>	\$0 (Tier 3)	MO
VEMLIDY	\$0 (Tier 5)	MO
VOSEVI	\$0 (Tier 5)	PA
CEPHALOSPORINS		
<i>cefaclor</i>	\$0 (Tier 2)	MO
CEFACTOR ER	\$0 (Tier 4)	MO
<i>cefadroxil</i>	\$0 (Tier 2)	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	\$0 (Tier 3)	
CEFAZOLIN SODIUM INJ 100GM, 300GM	\$0 (Tier 4)	
<i>cefazolin sodium iv inj 1gm</i>	\$0 (Tier 4)	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	\$0 (Tier 4)	MO
CEFAZOLIN INJ 2GM/100ML; 4%	\$0 (Tier 3)	
<i>cefazolin inj 2gm</i>	\$0 (Tier 4)	
<i>cefdinir caps</i>	\$0 (Tier 2)	MO
<i>cefdinir oral susp</i>	\$0 (Tier 3)	MO
<i>cefepime inj 1gm, 2gm</i>	\$0 (Tier 4)	MO
<i>cefixime caps</i>	\$0 (Tier 3)	MO
<i>cefixime oral susp</i>	\$0 (Tier 4)	MO
<i>cefotetan</i>	\$0 (Tier 4)	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	\$0 (Tier 4)	
<i>cefpodoxime proxetil</i>	\$0 (Tier 4)	MO
<i>cefprozil</i>	\$0 (Tier 3)	MO
CEFTAZIDIME/DEXTROSE	\$0 (Tier 4)	
<i>ceftazidime inj 6gm</i>	\$0 (Tier 4)	
<i>ceftazidime inj 1gm, 2gm</i>	\$0 (Tier 4)	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CEFTRIAZONE SODIUM INJ 100GM	\$0 (Tier 4)	
<i>ceftriazone sodium iv inj 1gm</i>	\$0 (Tier 4)	
<i>ceftriazone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	\$0 (Tier 4)	MO
<i>cefuroxime axetil tabs</i>	\$0 (Tier 3)	MO
<i>cefuroxime sodium inj 1.5gm</i>	\$0 (Tier 4)	
<i>cefuroxime sodium inj 750mg</i>	\$0 (Tier 4)	MO
<i>cephalexin</i>	\$0 (Tier 2)	MO
SUPRAX ORAL SUSP 500MG/5ML	\$0 (Tier 3)	
<i>tazicef</i>	\$0 (Tier 4)	
TEFLARO	\$0 (Tier 5)	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	\$0 (Tier 3)	MO
<i>azithromycin oral susp, tabs</i>	\$0 (Tier 2)	MO
<i>azithromycin inj</i>	\$0 (Tier 4)	MO
<i>clarithromycin</i>	\$0 (Tier 3)	MO
<i>clarithromycin er</i>	\$0 (Tier 4)	MO
DIFICID ORAL SUSP	\$0 (Tier 5)	
DIFICID TABS	\$0 (Tier 5)	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	\$0 (Tier 5)	
<i>erythrocin stearate</i>	\$0 (Tier 4)	MO
<i>erythromycin base</i>	\$0 (Tier 3)	MO
<i>erythromycin dr</i>	\$0 (Tier 4)	MO
<i>erythromycin ethylsuccinate tabs</i>	\$0 (Tier 3)	MO
<i>erythromycin lactobionate</i>	\$0 (Tier 5)	
<i>erythromycin stearate</i>	\$0 (Tier 3)	MO
<i>erythromycin cpep 250mg</i>	\$0 (Tier 3)	MO
<i>erythromycin tabs 250mg, 500mg</i>	\$0 (Tier 3)	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tab 100mg, 750mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	\$0 (Tier 1)	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	\$0 (Tier 4)	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	\$0 (Tier 4)	MO
<i>levofloxacin in d5w</i>	\$0 (Tier 4)	
<i>levofloxacin inj 25mg/ml</i>	\$0 (Tier 4)	

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<i>levofloxacin oral soln 25mg/ml</i>	\$0 (Tier 3)	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	\$0 (Tier 2)	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	\$0 (Tier 4)	
<i>moxifloxacin hydrochloride/sodium hydrochloride iv soln 400mg/250ml; 0.8%</i>	\$0 (Tier 4)	
<i>moxifloxacin hydrochloride tabs 400mg</i>	\$0 (Tier 4)	MO
PENICILLINS		
<i>amoxicillin</i>	\$0 (Tier 1)	MO
<i>amoxicillin/clavulanate potassium</i>	\$0 (Tier 2)	MO
<i>amoxicillin/clavulanate potassium er</i>	\$0 (Tier 4)	MO
<i>ampicillin caps 500mg</i>	\$0 (Tier 1)	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	\$0 (Tier 4)	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	\$0 (Tier 4)	MO
<i>ampicillin-sulbactam</i>	\$0 (Tier 4)	
BICILLIN L-A	\$0 (Tier 4)	MO
<i>dicloxacillin sodium</i>	\$0 (Tier 3)	MO
<i>nafcillin sodium inj 1gm</i>	\$0 (Tier 4)	
<i>nafcillin sodium inj 2gm</i>	\$0 (Tier 4)	MO
<i>nafcillin sodium iv inj 10gm, 2gm</i>	\$0 (Tier 5)	
<i>oxacillin sodium inj 10gm, 1gm</i>	\$0 (Tier 4)	
<i>oxacillin sodium inj 2gm</i>	\$0 (Tier 4)	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	\$0 (Tier 4)	
<i>penicillin g potassium inj 20000000unit</i>	\$0 (Tier 4)	MO
<i>penicillin g potassium inj 5000000unit</i>	\$0 (Tier 5)	MO
PENICILLIN G PROCAINE	\$0 (Tier 4)	MO
<i>penicillin g sodium</i>	\$0 (Tier 5)	
<i>penicillin v potassium</i>	\$0 (Tier 1)	MO
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm, 2gm; 0.25gm, 3gm; 0.375gm, 4gm/0.5gm</i>	\$0 (Tier 4)	
TETRACYCLINES		
<i>doxy 100 inj</i>	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxycycline hyclate dr tabs 100mg, 150mg, 200mg, 50mg, 75mg</i>	\$0 (Tier 4)	MO
<i>doxycycline hyclate caps 100mg, 50mg, tabs 100mg, 150mg, 20mg</i>	\$0 (Tier 3)	MO
<i>doxycycline hyclate inj</i>	\$0 (Tier 4)	MO
<i>doxycycline monohydrate tabs</i>	\$0 (Tier 2)	MO
<i>doxycycline monohydrate caps</i>	\$0 (Tier 4)	MO
<i>doxycycline oral susp 25mg/5ml</i>	\$0 (Tier 3)	MO
<i>minocycline hcl caps 75mg</i>	\$0 (Tier 2)	MO
<i>minocycline hcl tabs 100mg, 50mg, 75mg</i>	\$0 (Tier 4)	ST MO
<i>minocycline hydrochloride caps 100mg, 50mg</i>	\$0 (Tier 2)	MO
<i>minocycline hydrochloride er</i>	\$0 (Tier 4)	ST MO
<i>mondoxyne nl caps 100mg, 75mg</i>	\$0 (Tier 4)	
<i>morgidox 1x100mg</i>	\$0 (Tier 4)	
<i>morgidox 2x100mg</i>	\$0 (Tier 4)	
NUZYRA INJ	\$0 (Tier 4)	
NUZYRA TABS	\$0 (Tier 5)	
<i>tetracycline hydrochloride</i>	\$0 (Tier 4)	MO
<i>tigecycline</i>	\$0 (Tier 5)	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	\$0 (Tier 5)	
<i>busulfan</i>	\$0 (Tier 5)	
<i>carboplatin</i>	\$0 (Tier 3)	
<i>carmustine</i>	\$0 (Tier 5)	
<i>cisplatin iv soln</i>	\$0 (Tier 3)	
CYCLOPHOSPHAMIDE MONOHYDRATE	\$0 (Tier 4)	
CYCLOPHOSPHAMIDE TABS	\$0 (Tier 3)	B/D
<i>cyclophosphamide caps</i>	\$0 (Tier 3)	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	\$0 (Tier 4)	
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	\$0 (Tier 4)	
IFEX INJ 3GM	\$0 (Tier 4)	
IFOSFAMIDE INJ 3GM	\$0 (Tier 4)	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEUKERAN	\$0 (Tier 4)	MO
<i>melphalan hydrochloride inj 50mg</i>	\$0 (Tier 5)	
<i>melphalan tabs 2mg</i>	\$0 (Tier 4)	B/D MO
<i>oxaliplatin</i>	\$0 (Tier 4)	
<i>paraplatin</i>	\$0 (Tier 3)	
PEPAXTO	\$0 (Tier 5)	QL (2 EA per 28 days) PA
<i>thiotepa</i>	\$0 (Tier 5)	
ZEPZELCA	\$0 (Tier 5)	PA LA
ANTIBIOTICS		
<i>bleomycin sulfate</i>	\$0 (Tier 4)	B/D
<i>dactinomycin</i>	\$0 (Tier 5)	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	\$0 (Tier 4)	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	\$0 (Tier 4)	
<i>doxorubicin hydrochloride liposomal 20mg/10ml; 50mg/25ml</i>	\$0 (Tier 5)	
<i>epirubicin hcl</i>	\$0 (Tier 4)	
<i>idarubicin hcl</i>	\$0 (Tier 4)	
<i>mitomycin inj 20mg, 5mg</i>	\$0 (Tier 4)	
<i>mitomycin inj 40mg</i>	\$0 (Tier 5)	
<i>mutamycin inj 20mg, 5mg</i>	\$0 (Tier 4)	
<i>mutamycin inj 40mg</i>	\$0 (Tier 5)	
ANTIMETABOLITES		
ALIMTA	\$0 (Tier 5)	
<i>azacitidine</i>	\$0 (Tier 5)	
<i>cladribine</i>	\$0 (Tier 5)	B/D
<i>clofarabine</i>	\$0 (Tier 5)	
<i>cytarabine</i>	\$0 (Tier 4)	B/D
<i>cytarabine aqueous</i>	\$0 (Tier 4)	B/D
<i>decitabine</i>	\$0 (Tier 5)	
<i>fludarabine phosphate</i>	\$0 (Tier 4)	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	\$0 (Tier 3)	B/D
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	\$0 (Tier 4)	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i>	\$0 (Tier 4)	
INQOVI	\$0 (Tier 5)	QL (5 EA per 28 days) PA LA
LONSURF	\$0 (Tier 5)	PA
<i>mercaptopurine</i>	\$0 (Tier 4)	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	\$0 (Tier 3)	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	\$0 (Tier 3)	MO
<i>methotrexate pf inj 50mg/2ml</i>	\$0 (Tier 3)	MO
ONUREG	\$0 (Tier 5)	QL (14 EA per 28 days) PA LA
<i>pemetrexed disodium</i>	\$0 (Tier 5)	
PEMETREXED INJ 100MG/4ML, 1GM/40ML, 500MG/20ML	\$0 (Tier 5)	
<i>pemetrexed inj 1000mg, 100mg, 750mg</i>	\$0 (Tier 5)	
PURIXAN	\$0 (Tier 5)	
TABLOID	\$0 (Tier 5)	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	\$0 (Tier 5)	PA
<i>anastrozole</i>	\$0 (Tier 2)	MO
<i>bicalutamide</i>	\$0 (Tier 3)	MO
EMCYT	\$0 (Tier 5)	MO
ERLEADA	\$0 (Tier 5)	PA LA
<i>exemestane</i>	\$0 (Tier 4)	MO
<i>flutamide</i>	\$0 (Tier 4)	MO
<i>fulvestrant</i>	\$0 (Tier 5)	
<i>letrozole</i>	\$0 (Tier 2)	MO
<i>leuprolide acetate</i>	\$0 (Tier 4)	PA
LUPRON DEPOT (1-MONTH) 3.75MG	\$0 (Tier 5)	PA
LUPRON DEPOT (3-MONTH) 11.25MG	\$0 (Tier 5)	PA
LYSODREN	\$0 (Tier 5)	MO
<i>megestrol acetate tabs 20mg, 40mg</i>	\$0 (Tier 3)	MO
<i>nilutamide</i>	\$0 (Tier 5)	MO
NUBEQA	\$0 (Tier 5)	PA LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ORGOVYX	\$0 (Tier 5)	PA LA MO
SOLTAMOX	\$0 (Tier 5)	MO
<i>tamoxifen citrate</i>	\$0 (Tier 2)	MO
<i>toremifene citrate</i>	\$0 (Tier 5)	PA MO
TRELSTAR MIXJECT 3.75MG, 11.25MG	\$0 (Tier 5)	PA
XTANDI	\$0 (Tier 5)	PA LA
ZYTIGA TABS 500MG	\$0 (Tier 5)	PA LA
IMMUNOMODULATORS		
<i>lenalidomide</i>	\$0 (Tier 5)	QL (28 EA per 28 days) PA LA
POMALYST CAPS 1MG, 2MG	\$0 (Tier 5)	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA LA
REVLIMID	\$0 (Tier 5)	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA
MISCELLANEOUS		
<i>arsenic trioxide</i>	\$0 (Tier 5)	
ASPARLAS	\$0 (Tier 5)	PA
BESREMI	\$0 (Tier 5)	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	\$0 (Tier 5)	PA
<i>dacarbazine</i>	\$0 (Tier 4)	
<i>hydroxyurea</i>	\$0 (Tier 2)	MO
IMLYGIC	\$0 (Tier 5)	PA
<i>irinotecan inj 500mg/25ml</i>	\$0 (Tier 4)	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	\$0 (Tier 4)	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	\$0 (Tier 5)	
KISQALI FEMARA 200 DOSE	\$0 (Tier 5)	PA
KISQALI FEMARA 400 DOSE	\$0 (Tier 5)	PA
KISQALI FEMARA 600 DOSE	\$0 (Tier 5)	PA
MATULANE	\$0 (Tier 5)	LA MO
<i>mitoxantrone hcl</i>	\$0 (Tier 3)	
NIPENT	\$0 (Tier 5)	
ONCASPAR	\$0 (Tier 5)	PA
SYNRIBO	\$0 (Tier 5)	PA
TOPOTECAN HCL INJ 4MG/4ML	\$0 (Tier 5)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>topotecan hcl inj 4mg</i>	\$0 (Tier 4)	
<i>tretinoin caps 10mg</i>	\$0 (Tier 5)	MO
WELIREG	\$0 (Tier 5)	QL (90 EA per 30 days) PA MO
MITOTIC INHIBITORS		
ABRAXANE	\$0 (Tier 5)	
DOCETAXEL INJ 20MG/2ML	\$0 (Tier 4)	
DOCETAXEL INJ 160MG/16ML, 160MG/8ML, 80MG/8ML	\$0 (Tier 5)	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	\$0 (Tier 4)	
<i>etoposide</i>	\$0 (Tier 3)	
<i>paclitaxel</i>	\$0 (Tier 4)	
<i>paclitaxel protein-bound particles</i>	\$0 (Tier 5)	
<i>toposar</i>	\$0 (Tier 3)	
<i>vinblastine sulfate</i>	\$0 (Tier 4)	B/D
<i>vincasar pfs</i>	\$0 (Tier 4)	B/D
<i>vincristine sulfate</i>	\$0 (Tier 4)	B/D
<i>vinorelbine tartrate</i>	\$0 (Tier 4)	
MOLECULAR TARGET AGENTS		
AFINITOR DISPERZ TBSO 2MG	\$0 (Tier 5)	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA
AFINITOR TABS 10MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA
ALECENSA	\$0 (Tier 5)	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPK	\$0 (Tier 5)	PA LA MO
ALUNBRIG TABS 30MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABS 180MG, 90MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA MO
AYVAKIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA MO
BALVERSA TABS 5MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA LA
BELEODAQ	\$0 (Tier 5)	PA
BLENREP	\$0 (Tier 5)	PA LA

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BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG	\$0 (Tier 5)	PA
<i>bortezomib inj 3.5mg</i>	\$0 (Tier 5)	PA
BOSULIF TABS 100MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA
BRAFTOVI CAPS 75MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
BRUKINSA	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA MO
CABOMETYX	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
CALQUENCE	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	\$0 (Tier 5)	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	\$0 (Tier 5)	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 60MG/DAY	\$0 (Tier 5)	QL (84 EA per 28 days) PA LA
COPIKTRA	\$0 (Tier 5)	QL (56 EA per 28 days) PA LA
COTELLIC	\$0 (Tier 5)	QL (63 EA per 21 days) PA LA
DAURISMO TABS 100MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
ENHERTU	\$0 (Tier 5)	PA LA
ERIVEDGE	\$0 (Tier 5)	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg</i>	\$0 (Tier 5)	QL (150 EA per 30 days) PA
<i>everolimus tbso 5mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA
<i>everolimus tbso 3mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA
EXKIVITY	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA MO
FARYDAK	\$0 (Tier 5)	PA LA
FOTIVDA	\$0 (Tier 5)	QL (21 EA per 28 days) PA MO
GAVRETO	\$0 (Tier 5)	QL (120 EA per 30 days) PA

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GILOTRIF	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA MO
HERCEPTIN HYLECTA	\$0 (Tier 5)	PA
IBRANCE	\$0 (Tier 5)	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	\$0 (Tier 5)	PA LA MO
ICLUSIG TABS 45MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA MO
ICLUSIG TABS 15MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA MO
IDHIFA	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA
IMBRUVICA SUSP	\$0 (Tier 5)	QL (216 ML per 27 days) PA LA MO
IMBRUVICA TABS	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 70MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA LA MO
IMBRUVICA CAPS 140MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA MO
INLYTA TABS 5MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
INREBIC	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
IRESSA	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
ISTODAX (OVERFILL)	\$0 (Tier 5)	
JAKAFI	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
KADCYLA	\$0 (Tier 5)	
KEYTRUDA INJ 100MG/4ML	\$0 (Tier 5)	PA
KISQALI	\$0 (Tier 5)	PA
<i>lapatinib ditosylate</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 12MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 14 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 18 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 20 MG DAILY DOSE	\$0 (Tier 5)	PA LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA 24 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 4 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LENVIMA 8 MG DAILY DOSE	\$0 (Tier 5)	PA LA
LIBTAYO	\$0 (Tier 5)	PA LA
LORBRENA TABS 100MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA
LUMAKRAS	\$0 (Tier 5)	QL (240 EA per 30 days) PA LA
LUMOXITI	\$0 (Tier 5)	PA LA
LYNPARZA	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA
MEKTOVI	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
MONJUVI	\$0 (Tier 5)	PA LA
MYLOTARG	\$0 (Tier 5)	PA LA
NERLYNX	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
NEXAVAR	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
NINLARO	\$0 (Tier 5)	PA
ODOMZO	\$0 (Tier 5)	PA LA
PADCEV	\$0 (Tier 5)	PA LA
PEMAZYRE	\$0 (Tier 5)	QL (14 EA per 21 days) PA LA
PHESGO	\$0 (Tier 5)	PA LA
PIQRAY 200MG DAILY DOSE	\$0 (Tier 5)	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	\$0 (Tier 5)	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	\$0 (Tier 5)	QL (56 EA per 28 days) PA
POLIVY	\$0 (Tier 5)	PA
POTELIGEO	\$0 (Tier 5)	PA LA
QINLOCK	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPS 80MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
RITUXAN	\$0 (Tier 5)	PA LA
RITUXAN HYCELA	\$0 (Tier 5)	PA LA
<i>romidepsin</i>	\$0 (Tier 5)	
ROZLYTREK CAPS 100MG	\$0 (Tier 5)	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA

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RUBRACA	\$0 (Tier 5)	PA LA
RUXIENCE	\$0 (Tier 5)	PA
RYDAPT	\$0 (Tier 5)	QL (224 EA per 28 days) PA
SARCLISA	\$0 (Tier 5)	PA LA
SCSEMBLIX TABS 40MG	\$0 (Tier 5)	QL (300 EA per 30 days) PA
SCSEMBLIX TABS 20MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA
<i>sorafenib tosylate</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA
STIVARGA	\$0 (Tier 5)	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA
SUTENT	\$0 (Tier 5)	QL (30 EA per 30 days) PA
TABRECTA	\$0 (Tier 5)	QL (112 EA per 28 days) PA
TAFINLAR	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
TAGRISSO	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
TALZENNA	\$0 (Tier 5)	PA LA
TASIGNA	\$0 (Tier 5)	QL (120 EA per 30 days) PA
TAZVERIK	\$0 (Tier 5)	QL (240 EA per 30 days) PA LA
TECENTRIQ	\$0 (Tier 5)	PA LA
<i>temsirolimus</i>	\$0 (Tier 5)	
TEPMETKO	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA MO
TIBSOVO	\$0 (Tier 5)	PA LA
TRODELVY	\$0 (Tier 5)	PA LA
TRUSELTIQ CPPK 100MG	\$0 (Tier 5)	QL (21 EA per 28 days) PA LA
TRUSELTIQ CPPK 125MG, 50MG	\$0 (Tier 5)	QL (42 EA per 28 days) PA LA
TRUSELTIQ CPPK 75MG	\$0 (Tier 5)	QL (63 EA per 28 days) PA LA
TUKYSA TABS 150MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA LA MO
TURALIO	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA MO
UKONIQ	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VELCADE	\$0 (Tier 5)	PA
VENCLEXTA STARTING PACK	\$0 (Tier 5)	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	\$0 (Tier 4)	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
VERZENIO	\$0 (Tier 5)	PA LA
VITRAKVI SOLN	\$0 (Tier 5)	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
VIZIMPRO	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
VONJO	\$0 (Tier 5)	QL (120 EA per 30 days) PA MO
VOTRIENT	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
XALKORI	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
XOSPATA	\$0 (Tier 5)	PA LA MO
XPOVIO 100 MG ONCE WEEKLY (20MG TABS)	\$0 (Tier 5)	QL (20 EA per 28 days) PA LA
XPOVIO 40 MG ONCE WEEKLY (20MG TABS)	\$0 (Tier 5)	QL (8 EA per 28 days) PA LA
XPOVIO 40 MG TWICE WEEKLY (20MG TABS)	\$0 (Tier 5)	QL (16 EA per 28 days) PA LA
XPOVIO 60 MG ONCE WEEKLY (20MG TABS)	\$0 (Tier 5)	QL (12 EA per 28 days) PA LA
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	\$0 (Tier 5)	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG ONCE WEEKLY (20MG TABS)	\$0 (Tier 5)	QL (16 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	\$0 (Tier 5)	QL (32 EA per 28 days) PA LA
XPOVIO 40 MG ONCE WEEKLY (40MG TABS) AND 60 MG ONCE WEEKLY (60MG TABS)	\$0 (Tier 5)	QL (4 EA per 28 days) PA LA MO
XPOVIO 80 MG ONCE WEEKLY (40MG TABS), 40 MG TWICE WEEKLY (40MG TABS), 100MG ONCE WEEKLY (50MG TABS)	\$0 (Tier 5)	QL (8 EA per 28 days) PA LA MO
YERVOY	\$0 (Tier 5)	PA

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ZEJULA	\$0 (Tier 5)	PA LA
ZELBORAF	\$0 (Tier 5)	QL (240 EA per 30 days) PA LA
ZIRABEV	\$0 (Tier 5)	PA
ZOLINZA	\$0 (Tier 5)	PA
ZYDELIG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
ZYKADIA	\$0 (Tier 5)	QL (84 EA per 28 days) PA LA
PROTECTIVE AGENTS		
<i>dexrazoxane inj 500mg</i>	\$0 (Tier 4)	
<i>dexrazoxane inj 250mg</i>	\$0 (Tier 5)	
ELITEK	\$0 (Tier 5)	
KHAPZORY	\$0 (Tier 5)	B/D
<i>leucovorin calcium tabs</i>	\$0 (Tier 3)	MO
<i>leucovorin calcium inj</i>	\$0 (Tier 4)	
<i>levoleucovorin calcium inj 50mg</i>	\$0 (Tier 5)	
<i>levoleucovorin calcium inj 250mg/25ml</i>	\$0 (Tier 4)	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	\$0 (Tier 5)	
<i>mesna</i>	\$0 (Tier 4)	
MESNEX TABS 400MG	\$0 (Tier 5)	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	\$0 (Tier 1)	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	\$0 (Tier 1)	MO
<i>captopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enalapril maleate/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lisinopril/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>quinapril/hydrochlorothiazide</i>	\$0 (Tier 2)	MO
<i>trandolapril/verapamil hcl er</i>	\$0 (Tier 1)	MO
ACE INHIBITORS		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>benazepril hydrochloride tabs 20mg</i>	\$0 (Tier 1)	MO

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<i>captopril</i>	\$0 (Tier 2)	MO
<i>enalapril maleate</i>	\$0 (Tier 1)	MO
<i>fosinopril sodium</i>	\$0 (Tier 1)	MO
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>moexipril hcl</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine</i>	\$0 (Tier 2)	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	\$0 (Tier 1)	MO
<i>quinapril hydrochloride tabs 10mg</i>	\$0 (Tier 1)	MO
<i>ramipril</i>	\$0 (Tier 1)	MO
<i>trandolapril</i>	\$0 (Tier 1)	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	\$0 (Tier 4)	MO
KERENDIA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>spironolactone</i>	\$0 (Tier 1)	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	\$0 (Tier 2)	MO
<i>prazosin hydrochloride</i>	\$0 (Tier 3)	MO
<i>terazosin hcl tabs 10mg, 1mg, 5mg</i>	\$0 (Tier 1)	MO
<i>terazosin hydrochloride tabs 2mg</i>	\$0 (Tier 1)	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
EDARBYCLOR	\$0 (Tier 4)	QL (30 EA per 30 days) MO
ENTRESTO	\$0 (Tier 3)	MO
<i>irbesartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO

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<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
EDARBI	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>irbesartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>telmisartan</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 50mg/ml</i>	\$0 (Tier 4)	
<i>amiodarone hydrochloride tabs</i>	\$0 (Tier 2)	MO
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	\$0 (Tier 4)	
<i>disopyramide phosphate</i>	\$0 (Tier 4)	PA MO
<i>dofetilide</i>	\$0 (Tier 4)	
<i>flecainide acetate</i>	\$0 (Tier 3)	MO
LIDOCAINE HCL IN D5W	\$0 (Tier 4)	
LIDOCAINE HCL INJ 100MG/5ML	\$0 (Tier 4)	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	\$0 (Tier 4)	
MULTAQ	\$0 (Tier 4)	MO
NORPACE CR	\$0 (Tier 4)	MO
<i>pacerone</i>	\$0 (Tier 2)	
<i>propafenone hcl</i>	\$0 (Tier 3)	MO
<i>propafenone hydrochloride er</i>	\$0 (Tier 4)	MO

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<i>quinidine sulfate</i>	\$0 (Tier 2)	MO
<i>sorine</i>	\$0 (Tier 2)	
<i>sotalol hcl tabs</i>	\$0 (Tier 2)	MO
<i>sotalol hydrochloride af tabs</i>	\$0 (Tier 2)	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	\$0 (Tier 2)	MO
<i>fenofibrate micronized</i>	\$0 (Tier 2)	MO
<i>fenofibric acid dr</i>	\$0 (Tier 4)	MO
<i>gemfibrozil</i>	\$0 (Tier 2)	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
<i>pravastatin sodium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>simvastatin</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	\$0 (Tier 4)	MO
<i>cholestyramine light</i>	\$0 (Tier 4)	MO
<i>colesevelam hydrochloride</i>	\$0 (Tier 3)	MO
<i>colestipol hcl</i>	\$0 (Tier 4)	MO
<i>colestipol hydrochloride</i>	\$0 (Tier 4)	MO
<i>ezetimibe</i>	\$0 (Tier 4)	MO
<i>ezetimibe/simvastatin</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>niacin tabs 500mg</i>	\$0 (Tier 4)	MO
<i>niacin er tbc 1000mg, 750mg</i>	\$0 (Tier 4)	MO
<i>niacin er tbc 500mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>niacor</i>	\$0 (Tier 4)	MO
PRALUENT	\$0 (Tier 3)	PA MO
<i>prevalite</i>	\$0 (Tier 4)	MO
VASCEPA	\$0 (Tier 4)	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	\$0 (Tier 3)	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	\$0 (Tier 2)	MO

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<i>metoprolol/hydrochlorothiazide</i>	\$0 (Tier 3)	MO
<i>propranolol/hydrochlorothiazide</i>	\$0 (Tier 2)	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	\$0 (Tier 2)	MO
<i>atenolol</i>	\$0 (Tier 1)	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	\$0 (Tier 3)	MO
<i>bisoprolol fumarate</i>	\$0 (Tier 2)	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>carvedilol tabs</i>	\$0 (Tier 1)	MO
<i>carvedilol caps er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>labetalol hydrochloride tabs</i>	\$0 (Tier 3)	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	\$0 (Tier 4)	MO
<i>metoprolol succinate er</i>	\$0 (Tier 2)	MO
<i>metoprolol tartrate tabs</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate inj</i>	\$0 (Tier 4)	
<i>nadolol</i>	\$0 (Tier 4)	MO
<i>nebivolol hydrochloride</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>nebivolol tabs 10mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>nebivolol tabs 20mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>pindolol</i>	\$0 (Tier 3)	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	\$0 (Tier 4)	MO
<i>propranolol hcl oral soln, tabs 40mg</i>	\$0 (Tier 3)	MO
<i>propranolol hcl inj</i>	\$0 (Tier 4)	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	\$0 (Tier 3)	MO
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	\$0 (Tier 4)	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	\$0 (Tier 1)	MO
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	\$0 (Tier 3)	
<i>amlodipine besylate</i>	\$0 (Tier 1)	MO
<i>cartia xt</i>	\$0 (Tier 2)	
<i>dilt-xr</i>	\$0 (Tier 2)	MO
<i>diltiazem hcl cd (generic Cardizem CD) caps 360mg</i>	\$0 (Tier 2)	MO

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<i>diltiazem hcl caps er (generic Cardizem SR and Tiazac) 120mg, 180mg, 240mg, 420mg, 60mg, 90mg and tabs er (generic Cardizem LA) 180mg, 240mg, 300mg, 360mg, 420mg</i>	\$0 (Tier 2)	MO
<i>diltiazem hcl tabs</i>	\$0 (Tier 2)	MO
DILTIAZEM HCL INJ 100MG	\$0 (Tier 4)	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	\$0 (Tier 4)	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	\$0 (Tier 4)	
<i>diltiazem hydrochloride caps er (generic Cardizem CD, Dilacor XR, and Tiazac) 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>felodipine er</i>	\$0 (Tier 2)	MO
<i>isradipine</i>	\$0 (Tier 2)	MO
<i>matzim la tb24 420mg</i>	\$0 (Tier 2)	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	MO
<i>nicardipine hcl caps 20mg, 30mg</i>	\$0 (Tier 4)	MO
<i>nifedipine er</i>	\$0 (Tier 3)	MO
<i>nimodipine</i>	\$0 (Tier 4)	MO
<i>nisoldipine er</i>	\$0 (Tier 4)	MO
<i>taztia xt</i>	\$0 (Tier 2)	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	\$0 (Tier 2)	
<i>tiadylt er cp24 420mg</i>	\$0 (Tier 2)	MO
<i>verapamil hcl tabs 40mg, 80mg</i>	\$0 (Tier 1)	MO
<i>verapamil hcl er caps and tabs</i>	\$0 (Tier 2)	MO
VERAPAMIL HCL SR CP24 360MG	\$0 (Tier 3)	MO
<i>verapamil hcl sr caps 24hr 120mg, 180mg, 240mg</i>	\$0 (Tier 2)	MO
<i>verapamil hcl sr tbc 240mg</i>	\$0 (Tier 2)	MO
<i>verapamil hydrochloride er 24hr 200mg</i>	\$0 (Tier 2)	MO
<i>verapamil hydrochloride tabs 120mg</i>	\$0 (Tier 1)	MO
<i>verapamil hydrochloride inj</i>	\$0 (Tier 4)	MO
DIURETICS		
<i>acetazolamide er caps</i>	\$0 (Tier 4)	MO
<i>acetazolamide tabs</i>	\$0 (Tier 3)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amiloride hcl</i>	\$0 (Tier 3)	MO
<i>amiloride/hydrochlorothiazide</i>	\$0 (Tier 2)	MO
<i>bumetanide</i>	\$0 (Tier 3)	MO
<i>chlorthalidone</i>	\$0 (Tier 2)	MO
<i>furosemide oral soln, tabs</i>	\$0 (Tier 1)	MO
<i>furosemide inj</i>	\$0 (Tier 4)	MO
<i>hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>indapamide</i>	\$0 (Tier 2)	MO
<i>methazolamide</i>	\$0 (Tier 4)	MO
<i>metolazone</i>	\$0 (Tier 4)	MO
<i>spironolactone/hydrochlorothiazide</i>	\$0 (Tier 3)	MO
<i>toremide</i>	\$0 (Tier 3)	MO
<i>triamterene/hydrochlorothiazide</i>	\$0 (Tier 1)	MO
MISCELLANEOUS		
<i>aliskiren</i>	\$0 (Tier 4)	MO
<i>amlodipine besylate/atorvastatin calcium</i>	\$0 (Tier 1)	MO
BIDIL	\$0 (Tier 4)	MO
<i>clonidine hcl patches</i>	\$0 (Tier 3)	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	\$0 (Tier 2)	MO
CORLANOR SOLN	\$0 (Tier 4)	
CORLANOR TABS	\$0 (Tier 4)	MO
<i>digitek</i>	\$0 (Tier 3)	QL (30 EA per 30 days)
<i>digox</i>	\$0 (Tier 3)	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	\$0 (Tier 3)	MO
<i>digoxin inj</i>	\$0 (Tier 4)	MO
<i>digoxin tabs 125mcg, 250mcg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>digoxin tabs 62.5mcg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
<i>droxidopa caps 200mg, 300mg</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA
<i>epinephrine inj 30mg/30ml</i>	\$0 (Tier 3)	
<i>guanfacine hcl tabs 1mg, 2 mg</i>	\$0 (Tier 4)	PA MO
<i>guanfacine hydrochloride tabs 2mg</i>	\$0 (Tier 4)	PA MO
<i>hydralazine hcl tabs 10mg</i>	\$0 (Tier 2)	MO
<i>hydralazine hcl inj</i>	\$0 (Tier 4)	MO
<i>hydralazine hydrochloride 100mg, 25mg, 50mg</i>	\$0 (Tier 2)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	\$0 (Tier 4)	MO
<i>methyl dopa tabs 250mg</i>	\$0 (Tier 4)	PA
<i>methyl dopa tabs 500mg</i>	\$0 (Tier 4)	PA MO
<i>metyrosine</i>	\$0 (Tier 5)	PA MO
<i>midodrine hcl</i>	\$0 (Tier 4)	MO
<i>minoxidil</i>	\$0 (Tier 2)	MO
<i>ranolazine er</i>	\$0 (Tier 3)	MO
<i>NITRATES</i>		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	\$0 (Tier 3)	MO
<i>isosorbide dinitrate tabs 40mg</i>	\$0 (Tier 5)	MO
<i>isosorbide mononitrate</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate er</i>	\$0 (Tier 2)	MO
<i>minitran</i>	\$0 (Tier 2)	MO
NITRO-BID	\$0 (Tier 3)	MO
<i>nitroglycerin lingual spray</i>	\$0 (Tier 4)	MO
<i>nitroglycerin transdermal</i>	\$0 (Tier 2)	MO
NITROGLYCERIN INJ	\$0 (Tier 4)	
<i>nitroglycerin sl tabs</i>	\$0 (Tier 3)	MO
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADEMPAS	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA
<i>alyq</i>	\$0 (Tier 5)	PA
<i>ambrisentan</i>	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
<i>bosentan tabs 62.5mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
<i>bosentan tabs 125mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	\$0 (Tier 4)	B/D LA
OPSUMIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	\$0 (Tier 5)	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA
<i>tadalafil</i>	\$0 (Tier 5)	PA
TRACLEER TAB FOR ORAL SUSP 32MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
<i>treprostinil</i>	\$0 (Tier 5)	PA LA
VENTAVIS	\$0 (Tier 5)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam er tb24 0.5mg</i>	\$0 (Tier 4)	MO
<i>alprazolam er tb24 1mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	\$0 (Tier 4)	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	\$0 (Tier 3)	QL (150 EA per 30 days) MO
<i>bupirone hcl tabs 15mg, 30mg</i>	\$0 (Tier 2)	MO
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	\$0 (Tier 2)	MO
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>chlordiazepoxide hydrochloride caps 25mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>fluvoxamine maleate</i>	\$0 (Tier 3)	MO
<i>fluvoxamine maleate er</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>lorazepam intensol</i>	\$0 (Tier 2)	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	\$0 (Tier 4)	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	\$0 (Tier 2)	QL (150 EA per 30 days) MO
<i>meprobamate</i>	\$0 (Tier 4)	PA MO
<i>oxazepam</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
ANTICONVULSANTS		
APTIOM	\$0 (Tier 5)	QL (60 EA per 30 days) MO
BANZEL TABS 400MG	\$0 (Tier 5)	QL (240 EA per 30 days) PA MO
BANZEL TABS 200MG	\$0 (Tier 5)	QL (480 EA per 30 days) PA MO
BRIVIACT TABS	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	\$0 (Tier 5)	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	\$0 (Tier 5)	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	\$0 (Tier 2)	MO
<i>carbamazepine er</i>	\$0 (Tier 4)	MO
CELONTIN	\$0 (Tier 4)	MO
<i>clobazam susp</i>	\$0 (Tier 4)	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>clonazepam odt tbdp 2mg</i>	\$0 (Tier 3)	QL (300 EA per 30 days) MO

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<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	\$0 (Tier 2)	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	\$0 (Tier 3)	QL (240 ML per 30 days) PA MO
DIAZEPAM RECTAL GEL	\$0 (Tier 4)	MO
<i>diazepam tabs</i>	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO
<i>diazepam oral conc 5mg/ml</i>	\$0 (Tier 3)	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln</i>	\$0 (Tier 4)	QL (1200 ML per 30 days) PA MO
<i>diazepam inj</i>	\$0 (Tier 4)	QL (240 ML per 30 days) PA MO
DILANTIN	\$0 (Tier 4)	MO
DILANTIN INFATABS	\$0 (Tier 4)	MO
DILANTIN-125 ORAL SUSP	\$0 (Tier 4)	MO
<i>divalproex sodium dr</i>	\$0 (Tier 3)	MO
<i>divalproex sodium er</i>	\$0 (Tier 4)	MO
<i>divalproex sodium sprinkle caps</i>	\$0 (Tier 3)	MO
EPIDIOLEX	\$0 (Tier 5)	QL (600 ML per 30 days) PA LA
<i>epitol</i>	\$0 (Tier 2)	
EPRONTIA	\$0 (Tier 4)	QL (480 ML per 30 days) MO
<i>ethosuximide caps</i>	\$0 (Tier 3)	MO
<i>ethosuximide soln</i>	\$0 (Tier 4)	MO
<i>felbamate</i>	\$0 (Tier 4)	MO
FINTEPLA	\$0 (Tier 5)	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	\$0 (Tier 4)	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	\$0 (Tier 4)	MO
FYCOMPA SUSP	\$0 (Tier 5)	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FYCOMPA TABS 4MG, 6MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>gabapentin caps 100mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	\$0 (Tier 3)	QL (270 EA per 30 days) MO
<i>gabapentin caps 300mg</i>	\$0 (Tier 3)	QL (360 EA per 30 days) MO
<i>gabapentin soln</i>	\$0 (Tier 3)	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
<i>lacosamide oral soln</i>	\$0 (Tier 4)	QL (1200 ML per 30 days) MO
<i>lacosamide inj</i>	\$0 (Tier 5)	
<i>lacosamide tabs 50mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>lamotrigine tabs, chew tabs</i>	\$0 (Tier 2)	MO
<i>lamotrigine er</i>	\$0 (Tier 4)	MO
<i>lamotrigine odt</i>	\$0 (Tier 4)	MO
<i>lamotrigine starter kit/blue</i>	\$0 (Tier 4)	MO
<i>lamotrigine starter kit/green</i>	\$0 (Tier 4)	MO
<i>lamotrigine starter kit/orange</i>	\$0 (Tier 4)	MO
<i>levetiracetam er</i>	\$0 (Tier 4)	MO
<i>levetiracetam/sodium chloride</i>	\$0 (Tier 4)	
<i>levetiracetam oral soln, tabs</i>	\$0 (Tier 2)	MO
<i>levetiracetam inj</i>	\$0 (Tier 4)	
NAYZILAM	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	\$0 (Tier 3)	MO
<i>oxcarbazepine susp</i>	\$0 (Tier 4)	MO
<i>phenobarbital sodium inj</i>	\$0 (Tier 4)	PA
<i>phenobarbital tabs</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	\$0 (Tier 4)	QL (1500 ML per 30 days) PA MO
PHENYTEK	\$0 (Tier 4)	MO
<i>phenytoin oral susp 125mg/5ml, chew tabs 50mg</i>	\$0 (Tier 3)	MO
<i>phenytoin sodium inj</i>	\$0 (Tier 4)	
<i>phenytoin sodium extended caps</i>	\$0 (Tier 3)	MO
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pregabalin caps 225mg, 300mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	\$0 (Tier 3)	QL (900 ML per 30 days) PA MO
<i>primidone</i>	\$0 (Tier 2)	MO
<i>roweepra tabs 500mg</i>	\$0 (Tier 2)	
<i>rufinamide oral susp</i>	\$0 (Tier 5)	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 400mg</i>	\$0 (Tier 5)	QL (240 EA per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	\$0 (Tier 5)	QL (480 EA per 30 days) PA MO
SPRITAM	\$0 (Tier 4)	PA MO
<i>subvenite</i>	\$0 (Tier 2)	
<i>subvenite starter kit/blue</i>	\$0 (Tier 4)	
<i>subvenite starter kit/green</i>	\$0 (Tier 4)	
<i>subvenite starter kit/orange</i>	\$0 (Tier 4)	
SYMPAZAN FILM 5MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
SYMPAZAN FILM 10MG, 20MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	\$0 (Tier 4)	MO
TOPIRAMATE ER	\$0 (Tier 4)	MO
<i>topiramate sprinkle caps</i>	\$0 (Tier 2)	MO
<i>topiramate tabs 100mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>topiramate tabs 200mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>topiramate tabs 25mg, 50mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>valproate sodium inj</i>	\$0 (Tier 4)	
<i>valproic acid</i>	\$0 (Tier 2)	MO
VALTOCO	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
<i>vigadrone</i>	\$0 (Tier 4)	QL (180 EA per 30 days) PA LA
VIMPAT INJ	\$0 (Tier 5)	
VIMPAT ORAL SOLN	\$0 (Tier 5)	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	\$0 (Tier 4)	QL (120 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
XCOPRI TABS 100MG, 150MG, 200MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
XCOPRI TABS 50MG	\$0 (Tier 5)	QL (90 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG-25MG	\$0 (Tier 4)	QL (28 EA per 28 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	\$0 (Tier 5)	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG-200MG, 100MG-150MG	\$0 (Tier 5)	QL (56 EA per 28 days)
XCOPRI MAINTENACE PACK 50MG-200MG	\$0 (Tier 5)	QL (56 EA per 28 days) MO
ZONISADE	\$0 (Tier 5)	QL (900 ML per 30 days) PA
<i>zonisamide</i>	\$0 (Tier 2)	MO
ZTALMY	\$0 (Tier 5)	QL (1100 ML per 30 days) PA LA MO
ANTIDEMENTIA		
<i>donepezil hcl tabs odt</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	\$0 (Tier 4)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	\$0 (Tier 3)	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	\$0 (Tier 4)	PA MO
<i>memantine hydrochloride soln</i>	\$0 (Tier 3)	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
NAMZARIC	\$0 (Tier 4)	MO
<i>rivastigmine tartrate</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	\$0 (Tier 3)	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	\$0 (Tier 3)	PA MO
<i>amoxapine</i>	\$0 (Tier 3)	MO
<i>bupropion hcl tabs 100mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO

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<i>bupropion hydrochloride tabs 75mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	\$0 (Tier 4)	PA MO
<i>citalopram hydrobromide soln</i>	\$0 (Tier 3)	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>clomipramine hcl caps</i>	\$0 (Tier 4)	PA MO
<i>desipramine hydrochloride tabs</i>	\$0 (Tier 4)	PA MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	\$0 (Tier 3)	QL (30 EA per 30 days)
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>doxepin hcl caps 75mg, 150mg, oral conc 10mg/ml</i>	\$0 (Tier 3)	PA MO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	\$0 (Tier 3)	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl caps 30mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride caps 20mg, 60mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
EMSAM	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	\$0 (Tier 3)	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	\$0 (Tier 3)	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	\$0 (Tier 4)	PA MO
FETZIMA CP24 120MG, 80MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	\$0 (Tier 4)	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>fluoxetine hcl soln</i>	\$0 (Tier 2)	MO
<i>fluoxetine hydrochloride caps 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	\$0 (Tier 2)	MO

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<i>fluoxetine hydrochloride tabs 60mg</i>	\$0 (Tier 3)	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	\$0 (Tier 3)	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	\$0 (Tier 3)	PA MO
<i>imipramine pamoate</i>	\$0 (Tier 4)	PA MO
<i>maprotiline hcl tabs 50mg</i>	\$0 (Tier 4)	
<i>maprotiline hcl tabs 25mg, 75mg</i>	\$0 (Tier 4)	MO
MARPLAN	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>mirtazapine tabs</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	\$0 (Tier 4)	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	\$0 (Tier 3)	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	\$0 (Tier 3)	MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>paroxetine hydrochloride susp</i>	\$0 (Tier 4)	QL (900 ML per 30 days) MO
PAXIL ORAL SUSP	\$0 (Tier 4)	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	\$0 (Tier 4)	PA MO
<i>phenelzine sulfate</i>	\$0 (Tier 3)	MO
<i>protriptyline hcl</i>	\$0 (Tier 4)	PA MO
<i>sertraline hcl tabs 25mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs 100mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride oral conc</i>	\$0 (Tier 3)	QL (300 ML per 30 days) MO
<i>tranylcypromine sulfate</i>	\$0 (Tier 4)	MO
<i>trazodone hydrochloride tabs</i>	\$0 (Tier 1)	MO
<i>trimipramine maleate caps 50mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	\$0 (Tier 4)	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	\$0 (Tier 4)	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	\$0 (Tier 4)	QL (60 EA per 30 days) MO
VENLAFAXINE BESYLATE ER	\$0 (Tier 4)	QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>venlafaxine hcl er cp24 37.5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	\$0 (Tier 2)	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
VIIBRYD	\$0 (Tier 4)	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	\$0 (Tier 4)	MO
<i>vilazodone hydrochloride</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tabs</i>	\$0 (Tier 3)	MO
<i>amantadine hcl soln</i>	\$0 (Tier 4)	MO
<i>amantadine hcl caps</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>benztropine mesylate</i>	\$0 (Tier 2)	PA MO
<i>bromocriptine mesylate tabs, caps</i>	\$0 (Tier 4)	MO
<i>carbidopa tabs</i>	\$0 (Tier 5)	MO
<i>carbidopa/levodopa</i>	\$0 (Tier 2)	MO
<i>carbidopa/levodopa er</i>	\$0 (Tier 4)	MO
<i>carbidopa/levodopa odt</i>	\$0 (Tier 3)	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	\$0 (Tier 4)	MO
<i>entacapone</i>	\$0 (Tier 4)	MO
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	\$0 (Tier 5)	QL (150 EA per 30 days) PA
NEUPRO	\$0 (Tier 4)	MO
<i>pramipexole dihydrochloride er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	\$0 (Tier 2)	MO
<i>rasagiline mesylate</i>	\$0 (Tier 3)	MO
<i>ropinirole er tb24 6mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	\$0 (Tier 4)	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	\$0 (Tier 2)	MO
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	\$0 (Tier 2)	MO
<i>selegiline hcl tabs, caps</i>	\$0 (Tier 2)	MO
<i>trihexyphenidyl hcl oral soln</i>	\$0 (Tier 2)	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	\$0 (Tier 2)	PA MO
ANTIPSYCHOTICS		
ABILIFY MAINTENA	\$0 (Tier 5)	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	\$0 (Tier 4)	QL (900 ML per 30 days) MO
ARISTADA INITIO	\$0 (Tier 5)	
ARISTADA INJ 441MG/1.6ML	\$0 (Tier 5)	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	\$0 (Tier 5)	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	\$0 (Tier 5)	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	\$0 (Tier 5)	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
CAPLYTA	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	\$0 (Tier 4)	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	\$0 (Tier 4)	
<i>chlorpromazine hcl inj 25mg/ml</i>	\$0 (Tier 4)	MO
<i>chlorpromazine hydrochloride oral conc</i>	\$0 (Tier 4)	
CLOZAPINE ODT TBDP 150MG	\$0 (Tier 4)	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	\$0 (Tier 5)	QL (135 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	\$0 (Tier 4)	PA
<i>clozapine odt tbdp 100mg</i>	\$0 (Tier 4)	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	\$0 (Tier 3)	
<i>clozapine tabs 200mg</i>	\$0 (Tier 3)	QL (135 EA per 30 days)
<i>clozapine tabs 100mg</i>	\$0 (Tier 3)	QL (270 EA per 30 days)
FANAPT TITRATION PACK	\$0 (Tier 4)	PA MO
FANAPT TABS 1MG	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>fluphenazine decanoate inj</i>	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluphenazine hcl oral conc, tabs</i>	\$0 (Tier 2)	MO
<i>fluphenazine hcl inj</i>	\$0 (Tier 4)	MO
<i>fluphenazine hydrochloride oral elixir</i>	\$0 (Tier 2)	MO
<i>haloperidol tabs, oral conc</i>	\$0 (Tier 3)	MO
<i>haloperidol decanoate inj</i>	\$0 (Tier 4)	MO
<i>haloperidol lactate inj</i>	\$0 (Tier 4)	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	\$0 (Tier 5)	QL (3.5 ML per 154 days)
INVEGA HAFYERA INJ 1560MG/5ML	\$0 (Tier 5)	QL (5 ML per 154 days)
INVEGA SUSTENNA INJ 39MG/0.25ML	\$0 (Tier 4)	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	\$0 (Tier 5)	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	\$0 (Tier 5)	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.88ML	\$0 (Tier 5)	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	\$0 (Tier 5)	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	\$0 (Tier 5)	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	\$0 (Tier 5)	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
<i>loxapine caps 10mg</i>	\$0 (Tier 3)	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	\$0 (Tier 3)	MO
<i>molindone hydrochloride</i>	\$0 (Tier 3)	
NUPLAZID	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	\$0 (Tier 4)	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>perphenazine</i>	\$0 (Tier 4)	MO
PERSERIS	\$0 (Tier 5)	QL (1 EA per 30 days)
<i>pimozide</i>	\$0 (Tier 4)	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 150mg, 50mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	\$0 (Tier 4)	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	\$0 (Tier 5)	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg, 4mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	\$0 (Tier 2)	QL (480 ML per 30 days) MO
<i>risperidone tabs 4mg</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	\$0 (Tier 5)	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	\$0 (Tier 5)	QL (30 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	\$0 (Tier 3)	PA MO
<i>thiothixene</i>	\$0 (Tier 4)	MO
<i>trifluoperazine hcl</i>	\$0 (Tier 4)	MO
VERSACLOZ	\$0 (Tier 5)	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	\$0 (Tier 4)	MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	\$0 (Tier 5)	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	\$0 (Tier 5)	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	\$0 (Tier 4)	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	\$0 (Tier 4)	QL (2 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 405MG	\$0 (Tier 5)	QL (1 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 300MG	\$0 (Tier 5)	QL (2 EA per 28 days) PA MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine er cp24</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>atomoxetine hydrochloride caps 18mg, 25mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 100mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>atomoxetine caps 10mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>atomoxetine caps 60mg, 80mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er caps 5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	\$0 (Tier 4)	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	\$0 (Tier 4)	QL (1800 ML per 30 days) MO
<i>guanfacine er tabs 1mg, 2mg, 4mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tabs 3mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>methylphenidate hydrochloride cd er caps 20mg, 30mg, 50mg, 60mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 60mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 40mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	\$0 (Tier 3)	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chewable tablet</i>	\$0 (Tier 4)	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	\$0 (Tier 4)	QL (1800 ML per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	\$0 (Tier 4)	QL (900 ML per 30 days) MO
VYVANSE	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	\$0 (Tier 4)	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
HETLIOZ CAPS	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	\$0 (Tier 5)	QL (158 ML per 30 days) PA MO
<i>temazepam</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs 10mg, 5mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) PA MO
MIGRAINE		
AIMOVIG	\$0 (Tier 3)	QL (1 ML per 30 days) PA
<i>almotriptan malate</i>	\$0 (Tier 4)	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate inj</i>	\$0 (Tier 5)	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	\$0 (Tier 5)	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	\$0 (Tier 3)	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	\$0 (Tier 3)	MO
<i>frovatriptan succinate</i>	\$0 (Tier 4)	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	\$0 (Tier 3)	QL (9 EA per 30 days) MO
NURTEC	\$0 (Tier 5)	QL (16 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	\$0 (Tier 3)	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	\$0 (Tier 3)	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	\$0 (Tier 2)	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj</i>	\$0 (Tier 4)	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	\$0 (Tier 2)	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	\$0 (Tier 4)	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	\$0 (Tier 4)	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	\$0 (Tier 4)	QL (9 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UBRELVY	\$0 (Tier 5)	QL (16 EA per 30 days) PA MO
<i>zolmitriptan tabs</i>	\$0 (Tier 4)	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	\$0 (Tier 4)	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	\$0 (Tier 5)	QL (120 EA per 30 days) PA
AUSTEDO TABS 6MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA
GUANIDINE HCL	\$0 (Tier 4)	
<i>lithium carbonate caps, tabs</i>	\$0 (Tier 1)	MO
<i>lithium carbonate er</i>	\$0 (Tier 2)	MO
LITHIUM ORAL SOLN	\$0 (Tier 4)	MO
NUEDEXTA	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>pregabalin er</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
<i>pyridostigmine bromide er</i>	\$0 (Tier 3)	MO
<i>pyridostigmine bromide tabs 60mg, 30mg</i>	\$0 (Tier 3)	MO
<i>riluzole</i>	\$0 (Tier 3)	MO
<i>tetrabenazine tabs 25mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days) PA LA
<i>tetrabenazine tabs 12.5mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	\$0 (Tier 5)	QL (1 EA per 28 days) PA
AVONEX PEN	\$0 (Tier 5)	QL (1 EA per 28 days) PA
BETASERON	\$0 (Tier 5)	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	\$0 (Tier 5)	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	\$0 (Tier 5)	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	\$0 (Tier 5)	PA
<i> fingolimod</i>	\$0 (Tier 5)	QL (28 EA per 28 days) PA
GILENYA CAPS 0.5MG	\$0 (Tier 5)	QL (28 EA per 28 days) PA
KESIMPTA	\$0 (Tier 5)	QL (6.4 ML per 365 days) PA
TECFIDERA STARTER PACK	\$0 (Tier 5)	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	\$0 (Tier 5)	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tabs</i>	\$0 (Tier 3)	MO
<i>chlorzoxazone tabs 500mg</i>	\$0 (Tier 3)	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs 5mg, 10mg</i>	\$0 (Tier 3)	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tizanidine hcl caps, tabs 2mg</i>	\$0 (Tier 2)	MO
<i>tizanidine hydrochloride tabs 4mg</i>	\$0 (Tier 2)	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) PA MO
XYREM	\$0 (Tier 5)	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	\$0 (Tier 4)	MO
APO-VARENICLINE	\$0 (Tier 4)	PA MO
<i>buprenorphine hcl subl tabs 2mg, 8mg</i>	\$0 (Tier 2)	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	\$0 (Tier 2)	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
CHANTIX	\$0 (Tier 4)	PA MO
CHANTIX CONTINUING MONTH PAK	\$0 (Tier 4)	PA MO
CHANTIX STARTING MONTH PAK	\$0 (Tier 4)	PA MO
<i>disulfiram tabs</i>	\$0 (Tier 4)	MO
<i>naloxone hcl inj 4mg/10ml</i>	\$0 (Tier 2)	MO
<i>naloxone hcl inj 2mg/2ml</i>	\$0 (Tier 3)	
<i>naloxone hydrochloride liqd</i>	\$0 (Tier 3)	MO
<i>naloxone hydrochloride inj 0.4mg/ml</i>	\$0 (Tier 2)	
<i>naloxone hcl cartridge 0.4mg/ml</i>	\$0 (Tier 2)	MO
<i>naltrexone hcl tabs</i>	\$0 (Tier 3)	MO
NARCAN	\$0 (Tier 3)	MO
NICOTROL INHALER	\$0 (Tier 4)	MO
NICOTROL NASAL SPRAY	\$0 (Tier 4)	QL (360 ML per 365 days) MO
VARENICLINE STARTING MONTH BOX	\$0 (Tier 4)	PA MO
<i>varenicline tartrate</i>	\$0 (Tier 4)	PA MO
VIVITROL	\$0 (Tier 5)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	\$0 (Tier 3)	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	\$0 (Tier 4)	PA MO
<i>testosterone enanthate inj</i>	\$0 (Tier 4)	PA MO
<i>testosterone pump gel 1%</i>	\$0 (Tier 3)	QL (300 GM per 30 days) PA MO
<i>testosterone topical solution</i>	\$0 (Tier 3)	QL (180 ML per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	\$0 (Tier 3)	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	\$0 (Tier 3)	QL (300 GM per 30 days) PA MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	\$0 (Tier 1)	MO
BASAGLAR KWIKPEN	\$0 (Tier 3)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 1/2"	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	\$0 (Tier 1)	MO
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	\$0 (Tier 1)	MO
BD/ULTIMED/ALLISON/TRIVIDIA/ MHC INSULIN SYRINGE ULTRA- FINE/0.3ML/31G X 15/64"	\$0 (Tier 1)	MO
CURITY GAUZE PADS 2"X2"	\$0 (Tier 1)	MO
FIASP	\$0 (Tier 3)	MO
FIASP FLEXTOUCH	\$0 (Tier 3)	MO
FIASP PENFILL	\$0 (Tier 3)	MO
HUMULIN R U-500 (CONCENTRATED)	\$0 (Tier 5)	B/D MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMULIN R U-500 KWIKPEN	\$0 (Tier 5)	MO
LEVEMIR	\$0 (Tier 3)	MO
LEVEMIR FLEXTOUCH	\$0 (Tier 3)	MO
NOVOLIN 70/30 VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN N VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN R VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG MIX 70/30 VIAL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
NOVOLOG PENFILL (BRAND RELION NOT COVERED)	\$0 (Tier 3)	MO
SOLIQUA 100/33	\$0 (Tier 3)	QL (30 ML per 30 days) MO
TRESIBA	\$0 (Tier 3)	MO
TRESIBA FLEXTOUCH	\$0 (Tier 3)	MO
XULTOPHY 100/3.6	\$0 (Tier 3)	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tabs</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
BYDUREON BCISE	\$0 (Tier 3)	QL (3.4 ML per 28 days) MO
BYDUREON PEN	\$0 (Tier 3)	QL (4 EA per 28 days)
BYETTA INJ 5MCG/0.02ML	\$0 (Tier 4)	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	\$0 (Tier 4)	QL (2.4 ML per 30 days) MO

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FARXIGA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide er tb24 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
GLYXAMBI	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JANUMET	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JANUVIA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JENTADUETO	\$0 (Tier 3)	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>miglitol</i>	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>nateglinide</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	\$0 (Tier 3)	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG/DOSE)	\$0 (Tier 3)	QL (3 ML per 28 days)
OZEMPIC INJ 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	\$0 (Tier 3)	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	\$0 (Tier 1)	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days) MO
RYBELSUS	\$0 (Tier 3)	QL (30 EA per 30 days) MO
SYMLINPEN 120	\$0 (Tier 5)	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	\$0 (Tier 5)	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	\$0 (Tier 3)	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
TRADJENTA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
TRULICITY	\$0 (Tier 3)	QL (2 ML per 28 days) MO
VICTOZA	\$0 (Tier 3)	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>CALCIUM REGULATORS</i>		
<i>alendronate sodium oral soln</i>	\$0 (Tier 1)	MO
<i>alendronate sodium tabs 10mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days) MO

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<i>calcitonin-salmon nasal spray</i>	\$0 (Tier 3)	MO
FORTEO	\$0 (Tier 5)	PA
<i>ibandronate sodium tabs</i>	\$0 (Tier 3)	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	\$0 (Tier 4)	QL (3 ML per 90 days) MO
NATPARA	\$0 (Tier 5)	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	\$0 (Tier 4)	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	\$0 (Tier 4)	
PROLIA	\$0 (Tier 4)	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	\$0 (Tier 4)	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	\$0 (Tier 4)	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	\$0 (Tier 4)	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
XGEVA	\$0 (Tier 5)	PA
ZOLEDRONIC ACID INJ 4MG/100ML	\$0 (Tier 4)	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	\$0 (Tier 4)	
CHELATING AGENTS		
CHEMET	\$0 (Tier 4)	MO
<i>deferasirox granules pack</i>	\$0 (Tier 5)	PA
<i>deferasirox tabs 90mg</i>	\$0 (Tier 4)	PA
<i>deferasirox tabs 180mg, 360mg</i>	\$0 (Tier 5)	PA
<i>deferasirox tabs for oral susp 125mg</i>	\$0 (Tier 3)	PA
<i>deferasirox tabs for oral susp 250mg, 500mg</i>	\$0 (Tier 5)	PA
LOKELMA	\$0 (Tier 3)	MO
<i>penicillamine tabs</i>	\$0 (Tier 5)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 3)	MO
<i>sps oral susp 15gm/60ml</i>	\$0 (Tier 3)	MO
<i>trientine hydrochloride</i>	\$0 (Tier 5)	PA
VELTASSA PACK 16.8GM, 25.2GM	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	\$0 (Tier 4)	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	\$0 (Tier 2)	
<i>altavera</i>	\$0 (Tier 2)	
<i>alyacen 1/35</i>	\$0 (Tier 2)	MO
<i>alyacen 7/7/7</i>	\$0 (Tier 2)	

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<i>amethia</i>	\$0 (Tier 2)	
<i>amethyst</i>	\$0 (Tier 2)	
<i>apri</i>	\$0 (Tier 2)	
<i>aranelle</i>	\$0 (Tier 2)	
<i>ashlyna</i>	\$0 (Tier 2)	
<i>aubra</i>	\$0 (Tier 2)	
<i>aubra eq</i>	\$0 (Tier 2)	
<i>aurovela 1.5/30</i>	\$0 (Tier 2)	
<i>aurovela 24 fe</i>	\$0 (Tier 2)	
<i>aurovela fe 1.5/30</i>	\$0 (Tier 2)	
<i>aurovela fe 1/20</i>	\$0 (Tier 2)	
<i>aviane</i>	\$0 (Tier 2)	
<i>ayuna</i>	\$0 (Tier 2)	
<i>balziva</i>	\$0 (Tier 2)	
<i>bekyree</i>	\$0 (Tier 2)	
<i>blisovi 24 fe</i>	\$0 (Tier 2)	MO
<i>blisovi fe 1.5/30</i>	\$0 (Tier 2)	MO
<i>blisovi fe 1/20</i>	\$0 (Tier 2)	
<i>briellyn</i>	\$0 (Tier 2)	
<i>camila</i>	\$0 (Tier 3)	MO
CAMRESE	\$0 (Tier 3)	
CAMRESE LO	\$0 (Tier 3)	
<i>caziant</i>	\$0 (Tier 2)	
<i>charlotte 24 fe</i>	\$0 (Tier 2)	
<i>chateal</i>	\$0 (Tier 2)	
<i>chateal eq</i>	\$0 (Tier 2)	
<i>cryselle-28</i>	\$0 (Tier 2)	MO
<i>cyclafem 1/35</i>	\$0 (Tier 2)	
<i>cyclafem 7/7/7</i>	\$0 (Tier 2)	
<i>cyred</i>	\$0 (Tier 2)	
<i>cyred eq</i>	\$0 (Tier 2)	
<i>dasetta 1/35</i>	\$0 (Tier 2)	
<i>dasetta 7/7/7</i>	\$0 (Tier 2)	
<i>daysee</i>	\$0 (Tier 2)	
<i>deblitane</i>	\$0 (Tier 3)	

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<i>delyla</i>	\$0 (Tier 2)	
<i>desogestrel/ethinyl estradiol</i>	\$0 (Tier 2)	MO
<i>dolishale</i>	\$0 (Tier 2)	
<i>drospirenone/ethinyl estradiol</i>	\$0 (Tier 2)	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>	\$0 (Tier 2)	MO
<i>elinet</i>	\$0 (Tier 2)	
<i>eluryng</i>	\$0 (Tier 4)	
<i>emoquette</i>	\$0 (Tier 2)	
<i>enpresse-28</i>	\$0 (Tier 2)	
<i>enskyce</i>	\$0 (Tier 2)	MO
<i>errin</i>	\$0 (Tier 3)	MO
<i>estarylla</i>	\$0 (Tier 2)	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	\$0 (Tier 2)	MO
<i>falmina</i>	\$0 (Tier 2)	
<i>fayosim</i>	\$0 (Tier 2)	
<i>femynor</i>	\$0 (Tier 2)	
<i>finzala</i>	\$0 (Tier 2)	
GIANVI	\$0 (Tier 3)	
<i>hailey 1.5/30</i>	\$0 (Tier 2)	MO
<i>hailey 24 fe</i>	\$0 (Tier 2)	
<i>hailey fe 1.5/30</i>	\$0 (Tier 2)	
<i>hailey fe 1/20</i>	\$0 (Tier 2)	
<i>heather</i>	\$0 (Tier 3)	
<i>iclevia</i>	\$0 (Tier 2)	
<i>incassia</i>	\$0 (Tier 3)	
<i>introvale</i>	\$0 (Tier 2)	
<i>isibloom</i>	\$0 (Tier 2)	
<i>jaimiess</i>	\$0 (Tier 2)	MO
<i>jasmiel</i>	\$0 (Tier 2)	
<i>jencycla</i>	\$0 (Tier 3)	
JOLESSA	\$0 (Tier 3)	
<i>juleber</i>	\$0 (Tier 2)	
<i>junel 1.5/30</i>	\$0 (Tier 2)	
<i>junel 1/20</i>	\$0 (Tier 2)	

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<i>junel fe 1.5/30</i>	\$0 (Tier 2)	MO
<i>junel fe 1/20</i>	\$0 (Tier 2)	MO
<i>junel fe 24</i>	\$0 (Tier 2)	
<i>kaitlib fe</i>	\$0 (Tier 2)	MO
<i>kalliga</i>	\$0 (Tier 2)	
<i>kariva</i>	\$0 (Tier 2)	
<i>kelnor 1/35</i>	\$0 (Tier 2)	MO
<i>kelnor 1/50</i>	\$0 (Tier 2)	MO
<i>kurvelo</i>	\$0 (Tier 2)	
<i>larin 1.5/30</i>	\$0 (Tier 2)	
<i>larin 1/20</i>	\$0 (Tier 2)	
<i>larin 24 fe</i>	\$0 (Tier 2)	
<i>larin fe 1.5/30</i>	\$0 (Tier 2)	
<i>larin fe 1/20</i>	\$0 (Tier 2)	
<i>larissia</i>	\$0 (Tier 2)	
LEENA	\$0 (Tier 3)	MO
<i>lessina</i>	\$0 (Tier 2)	
<i>levonest</i>	\$0 (Tier 2)	
<i>levonorgestrel/ethinyl estradiol</i>	\$0 (Tier 2)	MO
<i>levora 0.15/30-28</i>	\$0 (Tier 2)	
<i>lillow</i>	\$0 (Tier 2)	
<i>lo-zumandimine</i>	\$0 (Tier 2)	
<i>loestrin 1.5/30-21</i>	\$0 (Tier 2)	
<i>loestrin 1/20-21</i>	\$0 (Tier 2)	
<i>loestrin fe 1.5/30</i>	\$0 (Tier 2)	
<i>loestrin fe 1/20</i>	\$0 (Tier 2)	
<i>lojaimiess</i>	\$0 (Tier 2)	MO
<i>loryna</i>	\$0 (Tier 2)	
<i>low-ogestrel</i>	\$0 (Tier 2)	
<i>lutra</i>	\$0 (Tier 2)	MO
<i>lyleq</i>	\$0 (Tier 3)	
<i>lyza</i>	\$0 (Tier 3)	
<i>marlissa</i>	\$0 (Tier 2)	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	\$0 (Tier 4)	MO
<i>melodetta 24 fe</i>	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mibelas 24 fe</i>	\$0 (Tier 2)	
MICROGESTIN 1.5/30	\$0 (Tier 3)	
MICROGESTIN 1/20	\$0 (Tier 3)	
<i>microgestin 24 fe</i>	\$0 (Tier 2)	
MICROGESTIN FE 1.5/30	\$0 (Tier 3)	
MICROGESTIN FE 1/20	\$0 (Tier 3)	
<i>mili</i>	\$0 (Tier 2)	
<i>mono-linyah</i>	\$0 (Tier 2)	
<i>necon 0.5/35-28</i>	\$0 (Tier 2)	
<i>nikki</i>	\$0 (Tier 2)	
NORA-BE	\$0 (Tier 3)	
<i>norethindrone tabs 0.35mg</i>	\$0 (Tier 3)	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs, chew tabs</i>	\$0 (Tier 2)	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	\$0 (Tier 2)	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	\$0 (Tier 2)	MO
<i>norgestimate/ethinyl estradiol</i>	\$0 (Tier 2)	MO
<i>norlyda</i>	\$0 (Tier 3)	
<i>norlyroc</i>	\$0 (Tier 3)	
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 2)	MO
<i>nortrel 1/35 tabs 28-day regimen</i>	\$0 (Tier 2)	
<i>nortrel 1/35 tabs 21-day regimen</i>	\$0 (Tier 2)	MO
<i>nortrel 7/7/7</i>	\$0 (Tier 2)	
<i>nylia 1/35</i>	\$0 (Tier 2)	
<i>nylia 7/7/7</i>	\$0 (Tier 2)	MO
<i>nymyo</i>	\$0 (Tier 2)	
OCELLA	\$0 (Tier 3)	
<i>orsythia</i>	\$0 (Tier 2)	
ORTHO MICRONOR	\$0 (Tier 3)	MO
<i>philith</i>	\$0 (Tier 2)	
<i>pimtrea</i>	\$0 (Tier 2)	
<i>pirmella 1/35</i>	\$0 (Tier 2)	MO
<i>pirmella 7/7/7</i>	\$0 (Tier 2)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>portia-28</i>	\$0 (Tier 2)	
<i>previfem</i>	\$0 (Tier 2)	
<i>reclipsen</i>	\$0 (Tier 2)	
RIVELSA	\$0 (Tier 3)	
<i>setlakin</i>	\$0 (Tier 2)	
<i>sharobel</i>	\$0 (Tier 3)	
<i>simliya</i>	\$0 (Tier 2)	
<i>simpesse</i>	\$0 (Tier 2)	
<i>sprintec 28</i>	\$0 (Tier 2)	
<i>sronyx</i>	\$0 (Tier 2)	MO
<i>syeda</i>	\$0 (Tier 2)	
<i>tarina fe 1/20</i>	\$0 (Tier 2)	
<i>tarina fe 1/20 eq</i>	\$0 (Tier 2)	
TILIA FE	\$0 (Tier 3)	
<i>tri femynor</i>	\$0 (Tier 2)	
<i>tri-estarylla</i>	\$0 (Tier 2)	MO
<i>tri-legest fe</i>	\$0 (Tier 2)	MO
<i>tri-linyah</i>	\$0 (Tier 2)	
<i>tri-lo-estarylla</i>	\$0 (Tier 2)	
<i>tri-lo-marzia</i>	\$0 (Tier 2)	
<i>tri-lo-mili</i>	\$0 (Tier 2)	
<i>tri-lo-sprintec</i>	\$0 (Tier 2)	MO
<i>tri-mili</i>	\$0 (Tier 2)	
<i>tri-nymyo</i>	\$0 (Tier 2)	
<i>tri-previfem</i>	\$0 (Tier 2)	
<i>tri-sprintec</i>	\$0 (Tier 2)	
<i>tri-vylibra</i>	\$0 (Tier 2)	
<i>tri-vylibra lo</i>	\$0 (Tier 2)	
<i>trivora-28</i>	\$0 (Tier 2)	MO
<i>tydemy</i>	\$0 (Tier 2)	
<i>velivet</i>	\$0 (Tier 2)	MO
<i>vestura</i>	\$0 (Tier 2)	MO
<i>vienva</i>	\$0 (Tier 2)	
<i>viorele</i>	\$0 (Tier 2)	MO
<i>volnea</i>	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vyfemla</i>	\$0 (Tier 2)	MO
<i>vylibra</i>	\$0 (Tier 2)	
<i>wera</i>	\$0 (Tier 2)	
<i>wymzya fe</i>	\$0 (Tier 2)	
<i>zarah</i>	\$0 (Tier 2)	
<i>zovia 1/35</i>	\$0 (Tier 2)	
<i>zumandimine</i>	\$0 (Tier 2)	
ENDOMETRIOSIS		
<i>danazol caps</i>	\$0 (Tier 4)	MO
SYNAREL	\$0 (Tier 5)	MO
ESTROGENS		
<i>amabelz</i>	\$0 (Tier 3)	MO
DELESTROGEN INJ 10MG/ML	\$0 (Tier 4)	MO
<i>dotti pttw 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	\$0 (Tier 3)	QL (8 EA per 28 days)
<i>dotti pttw 0.025mg/24hr</i>	\$0 (Tier 3)	QL (8 EA per 28 days) MO
DUAVEE	\$0 (Tier 4)	MO
<i>estradiol valerate inj</i>	\$0 (Tier 4)	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	\$0 (Tier 3)	MO
<i>estradiol oral tabs, vaginal tabs</i>	\$0 (Tier 3)	MO
<i>estradiol patch weekly</i>	\$0 (Tier 3)	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	\$0 (Tier 3)	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	\$0 (Tier 4)	MO
ESTRING	\$0 (Tier 4)	QL (1 EA per 90 days) MO
<i>fyavolv</i>	\$0 (Tier 3)	MO
<i>jinteli</i>	\$0 (Tier 3)	
LOPREEZA	\$0 (Tier 3)	
<i>lyllana</i>	\$0 (Tier 3)	QL (8 EA per 28 days)
<i>mimvey</i>	\$0 (Tier 3)	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	\$0 (Tier 3)	MO
PREMARIN	\$0 (Tier 4)	MO
PREMPRO	\$0 (Tier 4)	MO
<i>yuvafem</i>	\$0 (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLUCOCORTICOIDS		
<i>dexamethasone tabs, oral soln, oral elixir</i>	\$0 (Tier 2)	MO
DEXAMETHASONE INTENSOL	\$0 (Tier 4)	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	\$0 (Tier 4)	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	\$0 (Tier 4)	MO
<i>fludrocortisone acetate tabs</i>	\$0 (Tier 2)	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	\$0 (Tier 3)	MO
<i>methylprednisolone acetate inj</i>	\$0 (Tier 2)	B/D MO
<i>methylprednisolone dose pack</i>	\$0 (Tier 2)	MO
<i>methylprednisolone sodium succinate inj 125mg, 40mg</i>	\$0 (Tier 4)	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	\$0 (Tier 4)	B/D
<i>methylprednisolone sodium succinate inj 1000mg</i>	\$0 (Tier 4)	B/D MO
<i>methylprednisolone tabs</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	\$0 (Tier 2)	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	\$0 (Tier 2)	B/D MO
PREDNISONE INTENSOL	\$0 (Tier 4)	B/D MO
<i>prednisone soln, tabs</i>	\$0 (Tier 1)	B/D MO
<i>prednisone tab therapy pack</i>	\$0 (Tier 1)	MO
SOLU-CORTEF	\$0 (Tier 4)	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	\$0 (Tier 4)	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral susp</i>	\$0 (Tier 5)	MO
GVOKE HYPOPEN 1-PACK	\$0 (Tier 3)	MO
GVOKE HYPOPEN 2-PACK	\$0 (Tier 3)	MO
GVOKE KIT	\$0 (Tier 3)	MO
GVOKE PFS	\$0 (Tier 3)	MO
MISCELLANEOUS		
<i>acetylcysteine inj 200mg/ml</i>	\$0 (Tier 4)	
<i>betaine anhydrous</i>	\$0 (Tier 5)	LA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cabergoline</i>	\$0 (Tier 3)	MO
CARBAGLU	\$0 (Tier 5)	PA LA MO
<i>carglumic acid</i>	\$0 (Tier 5)	PA LA MO
CERDELGA	\$0 (Tier 5)	PA
<i>cinacalcet hydrochloride tabs 30mg</i>	\$0 (Tier 4)	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	\$0 (Tier 5)	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days)
CYSTADANE	\$0 (Tier 5)	LA
CYSTAGON	\$0 (Tier 4)	PA LA
<i>desmopressin acetate nasal soln, tabs</i>	\$0 (Tier 3)	MO
<i>desmopressin acetate pf inj 4mcg/ml</i>	\$0 (Tier 4)	MO
<i>desmopressin acetate inj 4mcg/ml</i>	\$0 (Tier 5)	MO
<i>fomepizole</i>	\$0 (Tier 5)	
GENOTROPIN	\$0 (Tier 5)	PA
GENOTROPIN MINIQUICK INJ 0.2MG	\$0 (Tier 3)	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	\$0 (Tier 5)	PA
INCRELEX	\$0 (Tier 5)	PA LA
<i>javygtor</i>	\$0 (Tier 5)	PA LA
KORLYM	\$0 (Tier 5)	PA LA
LEVOCARNITINE TABS	\$0 (Tier 4)	MO
<i>levocarnitine soln</i>	\$0 (Tier 4)	MO
LUPRON DEPOT-PED (1-MONTH)	\$0 (Tier 5)	PA
LUPRON DEPOT-PED (3-MONTH)	\$0 (Tier 5)	PA
<i>methergine</i>	\$0 (Tier 4)	
<i>methylethergonovine maleate tabs</i>	\$0 (Tier 4)	MO
<i>nitisinone</i>	\$0 (Tier 5)	PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	\$0 (Tier 4)	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	\$0 (Tier 5)	PA
<i>raloxifene hydrochloride</i>	\$0 (Tier 3)	MO
SANDOSTATIN LAR DEPOT KIT	\$0 (Tier 5)	PA
<i>sapropterin dihydrochloride</i>	\$0 (Tier 5)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	\$0 (Tier 5)	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	\$0 (Tier 5)	PA
SOMATULINE DEPOT	\$0 (Tier 5)	PA
SOMAVERT	\$0 (Tier 5)	PA LA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate caps, tabs 667mg</i>	\$0 (Tier 3)	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	\$0 (Tier 5)	MO
PROGESTINS		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	\$0 (Tier 2)	MO
<i>megestrol acetate susp 40mg/ml</i>	\$0 (Tier 3)	MO
<i>megestrol acetate susp 625mg/5ml</i>	\$0 (Tier 4)	MO
<i>norethindrone acetate tabs 5mg</i>	\$0 (Tier 2)	MO
<i>progesterone caps</i>	\$0 (Tier 3)	MO
<i>progesterone inj</i>	\$0 (Tier 4)	MO
THYROID AGENTS		
<i>euthyrox</i>	\$0 (Tier 1)	MO
LEVO-T	\$0 (Tier 4)	
<i>levothyroxine sodium tabs</i>	\$0 (Tier 1)	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	\$0 (Tier 4)	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	\$0 (Tier 5)	MO
LEVOXYL	\$0 (Tier 3)	MO
<i>liothyronine sodium tabs</i>	\$0 (Tier 3)	MO
<i>liothyronine sodium inj</i>	\$0 (Tier 5)	
<i>methimazole tabs</i>	\$0 (Tier 2)	MO
<i>propylthiouracil tabs</i>	\$0 (Tier 3)	MO
SYNTHROID	\$0 (Tier 3)	MO
UNITHROID	\$0 (Tier 3)	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	\$0 (Tier 3)	MO
<i>calcitriol inj 1mcg/ml</i>	\$0 (Tier 4)	
<i>calcitriol oral soln 1mcg/ml</i>	\$0 (Tier 4)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>doxercalciferol inj</i>	\$0 (Tier 4)	
<i>paricalcitol</i>	\$0 (Tier 4)	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant caps 40mg, 80mg, therapy pak 80mg; 125mg</i>	\$0 (Tier 4)	B/D MO
<i>aprepitant caps 125mg</i>	\$0 (Tier 5)	B/D MO
<i>compro</i>	\$0 (Tier 2)	MO
DIMENHYDRINATE INJ	\$0 (Tier 4)	
<i>dronabinol</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	\$0 (Tier 4)	B/D MO
<i>granisetron hcl tabs</i>	\$0 (Tier 3)	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs 12.5mg</i>	\$0 (Tier 2)	PA MO
<i>meclizine hydrochloride tabs 25mg</i>	\$0 (Tier 2)	PA MO
<i>metoclopramide hcl tabs 5mg</i>	\$0 (Tier 1)	MO
<i>metoclopramide hcl inj, oral soln</i>	\$0 (Tier 4)	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	\$0 (Tier 1)	MO
METOCLOPRAMIDE ODT TBDP 10MG	\$0 (Tier 3)	MO
<i>metoclopramide odt tbdp 5mg</i>	\$0 (Tier 3)	MO
<i>ondansetron hcl tabs 24mg</i>	\$0 (Tier 2)	B/D
<i>ondansetron hcl oral soln</i>	\$0 (Tier 3)	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	\$0 (Tier 2)	B/D MO
<i>ondansetron hydrochloride inj</i>	\$0 (Tier 4)	MO
<i>ondansetron odt</i>	\$0 (Tier 3)	B/D MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	\$0 (Tier 4)	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	\$0 (Tier 4)	MO
<i>prochlorperazine maleate tabs</i>	\$0 (Tier 2)	MO
<i>prochlorperazine supp</i>	\$0 (Tier 2)	MO
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	\$0 (Tier 4)	PA MO
<i>promethazine hcl tabs 12.5mg</i>	\$0 (Tier 2)	PA MO
<i>promethazine hcl inj, supp</i>	\$0 (Tier 4)	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	\$0 (Tier 2)	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	\$0 (Tier 4)	PA
<i>promethegan supp 50mg</i>	\$0 (Tier 5)	PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SANCUSO	\$0 (Tier 5)	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	\$0 (Tier 4)	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	\$0 (Tier 4)	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral soln</i>	\$0 (Tier 3)	PA MO
<i>dicyclomine hydrochloride caps, tabs</i>	\$0 (Tier 2)	PA MO
<i>dicyclomine hydrochloride inj</i>	\$0 (Tier 4)	PA MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	\$0 (Tier 3)	MO
<i>glycopyrrolate inj 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml</i>	\$0 (Tier 4)	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	\$0 (Tier 4)	MO
<i>methscopolamine bromide tabs</i>	\$0 (Tier 4)	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tabs</i>	\$0 (Tier 4)	MO
<i>cimetidine hydrochloride oral soln</i>	\$0 (Tier 4)	MO
<i>famotidine premixed inj 20mg/50ml</i>	\$0 (Tier 4)	
<i>famotidine tabs</i>	\$0 (Tier 2)	MO
<i>famotidine oral susp</i>	\$0 (Tier 3)	MO
<i>famotidine inj</i>	\$0 (Tier 4)	
<i>nizatidine</i>	\$0 (Tier 4)	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	\$0 (Tier 3)	MO
<i>budesonide er tab 9mg</i>	\$0 (Tier 5)	MO
<i>budesonide cpep 3mg</i>	\$0 (Tier 4)	MO
<i>hydrocortisone enem 100mg/60ml</i>	\$0 (Tier 2)	MO
<i>mesalamine</i>	\$0 (Tier 4)	MO
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	\$0 (Tier 4)	MO
SULFASALAZINE TBEC	\$0 (Tier 3)	MO
<i>sulfasalazine tabs</i>	\$0 (Tier 3)	MO
LAXATIVES		
CLENPIQ	\$0 (Tier 4)	MO
<i>constulose</i>	\$0 (Tier 2)	
<i>enulose</i>	\$0 (Tier 2)	MO
<i>gavilyte-c</i>	\$0 (Tier 1)	MO

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<i>gavilyte-g</i>	\$0 (Tier 1)	MO
<i>gavilyte-h</i>	\$0 (Tier 4)	
<i>gavilyte-n/ flavor pack</i>	\$0 (Tier 1)	
<i>generlac</i>	\$0 (Tier 2)	
GOLYTELY	\$0 (Tier 3)	MO
KRISTALOSE	\$0 (Tier 4)	PA MO
<i>lactulose oral soln</i>	\$0 (Tier 2)	MO
NULYTELY	\$0 (Tier 3)	MO
NULYTELY/FLAVOR PACKS	\$0 (Tier 3)	MO
<i>peg-3350/electrolytes</i>	\$0 (Tier 2)	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	\$0 (Tier 1)	MO
PLENVU	\$0 (Tier 4)	MO
SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE	\$0 (Tier 4)	MO
SUPREP BOWEL PREP KIT	\$0 (Tier 4)	MO
SUTAB	\$0 (Tier 4)	MO
<i>trilyte</i>	\$0 (Tier 1)	
MISCELLANEOUS		
<i>alosetron hydrochloride tabs 0.5mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tabs 1mg</i>	\$0 (Tier 5)	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	\$0 (Tier 4)	MO
<i>diphenoxylate hydrochloride/atropine sulfat</i>	\$0 (Tier 3)	MO
<i>diphenoxylate/atropine</i>	\$0 (Tier 3)	MO
GATTEX	\$0 (Tier 5)	PA LA
<i>lansoprazole/amoxicillin/clarithromycin</i>	\$0 (Tier 4)	QL (224 EA per 365 days) MO
LINZESS	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	\$0 (Tier 3)	MO
<i>misoprostol tabs</i>	\$0 (Tier 3)	MO
MOVANTIK TABS 25MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
SUCRALFATE SUSP	\$0 (Tier 4)	MO
<i>sucralfate tabs</i>	\$0 (Tier 2)	MO
<i>ursodiol caps</i>	\$0 (Tier 3)	MO
<i>ursodiol tabs</i>	\$0 (Tier 4)	MO
XERMELO	\$0 (Tier 5)	QL (84 EA per 28 days) PA LA

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XIFAXAN TABS 550MG	\$0 (Tier 5)	PA MO
PANCREATIC ENZYMES		
CREON	\$0 (Tier 3)	MO
ZENPEP	\$0 (Tier 4)	MO
PROTON PUMP INHIBITORS		
DEXILANT	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>dexlansoprazole</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	\$0 (Tier 3)	
<i>lansoprazole dr caps</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 20mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
<i>omeprazole dr caps 10mg</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	\$0 (Tier 4)	
<i>pantoprazole sodium tbec 20mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>dutasteride</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>silodosin</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
ACETIC ACID 0.25% IRRIGATION SOLN	\$0 (Tier 3)	MO
<i>bethanechol chloride tabs</i>	\$0 (Tier 3)	MO
ELMIRON	\$0 (Tier 4)	QL (90 EA per 30 days) MO
<i>flavoxate hcl</i>	\$0 (Tier 4)	MO
<i>potassium citrate er</i>	\$0 (Tier 4)	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>fesoterodine fumarate er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	\$0 (Tier 4)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MYRBETRIQ SRER	\$0 (Tier 4)	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	\$0 (Tier 2)	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrup</i>	\$0 (Tier 2)	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	\$0 (Tier 2)	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	\$0 (Tier 4)	QL (60 EA per 30 days) ST MO
<i>tolterodine tartrate er</i>	\$0 (Tier 4)	QL (30 EA per 30 days) ST MO
TOVIAZ	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>trospium chloride er caps</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>trospium chloride tabs</i>	\$0 (Tier 2)	QL (60 EA per 30 days) MO
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (Tier 4)	MO
<i>metronidazole vaginal gel 0.75%</i>	\$0 (Tier 4)	MO
<i>miconazole 3 vaginal supp</i>	\$0 (Tier 4)	MO
<i>terconazole crea</i>	\$0 (Tier 3)	MO
<i>terconazole supp</i>	\$0 (Tier 4)	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate caps 150mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days)
<i>dabigatran etexilate caps 75mg</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	\$0 (Tier 3)	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	\$0 (Tier 3)	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	\$0 (Tier 4)	MO
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	\$0 (Tier 4)	MO
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	\$0 (Tier 5)	MO
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	\$0 (Tier 4)	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	\$0 (Tier 5)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	\$0 (Tier 4)	
HEPARIN SODIUM/DEXTROSE 100UNIT/ ML	\$0 (Tier 4)	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	\$0 (Tier 3)	
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	\$0 (Tier 3)	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	\$0 (Tier 3)	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	\$0 (Tier 3)	MO
<i>jantoven</i>	\$0 (Tier 1)	MO
PRADAXA	\$0 (Tier 4)	QL (60 EA per 30 days) MO
<i>warfarin sodium</i>	\$0 (Tier 1)	MO
XARELTO STARTER PACK	\$0 (Tier 3)	QL (51 EA per 30 days) MO
XARELTO SUSR	\$0 (Tier 3)	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	\$0 (Tier 3)	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	\$0 (Tier 3)	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (Tier 3)	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ ML	\$0 (Tier 5)	PA
ZARXIO	\$0 (Tier 5)	PA
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	\$0 (Tier 3)	MO
<i>cilostazol</i>	\$0 (Tier 1)	MO
DOPTELET	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
DROXIA	\$0 (Tier 3)	MO
HAEGARDA INJ 3000UNIT	\$0 (Tier 5)	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	\$0 (Tier 5)	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	\$0 (Tier 2)	MO
PROMACTA POWDER PACK 25MG	\$0 (Tier 5)	QL (180 EA per 30 days) PA LA
PROMACTA POWDER PACK 12.5MG	\$0 (Tier 5)	QL (360 EA per 30 days) PA LA

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PROMACTA TABS 12.5MG, 25MG	\$0 (Tier 5)	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	\$0 (Tier 5)	QL (60 EA per 30 days) PA LA
<i>sajazir</i>	\$0 (Tier 5)	QL (27 ML per 30 days) PA MO
<i>tranexamic acid tabs</i>	\$0 (Tier 3)	MO
<i>tranexamic acid inj</i>	\$0 (Tier 4)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>aspirin/dipyridamole er</i>	\$0 (Tier 3)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (Tier 4)	MO
<i>clopidogrel tabs 300mg</i>	\$0 (Tier 1)	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>dipyridamole tab</i>	\$0 (Tier 4)	PA MO
<i>prasugrel</i>	\$0 (Tier 4)	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL MINI	\$0 (Tier 5)	QL (8 ML per 28 days) PA
ENBREL SURECLICK	\$0 (Tier 5)	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	\$0 (Tier 5)	QL (8 EA per 28 days) PA
ENBREL INJ VIAL 25MG/0.5ML, 50MG/ML	\$0 (Tier 5)	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	\$0 (Tier 5)	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	\$0 (Tier 5)	PA
HUMIRA PEN-CD/UC/HS STARTER	\$0 (Tier 5)	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	\$0 (Tier 5)	PA
HUMIRA PEN-PS/UV STARTER	\$0 (Tier 5)	PA
HUMIRA PEN INJ 80MG/0.8ML	\$0 (Tier 5)	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	\$0 (Tier 5)	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	\$0 (Tier 5)	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	\$0 (Tier 5)	QL (6 EA per 28 days) PA
OTEZLA TBPK	\$0 (Tier 5)	QL (55 EA per 365 days) PA
OTEZLA TABS	\$0 (Tier 5)	QL (60 EA per 30 days) PA
RINVOQ	\$0 (Tier 5)	QL (30 EA per 30 days) PA

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SKYRIZI PEN	\$0 (Tier 5)	QL (6 ML per 365 days) PA
SKYRIZI INJ 360MG/2.4ML	\$0 (Tier 5)	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 150MG/ML	\$0 (Tier 5)	QL (6 ML per 365 days) PA
SKYRIZI INJ 600MG/10ML	\$0 (Tier 5)	QL (60 ML per 365 days) PA
SKYRIZI INJ 75MG/0.83ML	\$0 (Tier 5)	QL (7 EA per 365 days) PA
STELARA PREFILLED SYRINGE 45MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) PA
STELARA VIAL 45MG/0.5ML	\$0 (Tier 5)	QL (0.5 ML per 28 days) PA LA
STELARA PREFILLED SYRINGE INJ 90MG/ML	\$0 (Tier 5)	QL (1 ML per 28 days) PA
TALTZ	\$0 (Tier 5)	QL (3 ML per 28 days) PA LA
XELJANZ XR	\$0 (Tier 5)	QL (30 EA per 30 days) PA
XELJANZ SOLN	\$0 (Tier 5)	QL (240 ML per 24 days) PA
XELJANZ TABS	\$0 (Tier 5)	QL (60 EA per 30 days) PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i>	\$0 (Tier 3)	MO
<i>leflunomide</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>methotrexate tabs 2.5mg</i>	\$0 (Tier 1)	MO
XATMEP	\$0 (Tier 4)	MO
<i>IMMUNOGLOBULINS</i>		
BIVIGAM	\$0 (Tier 5)	PA
FLEBOGAMMA DIF	\$0 (Tier 5)	PA
GAMASTAN	\$0 (Tier 3)	B/D
GAMMAGARD LIQUID	\$0 (Tier 5)	PA
GAMMAGARD S/D INJ 5GM, 10GM	\$0 (Tier 5)	PA
GAMMAKED	\$0 (Tier 5)	PA
GAMMAPLEX	\$0 (Tier 5)	PA
GAMUNEX-C	\$0 (Tier 5)	PA
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	\$0 (Tier 5)	PA
PANZYGA	\$0 (Tier 5)	PA
PRIVIGEN	\$0 (Tier 5)	PA

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IMMUNOMODULATORS		
ACTIMMUNE	\$0 (Tier 5)	PA LA
ARCALYST	\$0 (Tier 5)	PA
INTRON A	\$0 (Tier 5)	
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	\$0 (Tier 4)	B/D
<i>azathioprine tabs</i>	\$0 (Tier 3)	B/D MO
BENLYSTA	\$0 (Tier 5)	PA
<i>cyclosporine</i>	\$0 (Tier 3)	B/D MO
<i>cyclosporine modified caps, soln</i>	\$0 (Tier 3)	B/D MO
<i>everolimus tabs 0.25mg</i>	\$0 (Tier 4)	B/D MO
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	\$0 (Tier 5)	B/D MO
<i>engraf caps</i>	\$0 (Tier 3)	B/D
<i>engraf soln</i>	\$0 (Tier 3)	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	\$0 (Tier 3)	B/D MO
<i>mycophenolate mofetil inj</i>	\$0 (Tier 4)	B/D MO
<i>mycophenolate mofetil oral susp</i>	\$0 (Tier 5)	B/D MO
<i>mycophenolic acid dr</i>	\$0 (Tier 4)	B/D MO
NULOJIX	\$0 (Tier 5)	B/D
PROGRAF GRANULES	\$0 (Tier 4)	B/D MO
REZUROCK	\$0 (Tier 5)	QL (30 EA per 30 days) PA MO
SANDIMMUNE ORAL SOLN	\$0 (Tier 5)	B/D MO
<i>sirolimus soln</i>	\$0 (Tier 5)	B/D MO
<i>sirolimus tabs 0.5mg, 1mg</i>	\$0 (Tier 4)	B/D MO
<i>sirolimus tabs 2mg</i>	\$0 (Tier 5)	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	\$0 (Tier 4)	B/D MO
ZORTRESS TABS 1MG	\$0 (Tier 5)	B/D MO
VACCINES		
ACTHIB	\$0 (Tier 3)	
ADACEL	\$0 (Tier 3)	
BCG VACCINE	\$0 (Tier 3)	
BEXSERO	\$0 (Tier 3)	
BOOSTRIX	\$0 (Tier 3)	
DAPTACEL	\$0 (Tier 3)	
DENGVAXIA	\$0 (Tier 3)	

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DIPHtheria/TETANUS TOXoids ADSORBED PEDIATRIC	\$0 (Tier 3)	B/D
ENGERIX-B	\$0 (Tier 3)	B/D
GARDASIL 9	\$0 (Tier 3)	
HAVRIX	\$0 (Tier 3)	
HIBERIX	\$0 (Tier 3)	
IMOVAX RABIES (H.D.C.V.)	\$0 (Tier 3)	B/D
INFANRIX	\$0 (Tier 3)	
IPOL INACTIVATED IPV	\$0 (Tier 3)	
IXIARO	\$0 (Tier 3)	
KINRIX	\$0 (Tier 3)	
M-M-R II	\$0 (Tier 3)	
MENACTRA	\$0 (Tier 3)	
MENQUADFI	\$0 (Tier 3)	
MENVEO	\$0 (Tier 3)	
PEDIARIX	\$0 (Tier 3)	
PEDVAX HIB	\$0 (Tier 3)	
PENTACEL	\$0 (Tier 3)	
PREHEVBRIO	\$0 (Tier 3)	B/D
PRIORIX	\$0 (Tier 3)	
PROQUAD	\$0 (Tier 3)	
QUADRACEL	\$0 (Tier 3)	
RABAERT	\$0 (Tier 3)	B/D
RECOMBIVAX HB	\$0 (Tier 3)	B/D
ROTARIX	\$0 (Tier 3)	
ROTATEQ	\$0 (Tier 3)	
SHINGRIX	\$0 (Tier 3)	QL (2 EA per 999 days)
TDVAX	\$0 (Tier 3)	B/D
TENIVAC	\$0 (Tier 3)	B/D
TICOVAC	\$0 (Tier 3)	
TRUMENBA	\$0 (Tier 3)	
TWINRIX	\$0 (Tier 3)	
TYPHIM VI	\$0 (Tier 3)	
VAQTA	\$0 (Tier 3)	
VARIVAX	\$0 (Tier 3)	

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YF-VAX	\$0 (Tier 3)	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 10%/NACL 0.45%	\$0 (Tier 4)	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	\$0 (Tier 3)	
DEXTROSE 10%/NACL 0.2%	\$0 (Tier 4)	
DEXTROSE 2.5%/NACL 0.45%	\$0 (Tier 4)	
DEXTROSE 5%/LACTATED RINGERS	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.2%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.225%	\$0 (Tier 4)	
<i>dextrose 5%/nacl 0.3%</i>	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.33%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.45%	\$0 (Tier 4)	
DEXTROSE 5%/NACL 0.9%	\$0 (Tier 4)	MO
<i>hyperlyte-cr</i>	\$0 (Tier 4)	B/D
ISOLYTE-P/DEXTROSE 5%	\$0 (Tier 4)	
ISOLYTE-S	\$0 (Tier 4)	B/D
ISOLYTE-S PH 7.4	\$0 (Tier 4)	B/D
KCL 0.075%/D5W/NACL 0.45%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.2%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.45%	\$0 (Tier 4)	
KCL 0.15%/D5W/NACL 0.9%	\$0 (Tier 4)	
KCL 0.3%/D5W/NACL 0.45%	\$0 (Tier 4)	
KCL 0.3%/D5W/NACL 0.9%	\$0 (Tier 4)	
<i>lactated ringers viaflex inj</i>	\$0 (Tier 4)	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	\$0 (Tier 4)	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	\$0 (Tier 4)	
PLASMA-LYTE A	\$0 (Tier 4)	
PLASMA-LYTE-148	\$0 (Tier 4)	
POTASSIUM CHLORIDE/DEXTROSE	\$0 (Tier 4)	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	\$0 (Tier 4)	

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POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	\$0 (Tier 4)	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	\$0 (Tier 4)	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	\$0 (Tier 4)	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	\$0 (Tier 4)	
<i>potassium chloride inj 2meq/ml</i>	\$0 (Tier 4)	MO
RINGERS INJECTION	\$0 (Tier 3)	
SODIUM BICARBONATE INJ 7.5%	\$0 (Tier 4)	MO
<i>sodium bicarbonate inj 4.2%</i>	\$0 (Tier 4)	
<i>sodium bicarbonate inj 8.4%</i>	\$0 (Tier 4)	MO
<i>sodium chloride 0.45%</i>	\$0 (Tier 4)	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	\$0 (Tier 4)	MO
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	\$0 (Tier 4)	MO
TPN ELECTROLYTES	\$0 (Tier 4)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>adc/fluoride drops</i>	\$0 (Tier 4)	MO
<i>effer-k tab 25meq</i>	\$0 (Tier 3)	MO
<i>fluoride chew tab</i>	\$0 (Tier 4)	MO
<i>fluoritab</i>	\$0 (Tier 4)	
KLOR-CON 10	\$0 (Tier 3)	
KLOR-CON 8	\$0 (Tier 3)	MO
<i>klor-con m10</i>	\$0 (Tier 3)	MO
<i>klor-con m15</i>	\$0 (Tier 3)	MO
<i>klor-con m20</i>	\$0 (Tier 3)	MO
<i>klor-con powder 20meq</i>	\$0 (Tier 3)	
<i>klor-con/ef</i>	\$0 (Tier 3)	MO
M-NATAL PLUS	\$0 (Tier 3)	MO
<i>multi-vitamin/fluoride drops</i>	\$0 (Tier 4)	MO
<i>multi-vitamin/fluoride/iron drops</i>	\$0 (Tier 4)	MO
<i>multivitamin/fluoride chew 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 4)	MO
NEONATAL PLUS	\$0 (Tier 3)	MO

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NIVA-PLUS	\$0 (Tier 3)	MO
PNV PRENATAL PLUS MULTIVITAMIN	\$0 (Tier 3)	MO
<i>poly-vitamin/fluoride drops</i>	\$0 (Tier 4)	
<i>potassium chloride er cpcr</i>	\$0 (Tier 2)	MO
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	\$0 (Tier 2)	MO
<i>potassium chloride er tbcr 15meq</i>	\$0 (Tier 3)	
<i>potassium chloride pack 20meq</i>	\$0 (Tier 3)	MO
<i>potassium chloride oral soln 10%, 20%</i>	\$0 (Tier 4)	MO
PRENATAL	\$0 (Tier 3)	MO
PRENATAL PLUS	\$0 (Tier 3)	MO
PRENATAL VITAMINS PLUS LOW IRON	\$0 (Tier 3)	MO
PREPLUS	\$0 (Tier 3)	MO
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	\$0 (Tier 4)	MO
<i>sodium fluoride soln 0.5mg/ml</i>	\$0 (Tier 4)	MO
<i>tri-vite/fluoride</i>	\$0 (Tier 4)	MO
TRICARE PRENATAL TABS	\$0 (Tier 3)	MO
VP-PNV-DHA	\$0 (Tier 3)	MO
WESTAB PLUS	\$0 (Tier 3)	MO
IV NUTRITION		
AMINOSYN-PF 7%	\$0 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 10%	\$0 (Tier 4)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0 (Tier 4)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0 (Tier 4)	B/D
CLINIMIX 6/5	\$0 (Tier 4)	B/D
CLINIMIX 8/10	\$0 (Tier 4)	B/D
CLINIMIX 8/14	\$0 (Tier 4)	B/D
<i>clinisol sf 15%</i>	\$0 (Tier 4)	B/D MO
CLINOLIPID	\$0 (Tier 3)	B/D
<i>dextrose 10%</i>	\$0 (Tier 3)	
<i>dextrose 5%</i>	\$0 (Tier 3)	MO
DEXTROSE 50%	\$0 (Tier 3)	B/D
DEXTROSE 70%	\$0 (Tier 3)	B/D
FREAMINE HBC 6.9%	\$0 (Tier 4)	B/D
FREAMINE III	\$0 (Tier 4)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEPATAMINE	\$0 (Tier 4)	B/D
NEPHRAMINE	\$0 (Tier 4)	B/D
NUTRILIPID	\$0 (Tier 3)	B/D
<i>plenamine</i>	\$0 (Tier 4)	B/D
PREMASOL 10%	\$0 (Tier 5)	B/D
PROCALAMINE	\$0 (Tier 4)	B/D
PROSOL	\$0 (Tier 4)	B/D
TRAVASOL	\$0 (Tier 4)	B/D
TROPHAMINE 10%	\$0 (Tier 4)	B/D
OPHTHALMIC		
<i>ANTI-INFECTIVE/ANTI-INFLAMMATORY</i>		
BLEPHAMIDE S.O.P. OINT	\$0 (Tier 4)	MO
<i>neo-polycin hc oint</i>	\$0 (Tier 4)	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint</i>	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/dexamethasone</i>	\$0 (Tier 2)	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 3)	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$0 (Tier 2)	MO
TOBRADEX OINT	\$0 (Tier 3)	MO
TOBRADEX ST	\$0 (Tier 3)	MO
<i>tobramycin/dexamethasone susp</i>	\$0 (Tier 4)	MO
ZYLET	\$0 (Tier 3)	MO
<i>ANTI-INFECTIVES</i>		
<i>ak-poly-bac</i>	\$0 (Tier 2)	
<i>bacitracin oint 500unit/gm</i>	\$0 (Tier 3)	MO
<i>bacitracin/polymyxin b oint</i>	\$0 (Tier 2)	MO
BESIVANCE	\$0 (Tier 3)	MO
CILOXAN OINT	\$0 (Tier 3)	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	\$0 (Tier 3)	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	\$0 (Tier 2)	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	\$0 (Tier 4)	QL (20 ML per 30 days) MO
<i>gentak oint</i>	\$0 (Tier 2)	QL (42 GM per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 0.5%</i>	\$0 (Tier 3)	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	\$0 (Tier 3)	QL (12 ML per 30 days) MO
NATACYN	\$0 (Tier 4)	MO
<i>neo-polycin oint</i>	\$0 (Tier 3)	
<i>neomycin/bacitracin/polymyxin oint</i>	\$0 (Tier 3)	MO
<i>neomycin/polymyxin/gramicidin</i>	\$0 (Tier 3)	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	\$0 (Tier 3)	QL (60 ML per 30 days) MO
<i>polycin</i>	\$0 (Tier 2)	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	\$0 (Tier 1)	MO
<i>sulfacetamide sodium oint 10%</i>	\$0 (Tier 4)	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	\$0 (Tier 3)	QL (90 ML per 30 days) MO
<i>tobramycin soln 0.3%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>trifluridine</i>	\$0 (Tier 3)	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	\$0 (Tier 1)	MO
ZIRGAN	\$0 (Tier 4)	MO
ANTI-INFLAMMATORIES		
ALREX	\$0 (Tier 3)	MO
<i>bromfenac</i>	\$0 (Tier 4)	MO
BROMSITE	\$0 (Tier 4)	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	\$0 (Tier 2)	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	\$0 (Tier 2)	QL (10 ML per 30 days) MO
<i>difluprednate</i>	\$0 (Tier 3)	MO
DUREZOL	\$0 (Tier 3)	MO
FLAREX	\$0 (Tier 4)	MO
<i>flubiprofen sodium ophthalmic soln 0.03%</i>	\$0 (Tier 2)	MO
FLUOROMETHOLONE OPHTHALMIC SOLN 0.1%	\$0 (Tier 3)	MO
ILEVRO	\$0 (Tier 3)	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	\$0 (Tier 2)	MO
LOTEMAX OINT	\$0 (Tier 3)	MO
LOTEMAX SM	\$0 (Tier 3)	MO

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<i>loteprednol etabonate</i>	\$0 (Tier 3)	MO
<i>prednisolone acetate ophth soln 1%</i>	\$0 (Tier 2)	MO
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLN 1%	\$0 (Tier 3)	MO
PROLENSA	\$0 (Tier 3)	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic soln 0.05%</i>	\$0 (Tier 3)	MO
<i>bepotastine besilate</i>	\$0 (Tier 3)	MO
BEPREVE	\$0 (Tier 3)	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	\$0 (Tier 3)	MO
<i>epinastine hcl</i>	\$0 (Tier 3)	MO
LASTACFT	\$0 (Tier 4)	
<i>olopatadine hcl ophthalmic soln 0.2%</i>	\$0 (Tier 3)	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	\$0 (Tier 4)	MO
ZERVIAE	\$0 (Tier 4)	MO
ANTI GLAUCOMA		
ALPHAGAN P SOLN 0.1%	\$0 (Tier 3)	MO
<i>betaxolol hcl soln 0.5%</i>	\$0 (Tier 3)	MO
BETOPTIC-S	\$0 (Tier 3)	MO
BRIMONIDINE TARTRATE SOLN 0.15%	\$0 (Tier 3)	MO
<i>brimonidine tartrate soln 0.2%</i>	\$0 (Tier 3)	MO
<i>brinzolamide</i>	\$0 (Tier 3)	MO
<i>carteolol hcl</i>	\$0 (Tier 2)	MO
COMBIGAN	\$0 (Tier 3)	MO
<i>dorzolamide hcl/timolol maleate soln 22.3-6.8mg/ml</i>	\$0 (Tier 2)	MO
<i>dorzolamide hydrochloride</i>	\$0 (Tier 1)	MO
<i>dorzolamide hydrochloride/timolol maleate 2%-0.5% preservative free</i>	\$0 (Tier 4)	MO
<i>latanoprost</i>	\$0 (Tier 2)	MO
<i>levobunolol hcl</i>	\$0 (Tier 2)	MO
LUMIGAN	\$0 (Tier 3)	MO
PHOSPHOLINE IODIDE OPTH SOLN 0.125%	\$0 (Tier 4)	
<i>pilocarpine hcl ophth soln</i>	\$0 (Tier 4)	MO

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RHOPRESSA	\$0 (Tier 3)	MO
SIMBRINZA	\$0 (Tier 3)	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	\$0 (Tier 4)	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	\$0 (Tier 1)	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	\$0 (Tier 3)	MO
<i>travoprost</i>	\$0 (Tier 4)	MO
VYZULTA	\$0 (Tier 4)	MO
MISCELLANEOUS		
ATROPINE SULFATE OPTH SOLN 1%	\$0 (Tier 3)	MO
CYSTARAN	\$0 (Tier 5)	PA LA
ISOPTO ATROPINE	\$0 (Tier 3)	MO
<i>proparacaine hcl</i>	\$0 (Tier 3)	MO
RESTASIS	\$0 (Tier 3)	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	\$0 (Tier 3)	QL (5.5 ML per 30 days) MO
XIIDRA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	\$0 (Tier 3)	MO
CIPRO HC	\$0 (Tier 4)	MO
CIPROFLOXACIN 0.2% OTIC SOLN	\$0 (Tier 3)	MO
<i>ciprofloxacin/dexamethasone</i>	\$0 (Tier 3)	MO
<i>flac (otic) oil</i>	\$0 (Tier 4)	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	\$0 (Tier 4)	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/hc otic soln 1%</i>	\$0 (Tier 4)	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (Tier 4)	MO
<i>ofloxacin otic soln 0.3%</i>	\$0 (Tier 4)	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	\$0 (Tier 3)	QL (10.7 GM per 30 days) MO

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BREZTRI AEROSPHERE	\$0 (Tier 3)	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	\$0 (Tier 4)	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb soln</i>	\$0 (Tier 2)	B/D MO
TRELEGY ELLIPTA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	\$0 (Tier 4)	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	\$0 (Tier 2)	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	\$0 (Tier 2)	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	\$0 (Tier 2)	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal soln 0.1%</i>	\$0 (Tier 3)	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	\$0 (Tier 3)	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	\$0 (Tier 4)	PA MO
CARBINOXAMINE MALEATE TABS 6MG	\$0 (Tier 5)	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	\$0 (Tier 4)	PA MO
<i>cetirizine hydrochloride soln 1mg/ml</i>	\$0 (Tier 4)	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	\$0 (Tier 3)	PA MO
<i>cyproheptadine hcl syrp 2mg/5ml</i>	\$0 (Tier 4)	PA MO
<i>cyproheptadine hydrochloride tabs 4mg</i>	\$0 (Tier 4)	PA MO
<i>desloratadine</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	\$0 (Tier 4)	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj 50mg/ml</i>	\$0 (Tier 4)	PA MO
<i>hydroxyzine hcl inj 25mg/ml, syrp 10mg/5ml, tabs 50mg</i>	\$0 (Tier 4)	PA MO
<i>hydroxyzine hydrochloride inj 50mg/ml, tabs 10mg, 25mg</i>	\$0 (Tier 4)	PA MO
<i>hydroxyzine pamoate</i>	\$0 (Tier 4)	PA MO
<i>levocetirizine dihydrochloride tabs</i>	\$0 (Tier 1)	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	\$0 (Tier 3)	MO
<i>olopatadine hcl nasal soln 0.6%</i>	\$0 (Tier 4)	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate er tabs</i>	\$0 (Tier 4)	MO
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	\$0 (Tier 3)	QL (13.4 GM per 30 days) MO

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<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	\$0 (Tier 3)	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	\$0 (Tier 3)	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	\$0 (Tier 2)	B/D MO
<i>albuterol sulfate syrup</i>	\$0 (Tier 2)	MO
<i>albuterol sulfate tabs</i>	\$0 (Tier 3)	MO
<i>levalbuterol hydrochloride nebs</i>	\$0 (Tier 4)	B/D MO
<i>levalbuterol nebs</i>	\$0 (Tier 4)	B/D MO
LEVALBUTEROL TARTRATE HFA	\$0 (Tier 3)	QL (30 GM per 30 days) MO
SEREVENT DISKUS	\$0 (Tier 3)	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj 1mg/ml, tabs</i>	\$0 (Tier 4)	MO
VENTOLIN HFA	\$0 (Tier 3)	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew, tabs</i>	\$0 (Tier 2)	QL (30 EA per 30 days) MO
<i>montelukast sodium granules</i>	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	\$0 (Tier 4)	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	\$0 (Tier 3)	B/D MO
<i>aminophylline inj</i>	\$0 (Tier 4)	
<i>cromolyn sodium nebu 20mg/2ml</i>	\$0 (Tier 3)	B/D MO
DALIRESP	\$0 (Tier 4)	MO
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	\$0 (Tier 3)	QL (2 EA per 30 days) MO
ESBRIET CAPS	\$0 (Tier 5)	QL (270 EA per 30 days) PA
ESBRIET TABS 267MG	\$0 (Tier 5)	QL (270 EA per 30 days) PA
ESBRIET TABS 801MG	\$0 (Tier 5)	QL (90 EA per 30 days) PA
FASENRA PREFILLED SYRINGE	\$0 (Tier 5)	QL (1 ML per 28 days) PA LA
FASENRA PEN AUTO INJECTOR	\$0 (Tier 5)	QL (1 ML per 28 days) PA LA
KALYDECO PACK	\$0 (Tier 5)	QL (56 EA per 28 days) PA
KALYDECO TABS	\$0 (Tier 5)	QL (60 EA per 30 days) PA
OFEV	\$0 (Tier 5)	QL (60 EA per 30 days) PA
ORKAMBI TABS	\$0 (Tier 5)	QL (112 EA per 28 days) PA
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA

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ORKAMBI PACK 94MG; 75MG	\$0 (Tier 5)	QL (56 EA per 28 days) PA LA
<i>pirfenidone tabs 267mg</i>	\$0 (Tier 5)	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 534mg, 801mg</i>	\$0 (Tier 5)	QL (90 EA per 30 days) PA
PROLASTIN-C	\$0 (Tier 5)	PA LA
PULMOZYME	\$0 (Tier 5)	PA
<i>roflumilast</i>	\$0 (Tier 4)	
<i>theophylline er tabs</i>	\$0 (Tier 3)	MO
<i>theophylline soln 80 mg/15ml</i>	\$0 (Tier 3)	MO
TRIKAFTA TBPK 100MG; 75MG; 50MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 37.5MG; 25MG	\$0 (Tier 5)	QL (84 EA per 28 days) PA MO
XOLAIR	\$0 (Tier 5)	PA LA
NASAL STEROIDS		
<i>flunisolide nasal soln</i>	\$0 (Tier 3)	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	\$0 (Tier 2)	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	\$0 (Tier 3)	QL (34 GM per 30 days) MO
STEROID INHALANTS		
ARNUITY ELLIPTA	\$0 (Tier 3)	QL (30 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (Tier 4)	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	\$0 (Tier 3)	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	\$0 (Tier 3)	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	\$0 (Tier 3)	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	\$0 (Tier 3)	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	\$0 (Tier 4)	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	\$0 (Tier 3)	QL (60 EA per 30 days) MO
ADVAIR HFA	\$0 (Tier 3)	QL (12 GM per 30 days) MO
BREO ELLIPTA	\$0 (Tier 3)	QL (60 EA per 30 days) MO
SYMBICORT	\$0 (Tier 3)	QL (10.2 GM per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>acutane</i>	\$0 (Tier 4)	PA
<i>amnesteem</i>	\$0 (Tier 4)	PA

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<i>claravis</i>	\$0 (Tier 4)	PA
<i>clindamycin phosphate/benzoyl peroxide (generic duac)</i>	\$0 (Tier 4)	MO
<i>clindamycin phosphate foam 1%</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	\$0 (Tier 3)	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	\$0 (Tier 4)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	\$0 (Tier 3)	QL (60 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide (generic Benzaclyn)</i>	\$0 (Tier 4)	MO
<i>dapsone gel 5%, 7.5%</i>	\$0 (Tier 4)	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	\$0 (Tier 4)	MO
<i>erythromycin/benzoyl peroxide</i>	\$0 (Tier 4)	MO
<i>erythromycin gel 2%</i>	\$0 (Tier 2)	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	\$0 (Tier 2)	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	\$0 (Tier 4)	PA
<i>myorisan</i>	\$0 (Tier 4)	PA
<i>neuac gel</i>	\$0 (Tier 4)	
<i>sulfacetamide sodium lotn 10%</i>	\$0 (Tier 3)	MO
TRETINOIN MICROSPHERE	\$0 (Tier 4)	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP	\$0 (Tier 4)	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (Tier 4)	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	\$0 (Tier 4)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate crea 0.1%</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>mafenide acetate pak 5%</i>	\$0 (Tier 4)	MO
<i>mupirocin oint</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	\$0 (Tier 4)	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE CREA 1%	\$0 (Tier 3)	MO
SSD	\$0 (Tier 3)	
SULFAMYLON CREA 85MG/GM	\$0 (Tier 4)	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream</i>	\$0 (Tier 3)	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	\$0 (Tier 3)	QL (100 GM per 30 days) MO

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<i>ciclopirox sham</i>	\$0 (Tier 3)	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	\$0 (Tier 3)	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	\$0 (Tier 4)	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	\$0 (Tier 3)	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	\$0 (Tier 3)	QL (30 ML per 30 days) MO
<i>econazole nitrate crea 1%</i>	\$0 (Tier 4)	QL (85 GM per 30 days) MO
ERTACZO	\$0 (Tier 5)	QL (60 GM per 30 days) MO
<i>ketoconazole crea 2%</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	\$0 (Tier 4)	QL (100 GM per 30 days)
<i>naftifine cream 1%</i>	\$0 (Tier 4)	QL (90 GM per 30 days) MO
<i>naftifine cream 2%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>nyamyc</i>	\$0 (Tier 3)	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	\$0 (Tier 2)	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	\$0 (Tier 4)	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>nystop</i>	\$0 (Tier 3)	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	\$0 (Tier 4)	QL (90 GM per 30 days) MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	\$0 (Tier 3)	PA MO
<i>calcipotriene crea, oint</i>	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	\$0 (Tier 4)	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	\$0 (Tier 4)	QL (120 GM per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	\$0 (Tier 4)	PA MO
<i>methoxsalen caps</i>	\$0 (Tier 5)	MO
<i>tazarotene gel</i>	\$0 (Tier 3)	QL (100 GM per 30 days) PA
<i>tazarotene crea 0.1%</i>	\$0 (Tier 3)	QL (60 GM per 30 days) PA MO
TAZORAC CREA 0.05%	\$0 (Tier 4)	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	\$0 (Tier 2)	QL (120 ML per 30 days) MO
<i>selenium sulfide lotn 2.5%</i>	\$0 (Tier 2)	MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	\$0 (Tier 1)	
<i>ala-cort crea 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alclometasone dipropionate</i>	\$0 (Tier 4)	MO
<i>beseer lotn 0.05%</i>	\$0 (Tier 4)	QL (120 ML per 30 days)
<i>betamethasone dipropionate augmented crea</i>	\$0 (Tier 3)	MO
<i>betamethasone dipropionate augmented gel, lotn, oint</i>	\$0 (Tier 4)	MO
<i>betamethasone dipropionate lotn</i>	\$0 (Tier 3)	MO
<i>betamethasone dipropionate crea, oint</i>	\$0 (Tier 4)	MO
<i>betamethasone valerate crea, lotn, oint</i>	\$0 (Tier 3)	MO
<i>betamethasone valerate foam</i>	\$0 (Tier 4)	MO
<i>calcipotriene/betamethasone dipropionate oint</i>	\$0 (Tier 4)	QL (400 GM per 28 days) PA MO
<i>clobetasol propionate emollient cream 0.05%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>clobetasol propionate emulsion foam 0.05%</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	\$0 (Tier 4)	QL (118 ML per 30 days) MO
<i>clobetasol proprionate spray 0.05%</i>	\$0 (Tier 4)	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	\$0 (Tier 4)	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	\$0 (Tier 4)	QL (118 ML per 30 days)
<i>desonide lotn</i>	\$0 (Tier 4)	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>desoximetasone cream, oint</i>	\$0 (Tier 4)	QL (100 GM per 30 days) MO
<i>desrx</i>	\$0 (Tier 4)	QL (60 GM per 30 days)
<i>diflorasone diacetate crea</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>diflorasone diacetate oint</i>	\$0 (Tier 5)	QL (60 GM per 30 days) MO
ENSTILAR	\$0 (Tier 5)	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	\$0 (Tier 4)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	\$0 (Tier 4)	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	\$0 (Tier 4)	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified cream</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	\$0 (Tier 4)	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	\$0 (Tier 4)	QL (60 ML per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluticasone propionate crea 0.05%</i>	\$0 (Tier 3)	MO
<i>fluticasone propionate lotn 0.05%</i>	\$0 (Tier 4)	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	\$0 (Tier 3)	MO
<i>halobetasol propionate cream, oint</i>	\$0 (Tier 4)	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate hydrophilic lipophilic base cream 0.1%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn 0.1%</i>	\$0 (Tier 4)	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	\$0 (Tier 4)	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	\$0 (Tier 4)	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	\$0 (Tier 1)	MO
<i>hydrocortisone crea 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	\$0 (Tier 2)	MO
<i>hydrocortisone oint 2.5%</i>	\$0 (Tier 1)	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	\$0 (Tier 3)	MO
<i>mometasone furoate oint 0.1%</i>	\$0 (Tier 3)	MO
<i>mometasone furoate soln 0.1%</i>	\$0 (Tier 3)	MO
PREDNICARBATE CREA	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>prednicarbate oint</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
<i>proctosol hc</i>	\$0 (Tier 4)	
TEXACORT	\$0 (Tier 4)	MO
<i>tovet</i>	\$0 (Tier 4)	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers spray</i>	\$0 (Tier 4)	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	\$0 (Tier 2)	MO
<i>triamcinolone acetonide crea 0.1%</i>	\$0 (Tier 2)	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	\$0 (Tier 3)	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	\$0 (Tier 2)	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl external soln 4%</i>	\$0 (Tier 4)	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	\$0 (Tier 4)	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	\$0 (Tier 3)	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	\$0 (Tier 4)	QL (35.44 GM per 30 days) PA MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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<i>acyclovir oint 5%</i>	\$0 (Tier 4)	QL (30 GM per 30 days) MO
<i>ammonium lactate</i>	\$0 (Tier 3)	MO
<i>azelaic acid gel 15%</i>	\$0 (Tier 4)	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	\$0 (Tier 5)	QL (60 GM per 30 days) PA
<i>diclofenac sodium gel 1%</i>	\$0 (Tier 3)	QL (1000 GM per 30 days) PA MO
<i>diclofenac sodium external soln 2%</i>	\$0 (Tier 5)	QL (224 GM per 28 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	\$0 (Tier 5)	QL (45 GM per 30 days) PA MO
DOXYCYCLINE DR CAP 40MG	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
FINACEA FOAM 15%	\$0 (Tier 4)	QL (50 GM per 30 days) MO
FLUOROPLEX	\$0 (Tier 5)	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	\$0 (Tier 5)	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	\$0 (Tier 4)	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	\$0 (Tier 4)	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 4)	MO
IMIQUIMOD PUMP	\$0 (Tier 5)	QL (7.5 GM per 30 days) MO
<i>imiquimod crea 5%</i>	\$0 (Tier 3)	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	\$0 (Tier 5)	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	\$0 (Tier 4)	MO
<i>metronidazole gel 0.75%, 1%</i>	\$0 (Tier 4)	MO
<i>metronidazole lotn 0.75%</i>	\$0 (Tier 4)	MO
NORITATE	\$0 (Tier 5)	QL (60 GM per 30 days) MO
ORACEA	\$0 (Tier 4)	QL (30 EA per 30 days) PA MO
PANRETIN	\$0 (Tier 5)	QL (60 GM per 30 days)
PENNSAID	\$0 (Tier 5)	QL (224 GM per 28 days) PA MO
<i>podofilox</i>	\$0 (Tier 4)	MO
<i>procto-med hc</i>	\$0 (Tier 4)	
<i>procto-pak</i>	\$0 (Tier 4)	MO
<i>proctozone-hc</i>	\$0 (Tier 4)	
RECTIV	\$0 (Tier 4)	QL (30 GM per 30 days) MO
<i>rosadan</i>	\$0 (Tier 4)	
<i>tacrolimus oint 0.03%, 0.1%</i>	\$0 (Tier 4)	QL (60 GM per 30 days) MO
TARGRETIN	\$0 (Tier 5)	QL (60 GM per 30 days) PA
VALCHLOR	\$0 (Tier 5)	QL (60 GM per 30 days) PA LA

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ZYCLARA PUMP 2.5%	\$0 (Tier 5)	QL (15 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	\$0 (Tier 3)	MO
<i>permethrin cream 5%</i>	\$0 (Tier 4)	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	\$0 (Tier 5)	QL (30 GM per 30 days) PA MO
SANTYL	\$0 (Tier 4)	MO
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	\$0 (Tier 3)	MO
STERILE WATER FOR IRRIGATION	\$0 (Tier 3)	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	\$0 (Tier 4)	MO
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (Tier 1)	MO
<i>clinpro 5000</i>	\$0 (Tier 4)	MO
<i>clotrimazole troc 10mg</i>	\$0 (Tier 3)	MO
<i>dentagel</i>	\$0 (Tier 4)	MO
<i>fluoridex daily defense</i>	\$0 (Tier 4)	
<i>fluoridex sensitivity relief/sls free</i>	\$0 (Tier 4)	
<i>fluorimax 5000</i>	\$0 (Tier 4)	
<i>fluorimax 5000 sensitive</i>	\$0 (Tier 4)	
<i>just right 5000</i>	\$0 (Tier 4)	
<i>lidocaine viscous sol 2%</i>	\$0 (Tier 4)	MO
<i>nystatin susp 100000unit/ml</i>	\$0 (Tier 4)	MO
<i>oralone dental paste</i>	\$0 (Tier 4)	
<i>paroex</i>	\$0 (Tier 1)	
<i>perio gard</i>	\$0 (Tier 1)	
<i>pilocarpine hydrochloride tabs</i>	\$0 (Tier 4)	MO
<i>sf gel</i>	\$0 (Tier 4)	MO
<i>sodium fluoride 5000 ppm</i>	\$0 (Tier 4)	MO
<i>sodium fluoride 5000 ppm sensitive</i>	\$0 (Tier 4)	MO
<i>sodium fluoride gel 1.1%</i>	\$0 (Tier 4)	MO
<i>triamcinolone acetonide dental paste</i>	\$0 (Tier 4)	MO

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D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

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*Alternative Medicine - Co's***	
coenzyme q-10 oral capsule 100 mg	
co-enzyme q-10 oral capsule 30 mg	
coenzyme q10 oral capsule 50 mg	
*Alternative Medicine - Kr's***	
krill oil oral capsule 300 mg	
*Alternative Medicine - Lu's***	
lutein esters oral capsule 18.6 mg	
lutein oral capsule 20 mg, 40 mg	
lutein oral capsule 6 mg	
lutein oral tablet 10 mg	
lutein oral tablet 6 mg	
*Alternative Medicine - Me's***	
melatonin oral tablet 1 mg, 3 mg	
melatonin oral tablet 5 mg	
*Alternative Medicine - St's***	
stevia oral packet 100 mg	
*Alternative Medicine Combinations - Three Ingredients***	
omega 3-6-9 oral capsule	
*Alternative Medicine Combinations - Two Ingredients***	
omega-3 gummies oral tablet chewable	
ANALGESICS - ANTI-INFLAMMATORY	
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)s***	
ibuprofen infants oral suspension 50 mg/1.25ml	
ibuprofen oral capsule 200 mg	
ibuprofen oral suspension 100 mg/5ml	
ibuprofen oral tablet 200 mg	
ibuprofen oral tablet chewable 100 mg	
naproxen sodium oral capsule 220 mg	
naproxen sodium oral tablet 220 mg	
ANALGESICS - NONNARCOTIC	
*Analgesics Other***	
acetaminophen er oral tablet extended release 650 mg	

Drug Name	
acetaminophen junior strength oral tablet dispersible 160 mg	
acetaminophen oral liquid 160 mg/5ml	
acetaminophen oral solution 160 mg/5ml	
acetaminophen oral suspension 160 mg/5ml	
acetaminophen oral tablet 325 mg, 500 mg	
acetaminophen oral tablet chewable 160 mg, 80 mg	
acetaminophen rectal suppository 120 mg	
acetaminophen rectal suppository 650 mg	
*Salicylate Combinations***	
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*Salicylates***	
aspirin 81 oral tablet chewable 81 mg	
aspirin oral tablet 325 mg	
aspirin oral tablet delayed release 325 mg	
aspirin powder	
aspirin rectal suppository 300 mg	
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*Antacid & Simethicone***	
mintox plus oral tablet chewable 200-200-25 mg	
*Antacid Combinations***	
antacid extra strength oral tablet chewable 160-105 mg	
*Antacids - Aluminum Salts***	
aluminum hydroxide gel oral suspension 320 mg/5ml	
*Antacids - Bicarbonate***	
sodium bicarbonate oral tablet 325 mg, 650 mg	
*Antacids - Calcium Salts***	
calcium carbonate antacid oral suspension 1250 mg/5ml	
calcium carbonate antacid oral tablet 648 mg	
titralac oral tablet chewable 420 mg	
tums extra strength 750 oral tablet chewable 750 mg	
tums oral tablet chewable 500 mg	
magnesium oxide oral tablet 250 mg	
magnesium oxide oral tablet 400 mg	
uro-mag oral capsule 140 mg	
glucose oral tablet chewable 4 gm	
glucose tablet chewable 5 gm oral	
bismuth subsalicylate oral tablet chewable 262 mg	

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soothe maximum strength oral suspension 525 mg/15ml	
soothe oral suspension 262 mg/15ml	
soothe oral tablet 262 mg	
loperamide hcl oral capsule 2 mg	
loperamide hcl oral suspension 1 mg/7.5ml	
loperamide hcl oral tablet 2 mg	
meclizine hcl oral tablet 12.5 mg, 25 mg	
meclizine hcl oral tablet chewable 25 mg	
chlorpheniramine maleate er oral tablet extended release 12 mg	
chlorpheniramine maleate oral tablet 4 mg	
triprolidine hcl oral liquid 0.938 mg/ml	
diphenhydramine hcl oral capsule 25 mg, 50 mg	
diphenhydramine hcl oral liquid 12.5 mg/5ml	
diphenhydramine hcl oral tablet 25 mg	
allergy relief oral capsule 10 mg	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	
cetirizine hcl oral tablet 10 mg, 5 mg	
cetirizine hcl oral tablet chewable 10 mg, 5 mg	
fexofenadine hcl oral tablet 180 mg, 60 mg	
loratadine childrens oral tablet chewable 5 mg	
loratadine oral syrup 5 mg/5ml	
loratadine oral tablet 10 mg	
CHEMICALS	
*Acids***	
acetic acid glacial solution 99 %	
acetic acid solution 3 %	
*Bulk Chemicals - Et's***	
ethyl oleate liquid	
*Bulk Chemicals - St's***	
stevia extract powder 90 %	
*Fixed Oils***	
castor oil oil	
cottonseed oil oil	
olive oil oil	
sesame oil oil	
*Liquids***	
benzyl benzoate liquid	

Drug Name	
glycerin liquid	
CONTRACEPTIVES	
*Emergency Contraceptives***	
levonorgestrel oral tablet 1.5 mg	
COUGH/COLD/ALLERGY	
*Antitussive - Nonnarcotic***	
dextromethorphan polistirex er oral suspension extended release 30 mg/5ml	
*Antitussive-Expectorant - Decongest-Analgesic***	
mucus relief max st oral liquid 5-10-200-325 mg/10ml	
*Antitussive-Expectorant***	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	
guaifenesin-codeine oral solution 100-10 mg/5ml	
guaifenesin-dm cr oral tablet extended release 12 hour 1200-60 mg	
mucus relief dm max oral liquid 20-400 mg/20ml	
mucus relief dm oral tablet extended release 12 hour 30-600 mg	
*Antitussive-Expectorants-Decongestant***	
mucus relief severe congest/cgh oral liquid 2.5-5-100 mg/5ml	
robitussin peak cold multi-sym oral liquid 5-10-100 mg/5ml	
*Decongestant & Antihistamine***	
alahist d oral tablet 17.5-10 mg	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5- 120 mg	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60- 120 mg	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180- 240 mg	
lohist-d oral liquid 2-30 mg/5ml	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	
cold & allergy childrens oral elixir 1-15 mg/5ml	
sinus & allergy max st oral tablet 4-60 mg	
*Decongestant W/ Expectorant***	
cvs stuffy nose & cold child oral liquid 2.5-100 mg/5ml	
ed bron gp oral liquid 5-100 mg/5ml	
mucus d oral tablet extended release 12 hour 120-1200 mg	
mucus relief pe oral tablet 10-400 mg	

Drug Name	
*Decongestant-Analgesic-Expectorant***	
head congestion/mucus oral tablet 5-325-200 mg	
mucus relief cold/sinus max st oral liquid 10-650-400 mg/20ml	
*Expectorants***	
guaifenesin er oral tablet extended release 12 hour 600 mg	
guaifenesin oral liquid 100 mg/5ml	
guaifenesin oral tablet 200 mg, 400 mg	
mucus relief max st oral tablet extended release 12 hour 1200 mg	
*Misc. Respiratory Inhalants***	
sodium chloride inhalation nebulization solution 7 %	
*Non-Narc Antitussive-Decongestant-Antihistamine***	
cold & cough childrens oral liquid 2.5-1-5 mg/5ml	
DERMATOLOGICALS	
*Acne Products***	
acne medication 10 external gel 10 %	
acne medication 10 external lotion 10 %	
acne medication 2.5 external gel 2.5 %	
acne medication 5 external gel 5 %	
acne medication 5 external lotion 5 %	
benzoyl peroxide wash external liquid 5 %	
clearasil daily clear acne external cream 10 %	
panoxyl creamy wash external liquid 4 %	
panoxyl foaming wash external liquid 10 %	
spot acne treatment external cream 2.5 %	
*Antibiotic Mixtures Topical***	
polysporin external ointment 500-10000 unit/gm	
triple antibiotic external ointment 3.5-400-5000	
*Antibiotics - Topical***	
bacitracin external ointment 500 unit/gm	
*Antifungals - Topical***	
butenafine hcl external cream 1 %	
jock itch spray powder external aerosol powder 1 %	
lamisil at external cream 1 %	
tinactin external cream 1 %	
tolnaftate external powder 1 %	
*Antiseborrheic Combinations***	
dermazinc cream external cream	

Drug Name	
*Antiseborrheic Products***	
anti-dandruff external shampoo 1 %	
*Astringents***	
calamine external lotion	
zinc oxide external ointment 40 %	
*Corticosteroids - Topical***	
anti-itch maximum strength external cream 1 %	
aquanil hc external lotion 1 %	
hydrocortisone acetate external cream 1 %	
hydrocortisone acetate external ointment 1 %	
hydrocortisone external cream 0.5 %	
hydrocortisone external lotion 1 %	
hydrocortisone external ointment 0.5 %, 1 %	
mg217 psoriasis anti-itch external gel 1 %	
*Emollient Combinations***	
mineral oil-hydrophil petrolat external ointment	
*Emollients***	
ammonium lactate external cream 12 %	
ammonium lactate external lotion 12 %	
glycerin external liquid	
hydrolatum external ointment	
keri nourishing shea butter external lotion	
sorbolene external cream	
*Imidazole-Related Antifungals - Topical***	
antifungal external cream 2 %	
antifungal external powder 2 %	
clotrimazole anti-fungal external cream 1 %	
clotrimazole external solution 1 %	
*Keratolytic/Antimitotic Agents***	
corn & callus remover external liquid 17 %	
*Local Anesthetics - Topical***	
arthritis pain relieving external cream 0.075 %	
capsaicin external cream 0.025 %, 0.1 %	
lidocaine hcl external cream 4 %	
lidocaine pain relief external patch 4 %	
proxivol external gel 2 %	

Drug Name	
*Misc. Dermatological Products***	
calicylic external cream	
eletone external cream	
hylatopic plus external lotion	
*Misc. Topical Combinations***	
calamine-zinc oxide external lotion 8-8 %	
*Scabicide Combinations***	
lice killing maximum strength external shampoo 0.33-4 %	
*Scabicides & Pediculicides***	
lice treatment creme rinse external liquid 1 %	
lice treatment external lotion 1 %	
*Soaps***	
cetaphil gentle cleanser external liquid	
*Tar Products***	
cvs therapeutic dandruff external shampoo 1 %	
dhs tar external shampoo 0.5 %	
therapeutic external shampoo 0.5 %	
x-seb t pearl external shampoo 10 %	
*Topical Steroid Combinations***	
hydrocortisone external cream 0.5 %, 1 %	
DIAGNOSTIC PRODUCTS	
*Diagnostic Tests***	
ketone test strips in vitro strip	
*Multiple Urine Tests***	
ketone test strips in vitro strip	
GASTROINTESTINAL AGENTS - MISC.	
*Antiflatulents***	
simethicone oral suspension 40 mg/0.6ml	
simethicone oral tablet chewable 80 mg	
GENITOURINARY AGENTS - MISCELLANEOUS	
*Urinary Analgesics***	
phenazopyridine hcl oral tablet 95 mg	
HEMATOPOIETIC AGENTS	
*Cobalamins***	
b-12 oral tablet 2000 mcg, 250 mcg, 2500 mcg	
b-12 sublingual tablet sublingual 3000 mcg, 5000 mcg	

Drug Name	
cyanocobalamin injection solution 1000 mcg/ml	
vitamin b-12 oral tablet 100 mcg, 500 mcg	
vitamin b-12 oral tablet 1000 mcg, 50 mcg	
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg	
*Folic Acid/Folates***	
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	
*Iron Combinations***	
iron 100 plus oral tablet 100-250-0.025-1 mg	
*Iron***	
ferrous gluconate oral tablet 240 (27 fe) mg	
ferrous gluconate oral tablet 324 (38 fe) mg	
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	
ferrous sulfate oral solution 75 (15 fe) mg/ml	
ferrous sulfate oral tablet 325 (65 fe) mg	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	
iron oral tablet 28 mg	
iron slow release oral tablet extended release 142 (45 fe) mg	
iron up oral liquid 15 mg/0.5ml	
slow iron oral tablet extended release 160 (50 fe) mg	
spatone pur-absorb iron oral liquid 5 mg/20ml	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
*Antihistamine Hypnotics***	
cvs sleep-aid (doxylamine) oral tablet 25 mg	
diphenhydramine hcl (sleep) oral tablet 50 mg	
LAXATIVES	
*Bulk Laxatives***	
cvs daily fiber oral packet 58.6 %	
fiber (corn dextrin) oral powder	
fiber oral powder 28.3 %	
fiber therapy oral tablet 500 mg	
hydrocil oral powder 95 %	
natural fiber laxative oral powder 30.9 %	
natural fiber oral powder 58.6 %	
soluble fiber therapy oral powder	

Drug Name	
*Laxatives - Miscellaneous***	
glycerin (adult) rectal suppository 2.1 gm	
polyethylene glycol 3350 oral powder 17 gm/scoop	
sorbitol oral solution 70 %	
*Laxatives & Dss***	
easy-lax plus oral tablet 8.6-50 mg	
*Saline Laxative Mixtures***	
enema disposable rectal enema	
*Saline Laxatives***	
cvs laxative dietary supplement oral tablet 500 mg	
magnesium citrate oral solution 1.745 gm/30ml	
milk of magnesia oral suspension 1200 mg/15ml	
*Stimulant Laxatives***	
bisacodyl ec oral tablet delayed release 5 mg	
bisacodyl rectal suppository 10 mg	
castor oil oral oil 100 %	
fleet bisacodyl rectal enema 10 mg/30ml	
gentle laxative rectal suppository 10 mg	
senna oral syrup 176 mg/5ml, 8.8 mg/5ml	
senna oral tablet 8.6 mg	
senna smooth oral tablet 15 mg	
*Surfactant Laxatives***	
cvs stool softener oral capsule 50 mg	
docusate calcium oral capsule 240 mg	
docusate mini rectal enema 283 mg/5ml	
docusate sodium oral capsule 250 mg	
docusate sodium oral liquid 50 mg/5ml	
docusate sodium oral syrup 60 mg/15ml	
docusate sodium oral tablet 100 mg	
enemeez plus rectal enema 20-283 mg	
stool softener oral capsule 100 mg	
MEDICAL DEVICES AND SUPPLIES	
*Applicators, Cotton Balls, Etc***	
alcoh-wipe sheet	
*Condoms - Female***	
female condom	

Drug Name	
*Condoms - Male***	
condoms	
MINERALS & ELECTROLYTES	
*Calcium Combinations***	
calcium 500 + d oral tablet 500-3.125 mg-mcg	
calcium 600 + minerals oral tablet 600-200 mg-unit	
calcium 600 +d high potency oral tablet 600-10 mg-mcg	
calcium 600+d oral tablet 600-5 mg-mcg	
calcium 600+d plus minerals oral tablet 600-400 mg-unit	
calcium 600+d plus minerals oral tablet chewable 600-400 mg-unit	
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 600-10 mg- mcg	
calcium carb-cholecalciferol oral tablet 600-5 mg-mcg	
calcium/c/d oral tablet chewable 500-10-250 mg-mg-unit	
calcium+d3 oral tablet 500-10 mg-mcg	
caltrate 600+d plus minerals oral tablet 600-800 mg-unit	
caltrate 600+d3 oral tablet 600-20 mg-mcg	
os-cal calcium + d3 oral tablet 500-5 mg-mcg	
os-cal oral tablet chewable 500-15 mcg	
*Calcium***	
calcium 600 oral tablet 600 mg	
calcium carbonate oral tablet 1250 (500 ca) mg	
calcium carbonate oral tablet 1500 (600 ca) mg	
calcium carbonate powder	
calcium citrate oral tablet 250 mg	
calcium citrate oral tablet 950 (200 ca) mg	
oyster shell calcium oral tablet 500 mg	
*Magnesium***	
magnesium oral tablet 400 mg	
magnesium oxide -mg supplement oral capsule 400 mg	
magnesium oxide -mg supplement oral tablet 250 mg	
magnesium oxide oral capsule 500 mg	
magnesium oxide oral powder	
magnesium oxide oral tablet 200 mg	
magnesium oxide oral tablet 400 (240 mg) mg, 500 mg	
*Phosphate***	
phosphorus w/sod & potassium oral packet 280-160-250 mg	

Drug Name	
*Zinc***	
zinc gluconate oral tablet 50 mg	
zinc sulfate oral tablet 220 (50 zn) mg	
MOUTH/THROAT/DENTAL AGENTS	
*Dry Mouth Agents And Artificial Saliva***	
act dry mouth moisturizing mouth/throat gum	
aquoral mouth/throat solution	
biotene oral balance dry mouth mouth/throat gel	
neutrasal mouth/throat packet	
numoisyn mouth/throat lozenge	
MULTIVITAMINS	
*B-Complex Vitamins***	
b-complex/b-12 oral tablet	
*B-Complex W/ C & E + Zn***	
stress b-complex/vit c/zinc oral tablet	
*B-Complex W/ C & Folic Acid***	
nephro-vite oral tablet 0.8 mg	
renal oral capsule 1 mg	
*B-Complex W/ C***	
b-complex-c oral tablet	
*B-Complex W/ Minerals***	
apetigen-plus oral tablet	
*Multiple Vitamins W/ Iron***	
multi-vitamin/iron oral tablet	
*Multiple Vitamins W/ Minerals***	
multi vitamin/minerals oral tablet	
multivitamin & mineral oral liquid	
ultra-mega oral tablet extended release	
*Multivitamins***	
dekas essential oral liquid	
multivitamin oral tablet	
*Ped Multi Vitamins W/Fl & Fe***	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	
*Ped Multiple Vitamins W/ Minerals***	
upspring baby multivitamin/iron oral liquid	

Drug Name	
*Ped Mv W/ Iron***	
honey bears w/iron-zinc oral tablet chewable 30-200-3	
poly-vi-sol/iron oral solution 11 mg/ml	
*Prenatal Mv & Min W/Fe-Fa***	
theranatal core nutrition oral tablet 27-1 mg	
*Vitamins W/ Lipotropics***	
ultra b-100 complex oral tablet	
NASAL AGENTS - SYSTEMIC AND TOPICAL	
*Nasal Agents - Misc.***	
saline nasal gel	
saline nasal spray nasal solution 0.65 %	
*Nasal Mast Cell Stabilizers***	
cromolyn sodium nasal aerosol solution 5.2 mg/act	
*Nasal Steroids***	
fluticasone propionate nasal suspension 50 mcg/act	
triamcinolone acetonide nasal aerosol 55 mcg/act	
*Systemic Decongestants***	
phenylephrine hcl oral tablet 10 mg	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	
sudogest oral tablet 60 mg	
*Topical Decongestants***	
nasal spray 12 hour nasal solution 0.05 %	
NUTRIENTS	
*Misc. Nutritional Substances***	
fish oil adult gummies oral tablet chewable 113.5 mg	
fish oil concentrate oral capsule 435 mg	
fish oil oral capsule 500 mg	
fish oil oral tablet chewable 875 mg	
fish oil triple strength oral capsule 1400 mg	
omega-3 fish oil oral capsule delayed release 1200 mg	
mini fish oil oral capsule 645 mg	
odorless coated fish oil oral capsule delayed release 1000 mg	
omega-3 fish oil oral capsule 1200 mg	
omega-3 fish oil oral capsule 300 mg	
sea-omega oral capsule 1000 mg	

Drug Name	
fish oil oral capsule 554 mg	
OPHTHALMIC AGENTS	
*Artificial Tear And Lubricant Combinations***	
genteal tears moderate pf ophthalmic solution 0.1-0.3 %	
genteal tears pf ophthalmic solution 0.1-0.3 %	
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	
systane ophthalmic gel 0.4-0.3 %	
systane ophthalmic solution 0.4-0.3 %	
*Artificial Tears And Lubricants***	
moisturizing lubricant eye ophthalmic solution 0.25 %	
polyvinyl alcohol ophthalmic solution 1.4 %	
refresh plus ophthalmic solution 0.5 %	
refresh tears ophthalmic solution 0.5 %	
systane complete ophthalmic solution 0.6 %	
*Ophthalmic Antiallergic***	
eye allergy itch/redness rel ophthalmic solution 0.1 %	
olopatadine hcl ophthalmic solution 0.1 %	
hm eye allergy itch/red relief ophthalmic solution 0.1 %	
ketotifen fumarate ophthalmic solution 0.025 %	
olopatadine hcl ophthalmic solution 0.1 %	
olopatadine hcl ophthalmic solution 0.2 %	
pataday ophthalmic solution 0.7 %	
*Ophthalmic Decongestant Combinations***	
eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %	
OTIC AGENTS	
*Otic Agents - Miscellaneous***	
ear drops otic solution 6.5 %	
PHARMACEUTICAL ADJUVANTS	
*Antimicrobial Agents***	
benzyl alcohol liquid	
*Flavoring Agents***	
blackberry flavor liquid	
blood orange os liquid	
flavorx liquid	
*Gelatin Capsules (Empty)***	
capsule coni-snap #0 blu/white capsule	
empty capsule size 000 white capsule	

Drug Name	
*Oral Vehicles***	
cherry oral syrup	
cola syrup oral syrup	
distilled water oral liquid	
good start sterile water oral liquid	
lozibase	
oral suspend oral liquid	
pcca-plus oral suspension	
raspberry syrup oral syrup	
simple syrup oral syrup	
sorbitol solution 70 %	
syrspend sf oral suspension reconstituted	
syrup vehicle oral syrup	
trochibase s flakes	
*Pharmaceutical Excipients***	
lactose monohydrate powder	
xanthan gum powder	
*Semi Solid Vehicles***	
1st base external cream	
*Thickening Agents***	
thick now oral powder	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
*Smoking Deterrents***	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	
nicotine polacrilex mouth/throat lozenge 2 mg	
nicotine polacrilex mouth/throat lozenge 4 mg	
nicotine transdermal kit 21-14-7 mg/24hr	
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	
nicotine transdermal patch 24 hour 7 mg/24hr	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	
*H-2 Antagonists***	
cimetidine 200 oral tablet 200 mg	
famotidine oral tablet 10 mg, 20 mg	
*Proton Pump Inhibitor-Antacid Combinations***	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	
*Proton Pump Inhibitors***	
esomeprazole magnesium oral capsule delayed release 20 mg	

Drug Name	
lansoprazole oral capsule delayed release 15 mg	
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	
omeprazole oral tablet delayed release 20 mg	
VAGINAL AND RELATED PRODUCTS	
*Imidazole-Related Antifungals***	
clotrimazole vaginal cream 1 %	
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	
miconazole nitrate vaginal cream 2 %	
monistat 7 combo pack app vaginal kit 100 & 2 mg-% (9gm)	
*Spermicides***	
encare vaginal suppository 100 mg	
options gynol ii contraceptive vaginal gel 3 %	
today sponge vaginal 1000 mg	
vcf vaginal contraceptive vaginal film 28 %	
vcf vaginal contraceptive vaginal foam 12.5 %	
vcf vaginal contraceptive vaginal gel 4 %	
VITAMINS	
*Vitamin B-1***	
b-1 oral tablet 500 mg	
thiamine hcl oral tablet 100 mg	
thiamine mononitrate oral tablet 100 mg	
vitamin b-1 oral tablet 250 mg, 50 mg	
*Vitamin B-3***	
niacin er oral capsule extended release 250 mg, 500 mg	
niacin er oral tablet extended release 250 mg	
niacin er oral tablet extended release 500 mg, 750 mg	
niacin oral tablet 100 mg, 250 mg	
niacin oral tablet 50 mg, 500 mg	
niacin powder	
*Vitamin B-6***	
b-6 oral tablet 500 mg	
pyridoxine hcl oral tablet 50 mg	
vitamin b-6 er oral tablet extended release 200 mg	
vitamin b-6 oral tablet 25 mg	
vitamin b6 oral tablet 250 mg	

Drug Name	
*Vitamin C***	
acerola c 500 oral wafer 500 mg	
ascorbic acid oral liquid 500 mg/5ml	
ascorbic acid oral tablet 500 mg	
buffered vitamin c oral capsule 1000 mg	
c-1500/rose hips sr oral tablet extended release 1500 mg	
calcium ascorbate oral tablet 500 mg	
liquid c 500 oral liquid 500 mg/15ml	
vita-c oral crystals	
vitamin c (calcium ascorbate) oral solution reconstituted	
vitamin c drops mouth/throat lozenge 60 mg	
vitamin c er oral capsule extended release 500 mg	
vitamin c er oral tablet extended release 500 mg	
vitamin c gummie oral tablet chewable 120 mg	
vitamin c oral capsule 500 mg	
vitamin c oral tablet 100 mg, 250 mg	
vitamin c oral tablet 1000 mg	
vitamin c oral tablet chewable 100 mg	
vitamin c oral tablet chewable 500 mg	
vitamin c-rose hips er oral tablet extended release 1000 mg	
*Vitamin D***	
baby vitamin d3 oral liquid 10 mcg /0.028ml	
calcidol oral solution 200 mcg/ml	
d 1000 oral tablet chewable 25 mcg (1000 ut)	
d 10000 oral capsule 250 mcg (10000 ut)	
d3-50 oral capsule 1.25 mg (50000 ut)	
dialyvite vitamin d3 max oral tablet 1.25 mg (50000 ut)	
d-vi-sol oral liquid 10 mcg/ml	
natural vitamin d-3 oral tablet 125 mcg (5000 ut)	
pronutrients vitamin d3 oral capsule 25 mcg (1000 ut)	
replesta oral wafer 1.25 mg (50000 ut)	
vitamin d (cholecalciferol) oral capsule 50 mcg (2000 ut)	
vitamin d (cholecalciferol) oral tablet chewable 10 mcg (400 unit)	
vitamin d (ergocalciferol) oral capsule 50000 unit	
vitamin d2 oral tablet 10 mcg (400 unit)	
vitamin d3 immune health oral liquid 25 mcg/10ml	
vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut)	

Drug Name	
vitamin d3 oral liquid 30 mcg/15ml	
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	
vitamin d3 oral tablet 75 mcg (3000 ut)	
vitamin d3 oral tablet chewable 50 mcg (2000 ut)	
vitamin d3 oral tablet dispersible 125 mcg (5000 ut)	
*Vitamin E***	
key-e oral tablet chewable 268 mg (400 unit)	
vitamin e natural oral capsule 670 mg (1000 ut)	
vitamin e oral capsule 134 mg (200 unit), 268 mg (400 unit)	
vitamin e oral capsule 90 mg (200 unit)	
vitamin e oral capsule 100 unit, 1000 unit, 180 mg (400 unit), 200 unit, 400 unit, 450 mg (1000 ut)	
vitamin e oral capsule 45 mg (100 unit)	
vitamin e oral tablet chewable 400 unit	

This formulary was updated on 12/01/2022. For more recent information or other questions, please contact Aetna® Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** or for **TTY users: 711**, 8 a.m. to 8 p.m., E.S.T., 7 days a week, or visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

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