2023 List of Covered Drugs/Formulary

Aetna Better Health℠ Premier Plan MMAI

Aetna Better Health Premier Plan MMAI (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

For more recent information or other questions, contact us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or visit **AetnaBetterHealth.com/Illinois**

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Aetna Better Health Premier Plan MMAI | 2023 *List of Covered Drugs* (Formulary)

Introduction

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

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

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A. Disclaimers

This is a list of drugs that members can get in Aetna Better Health Premier Plan MMAI.

- Aetna Better Health Premier Plan MMAI is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al 1-866-600-2139 (TTY: 711) las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.
- **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-600-2139 (TTY: 711), 24 hours a day, 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 Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all 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 2 are the drugs covered by Aetna Better Health Premier Plan MMAI. 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 Better Health Premier Plan MMAI 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 you fill the prescription at an Aetna Better Health Premier Plan MMAI network pharmacy.
- Aetna Better Health Premier Plan MMAI may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at **AetnaBetterHealth.com/Illinois** or call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

B2. Does the Drug List ever change?

Yes, and Aetna Better Health Premier Plan MMAI 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 (PA) or approval for a drug. (PA is permission from Aetna Better Health Premier Plan MMAI before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

- a drug is removed from the market.

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

- You can always check Aetna Better Health Premier Plan MMAI's up to date Drug List online at **AetnaBetterHealth.com/Illinois**.
- You can also call Member Services to check the current Drug List at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. 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. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe, or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will send you a letter telling you. Your prescriber will also know about this change, and can work with you to find another drug for your condition.

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

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

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of medication in an outpatient setting and 31-day supply of medication in a long-term care facility 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 question B10.

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

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

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Aetna Better Health Premier Plan MMAI before you fill your prescription. Aetna Better Health Premier Plan MMAI may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Aetna Better Health Premier Plan MMAI limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Better Health Premier Plan MMAI requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Indication-based coverage:** If Aetna Better Health Premier Plan MMAI covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 2-113. You can also get more information by visiting our website at **AetnaBetterHealth.com/Illinois**. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to question 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 2 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Aetna Better Health Premier Plan MMAI changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, 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 the 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 medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 114. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week and ask about it. The call is free. If you learn that Aetna Better Health Premier Plan MMAI 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. Please refer to question B10-B12 for more information about exceptions.

B9. What if I am a new Aetna Better Health Premier Plan MMAI 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 medication in an outpatient setting and 31-day supply of medication in a long-term care facility of your drug during the first 90 days you are a member of Aetna Better Health Premier Plan MMAI. 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 a 30-day supply of medication in an outpatient setting and 31-day supply of medication in a long-term care facility.

We will cover a 30-day supply of your drug in an outpatient setting and 31-day supply of your drug in a long-term care facility 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 PA by Aetna Better Health Premier Plan MMAI, **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 Better Health Premier Plan MMAI member.
- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Better Health Premier Plan MMAI.

Current members with a change in level of care

- We will cover a one-time temporary 31-day supply if you move from a hospital or a long-term care facility to a home setting and:
  - You need a drug that is not on our drug list, or
  - Your ability to get the drug is limited
- We will cover a one-time temporary 31-day supply (see the note below for exceptions) if you move into or out of a long-term care setting and:
  - You need a drug that is not on our drug list, or
  - Your ability to get the drug is limited

Note: Oral brand name solid dosage forms such as tablets or capsules are limited to 14 day fills with exceptions as required by Medicare Part D rules. To ask for a temporary supply of a drug, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week.

During the time when you are getting a temporary supply of a drug, you should talk to your provider to decide what to do when the temporary supply runs out.

You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. For example, you can ask the plan to cover a drug even though it is not on the Drug List. Or you can ask the plan to cover the drug without limits. If your provider says you have a good medical reason for an exception, he or she can help you ask for one.

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

Yes. You can ask Aetna Better Health Premier Plan MMAI 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 Better Health Premier Plan MMAI 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 PA 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 9, of the *Member Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can provide their supporting statement by calling Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or faxing it to us at **1-855-365-8109**.

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 Better Health Premier Plan MMAI covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". Aetna Better Health Premier Plan MMAI covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Aetna Better Health Premier Plan MMAI Drug List to find out what OTC drugs are covered.

B15. Does Aetna Better Health Premier Plan MMAI cover non-drug OTC products?

Aetna Better Health Premier Plan MMAI covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol swabs and gauze pads.

You can read the Aetna Better Health Premier Plan MMAI Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

As an Aetna Better Health Premier Plan MMAI member, you have no copays for prescription and OTC drugs as long as you follow Aetna Better Health Premier Plan MMAI's rules.

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are Part D prescription brand name and generic drugs.
- Tier 2 drugs are Part D prescription brand name and generic drugs.
- Tier 3 drugs are Non-Part D prescription and over-the-counter drugs.

All tiers have no copay.

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Aetna Better Health Premier Plan MMAI. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 114. The index alphabetically lists all drugs covered by Aetna Better Health Premier Plan MMAI.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Aetna Better Health Premier Plan MMAI has any rules for covering your drug.

Note: The asterisk (*) next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-866-600-2139 (TTY: 711), 24 hours a day, 7 days a week.** The call is free. You can also read Chapter 9, of the Member Handbook to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

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

Here are the meanings of the codes used in the "Necessary actions, restrictions, or limits on use" column:		
* = Non-Part D drugs or OTC items that are covered by Medicaid		
PA = Prior Authorization	QL = Drug has quantity limit	ST = Step Therapy
NM = Not available at Mail-order	B/D = Covered under Medicare B or D	LA = Limited Access
NDS = Non-Extended Days Supply		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol TABS 100mg, 300mg	$0(1)	
colchicine TABS .6mg	$0(1)	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	$0(1)	
MITIGARE CAPS .6mg	$0(2)	QL (60 caps / 30 days)
probenecid TABS 500mg	$0(1)	
MISCELLANEOUS		
acetaminophen LIQD 160mg/5ml; SOLN 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; SUPP 120mg; SUSP 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; TABS 325mg, 500mg	$0(3)	NM; *
acetaminophen extra stren TABS 500mg	$0(3)	NM; *
adult aspirin regimen TBEC 81mg	$0(3)	NM; *
aspirin CHEW 81mg; TABS 325mg; TBEC 325mg	$0(3)	NM; *
aspirin adult low dose TBEC 81mg	$0(3)	NM; *
aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
aspirin low strength CHEW 81mg	$0(3)	NM; *
childrens acetaminophen SUSP 160mg/5ml	$0(3)	NM; *
childrens silapap LIQD 160mg/5ml	$0(3)	NM; *
ed-apap LIQD 160mg/5ml	$0(3)	NM; *
feverall childrens SUPP 120mg	$0(3)	NM; *
FEVERALL INFANTS SUPP 80mg	$0(3)	NM; *
FEVERALL JUNIOR STRENGTH SUPP 325mg	$0(3)	NM; *
gnp acetaminophen TABS 325mg	$0(3)	NM; *
gnp acetaminophen extra s TABS 500mg	$0(3)	NM; *
gnp adult aspirin low str CHEW 81mg	$0(3)	NM; *
gnp aspirin TBEC 81mg	$0(3)	NM; *
gnp aspirin low dose TBEC 81mg	$0(3)	NM; *

***** - Non-Part D drugs or OTC items that are covered by Medicaid **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gnp headache relief extra	$0(3)	NM; *
gnp infants pain/fever SUSP 160mg/5ml	$0(3)	NM; *
gnp migraine relief	$0(3)	NM; *
gnp pain & fever children SUSP 160mg/5ml	$0(3)	NM; *
gnp pain relief TABS 325mg	$0(3)	NM; *
gnp pain relief extra str TABS 500mg	$0(3)	NM; *
goodsense aspirin CHEW 81mg; TABS 325mg	$0(3)	NM; *
goodsense aspirin adults TABS 325mg	$0(3)	NM; *
goodsense migraine formul	$0(3)	NM; *
goodsense pain & fever ch SUSP 160mg/5ml	$0(3)	NM; *
goodsense pain & fever in SUSP 160mg/5ml	$0(3)	NM; *
goodsense pain relief TABS 325mg	$0(3)	NM; *
goodsense pain relief ext TABS 500mg	$0(3)	NM; *
headache relief	$0(3)	NM; *
headache relief/extra str	$0(3)	NM; *
hm adult aspirin TABS 325mg	$0(3)	NM; *
hm aspirin CHEW 81mg; TBEC 325mg	$0(3)	NM; *
hm aspirin ec low dose TBEC 81mg	$0(3)	NM; *
hm migraine relief	$0(3)	NM; *
hm pain & fever childrens SUSP 160mg/5ml	$0(3)	NM; *
hm pain & fever infants SUSP 160mg/5ml	$0(3)	NM; *
hm pain relief extra stre TABS 500mg	$0(3)	NM; *
hm pain reliever TABS 325mg	$0(3)	NM; *
hm pain reliever children SUSP 160mg/5ml	$0(3)	NM; *
hm pain reliever infants SUSP 160mg/5ml	$0(3)	NM; *
m-pap LIQD 160mg/5ml	$0(3)	NM; *
mapap childrens CHEW 80mg	$0(3)	NM; *
migraine relief	$0(3)	NM; *

***** - Non-Part D drugs or OTC items that are covered by Medicaid **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pain & fever childrens SUSP 160mg/5ml	$0(3)	NM; *
pain & fever infants SUSP 160mg/5ml	$0(3)	NM; *
pain reliever plus	$0(3)	NM; *
qc aspirin TABS 325mg	$0(3)	NM; *
qc aspirin low dose CHEW 81mg; TBEC 81mg	$0(3)	NM; *
qc enteric aspirin TBEC 325mg	$0(3)	NM; *
qc headache relief	$0(3)	NM; *
qc non-aspirin childrens SUSP 160mg/5ml	$0(3)	NM; *
qc non-aspirin extra stre TABS 500mg	$0(3)	NM; *
qc pain relief TABS 325mg	$0(3)	NM; *
qc pain relief childrens SUSP 160mg/5ml	$0(3)	NM; *
qc pain relief extra stre TABS 500mg	$0(3)	NM; *
sm adult aspirin TABS 325mg	$0(3)	NM; *
sm aspirin adult low stre TBEC 81mg	$0(3)	NM; *
sm aspirin enteric coated TBEC 325mg	$0(3)	NM; *
sm aspirin low dose CHEW 81mg	$0(3)	NM; *
sm migraine relief	$0(3)	NM; *
sm pain & fever childrens SUSP 80mg/2.5ml, 160mg/5ml	$0(3)	NM; *
sm pain & fever infants SUSP 160mg/5ml	$0(3)	NM; *
sm pain relief extra stre TABS 500mg	$0(3)	NM; *
sm pain reliever TABS 325mg	$0(3)	NM; *
sm pain reliever children SUSP 160mg/5ml	$0(3)	NM; *
sm pain reliever extra st TABS 500mg	$0(3)	NM; *
tri-buffered aspirin	$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
all day pain relief TABS 220mg	$0(3)	NM; *
all day relief TABS 220mg	$0(3)	NM; *
celecoxib CAPS 50mg, 100mg, 200mg	$0(1)	QL (60 caps / 30 days)
celecoxib CAPS 400mg	$0(1)	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	$0(1)	QL (120 tabs / 30 days)

***** - Non-Part D drugs or OTC items that are covered by Medicaid **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at Mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diclofenac sodium TB24 100mg; TBEC 25mg, 50mg, 75mg	$0(1)	
diflunisal TABS 500mg	$0(1)	
ec-naproxen TBEC 375mg	$0(1)	QL (120 tabs / 30 days)
ec-naproxen TBEC 500mg	$0(1)	QL (90 tabs / 30 days)
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	$0(1)	
flurbiprofen TABS 100mg	$0(1)	
gnp ibuprofen TABS 200mg	$0(3)	NM; *
gnp naproxen TABS 220mg	$0(3)	NM; *
goodsense ibuprofen TABS 200mg	$0(3)	NM; *
goodsense naproxen sodium TABS 220mg	$0(3)	NM; *
hm ibuprofen TABS 200mg	$0(3)	NM; *
hm ibuprofen ib TABS 200mg	$0(3)	NM; *
hm naproxen sodium TABS 220mg	$0(3)	NM; *
ibu TABS 400mg, 600mg, 800mg	$0(1)	
ibu-200 TABS 200mg	$0(3)	NM; *
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	$0(1)	
ibuprofen TABS 200mg	$0(3)	NM; *
meloxicam TABS 7.5mg, 15mg	$0(1)	
nabumetone TABS 500mg, 750mg	$0(1)	
naproxen TABS 250mg, 375mg, 500mg	$0(1)	
naproxen TBEC 375mg	$0(1)	QL (120 tabs / 30 days)
naproxen TBEC 500mg	$0(1)	QL (90 tabs / 30 days)
naproxen sodium TABS 220mg	$0(3)	NM; *
naproxen sodium TABS 275mg, 550mg	$0(1)	
piroxicam CAPS 10mg, 20mg	$0(1)	
qc ibuprofen TABS 200mg	$0(3)	NM; *
qc naproxen sodium TABS 220mg	$0(3)	NM; *
sm ibuprofen TABS 200mg	$0(3)	NM; *
sm ibuprofen ib TABS 200mg	$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm naproxen sodium TABS 220mg	$0(3)	NM; *
sulindac TABS 150mg, 200mg	$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	$0(1)	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	$0(1)	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg	$0(1)	QL (30 tabs / 30 days), PA
hydrocodone bitartrate T24A 80mg, 100mg, 120mg	$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	$0(2)	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	$0(1)	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	$0(1)	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	$0(1)	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0(1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	$0(1)	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	$0(1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0(1)	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	$0(2)	
endocet tab 2.5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 5-325mg	$0(1)	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	$0(1)	QL (240 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
endocet tab 10-325mg	$0(1)	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	$0(1)	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	$0(2)	NDS, QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	$0(1)	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	$0(2)	B/D
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	$0(2)	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	$0(1)	QL (900 mL / 30 days)
morphine sulfate SOLN 20mg/ml	$0(1)	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	$0(1)	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	$0(2)	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	$0(2)	
oxycodone hcl CAPS 5mg	$0(1)	QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	$0(1)	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	$0(1)	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0(1)	QL (360 tabs / 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oxycodone w/ acetaminophen tab 5-325 mg	$0(1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	$0(1)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0(1)	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	$0(1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0(1)	QL (240 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	$0(1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	$0(2)	NDS
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	$0(1)	
atovaquone SUSP 750mg/5ml	$0(1)	
aztreonam SOLR 1gm, 2gm	$0(1)	
CAYSTON SOLR 75mg	$0(2)	NDS, NM, LA, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	$0(1)	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	$0(1)	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	$0(1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0(1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0(1)	
CLINDMYC/NAC INJ 300/50ML	$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINDMYC/NAC INJ 600/50ML	$0(2)	
CLINDMYC/NAC INJ 900/50ML	$0(2)	
colistimethate sodium SOLR 150mg	$0(1)	
cvs pinworm treatment SUSP 144mg/ml	$0(3)	NM; *
dapsone TABS 25mg, 100mg	$0(1)	
DAPTOMYCIN SOLR 350mg	$0(2)	NDS
daptomycin SOLR 350mg, 500mg	$0(2)	NDS
EMVERM CHEW 100mg	$0(2)	NDS, QL (12 tabs / year)
ertapenem sodium SOLR 1gm	$0(1)	
gentamicin in saline inj 0.8 mg/ml	$0(1)	
gentamicin in saline inj 1 mg/ml	$0(1)	
gentamicin in saline inj 1.2 mg/ml	$0(1)	
gentamicin in saline inj 1.6 mg/ml	$0(1)	
gentamicin in saline inj 2 mg/ml	$0(1)	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	$0(1)	
imipenem-cilastatin intravenous for soln 250 mg	$0(1)	
imipenem-cilastatin intravenous for soln 500 mg	$0(1)	
ivermectin TABS 3mg	$0(1)	QL (12 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	$0(1)	
linezolid SUSR 100mg/5ml	$0(2)	NDS, QL (1800 mL / 30 days)
linezolid TABS 600mg	$0(1)	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	$0(1)	
meropenem SOLR 1gm, 500mg	$0(1)	
methenamine hippurate TABS 1gm	$0(1)	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	$0(1)	
neomycin sulfate TABS 500mg	$0(1)	
nitazoxanide TABS 500mg	$0(2)	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nitrofurantoin monohyd macro CAPS 100mg	$0(2)	
paromomycin sulfate CAPS 250mg	$0(1)	
pentamidine isethionate inh SOLR 300mg	$0(1)	B/D
pentamidine isethionate inj SOLR 300mg	$0(1)	
pin-away SUSP 144mg/ml	$0(3)	NM; *
praziquantel TABS 600mg	$0(1)	
reeses pinworm medicine SUSP 144mg/ml	$0(3)	NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	$0(2)	NDS
streptomycin sulfate SOLR 1gm	$0(1)	
sulfadiazine TABS 500mg	$0(2)	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0(1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0(1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0(1)	
tobramycin NEBU 300mg/5ml	$0(2)	NDS, NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	$0(1)	
trimethoprim TABS 100mg	$0(1)	
vancomycin hcl CAPS 125mg	$0(1)	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	$0(1)	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg	$0(1)	
VANCOMYCIN INJ 1 GM	$0(2)	
VANCOMYCIN INJ 500MG	$0(2)	
VANCOMYCIN INJ 750MG	$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	$0(2)	B/D
amphotericin b SOLR 50mg	$0(1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amphotericin b liposome SUSR 50mg	$0(2)	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	$0(1)	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	$0(1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0(1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0(1)	
flucytosine CAPS 250mg, 500mg	$0(2)	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	$0(1)	
griseofulvin ultramicrosize TABS 125mg, 250mg	$0(1)	
itraconazole CAPS 100mg	$0(1)	PA
ketoconazole TABS 200mg	$0(1)	PA
micafungin sodium SOLR 50mg, 100mg	$0(2)	NDS
NOXAFIL SUSP 40mg/ml	$0(2)	NDS, QL (630 mL / 30 days), PA
nystatin TABS 500000unit	$0(1)	
posaconazole SUSP 40mg/ml	$0(2)	NDS, QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	$0(2)	NDS, QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	$0(1)	QL (90 tabs / year)
voriconazole SOLR 200mg; SUSR 40mg/ml	$0(2)	NDS, PA
voriconazole TABS 50mg	$0(1)	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	$0(1)	QL (120 tabs / 30 days), PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0(1)	
atovaquone-proguanil hcl tab 250-100 mg	$0(1)	
chloroquine phosphate TABS 250mg, 500mg	$0(1)	
COARTEM TAB 20-120MG	$0(2)	

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mefloquine hcl TABS 250mg	$0(1)	
primaquine phosphate TABS 26.3mg	$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	$0(2)	
quinine sulfate CAPS 324mg	$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	$0(1)	NM
APTIVUS CAPS 250mg	$0(2)	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	$0(1)	NM
darunavir TABS 600mg	$0(2)	NDS, QL (60 tabs / 30 days), NM
darunavir TABS 800mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	$0(2)	NDS, NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	$0(1)	NM
emtricitabine CAPS 200mg	$0(1)	NM
EMTRIVA SOLN 10mg/ml	$0(2)	NM
etravirine TABS 100mg, 200mg	$0(2)	NDS, NM
fosamprenavir calcium TABS 700mg	$0(2)	NDS, NM
FUZEON SOLR 90mg	$0(2)	NDS, NM
INTELENCE TABS 25mg	$0(2)	NM
ISENTRESS CHEW 25mg	$0(2)	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	$0(2)	NDS, NM
ISENTRESS HD TABS 600mg	$0(2)	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	$0(1)	NM
LEXIVA SUSP 50mg/ml	$0(2)	NM
maraviroc TABS 150mg, 300mg	$0(2)	NDS, NM
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	$0(1)	NM
NORVIR PACK 100mg	$0(2)	NM

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PIFELTRO TABS 100mg	$0(2)	NDS, NM
PREZISTA SUSP 100mg/ml	$0(2)	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	$0(2)	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	$0(2)	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	$0(2)	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	$0(2)	NDS, NM
ritonavir TABS 100mg	$0(1)	NM
RUKOBIA TB12 600mg	$0(2)	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	$0(2)	NDS, NM
SELZENTRY TABS 25mg	$0(2)	NM
SUNLENCA TBPK 300mg	$0(2)	NDS, NM, LA
tenofovir disoproxil fumarate TABS 300mg	$0(1)	NM
TIVICAY TABS 10mg	$0(2)	NM
TIVICAY TABS 25mg, 50mg	$0(2)	NDS, NM
TIVICAY PD TBSO 5mg	$0(2)	NDS, NM
TROGARZO SOLN 200mg/1.33ml	$0(2)	NDS, NM, LA
TYBOST TABS 150mg	$0(2)	NM
VIRACEPT TABS 250mg, 625mg	$0(2)	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	$0(2)	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	$0(1)	NM
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$0(1)	NM
BIKTARVY TAB 30-120-15 MG	$0(2)	NDS, NM
BIKTARVY TAB 50-200-25 MG	$0(2)	NDS, NM

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CIMDUO TAB 300-300	$0(2)	NDS, NM
COMPLERA TAB	$0(2)	NDS, NM
DELSTRIGO TAB	$0(2)	NDS, NM
DESCOVY TAB 120-15MG	$0(2)	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	$0(2)	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	$0(2)	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	$0(2)	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	$0(2)	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	$0(2)	NDS, QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	$0(2)	NDS, NM
GENVOYA TAB	$0(2)	NDS, NM
JULUCA TAB 50-25MG	$0(2)	NDS, NM
lamivudine-zidovudine tab 150-300 mg	$0(1)	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0(1)	NM
lopinavir-ritonavir tab 100-25 mg	$0(1)	NM
lopinavir-ritonavir tab 200-50 mg	$0(1)	NM
ODEFSEY TAB	$0(2)	NDS, NM
PREZCOBIX TAB 800-150	$0(2)	NDS, NM
STRIBILD TAB	$0(2)	NDS, NM
SYMTUZA TAB	$0(2)	NDS, NM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIUMEQ PD TAB	$0(2)	NDS, NM
TRIUMEQ TAB	$0(2)	NDS, NM
TRIZIVIR TAB	$0(2)	NDS, NM
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine CAPS 250mg	$0(2)	NDS
ethambutol hcl TABS 100mg, 400mg	$0(1)	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	$0(1)	
PRIFTIN TABS 150mg	$0(2)	
pyrazinamide TABS 500mg	$0(1)	
rifabutin CAPS 150mg	$0(1)	
rifampin CAPS 150mg, 300mg; SOLR 600mg	$0(1)	
SIRTURO TABS 20mg, 100mg	$0(2)	NDS, NM, LA, PA
TRECATOR TABS 250mg	$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	$0(1)	
acyclovir sodium SOLN 50mg/ml	$0(1)	B/D
adefovir dipivoxil TABS 10mg	$0(2)	NDS, NM
BARACLUDE SOLN .05mg/ml	$0(2)	NDS, NM
entecavir TABS .5mg, 1mg	$0(1)	NM
EPCLUSA PAK 150-37.5	$0(2)	NDS, NM, PA
EPCLUSA PAK 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 200-50MG	$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	$0(2)	NM
famciclovir TABS 125mg, 250mg, 500mg	$0(1)	
ganciclovir sodium SOLR 500mg	$0(1)	B/D
HARVONI PAK 33.75-150MG	$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	$0(2)	NDS, NM, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lamivudine (hbv) TABS 100mg	$0(1)	NM
MAVYRET PAK 50-20MG	$0(2)	NDS, NM, PA
MAVYRET TAB 100-40MG	$0(2)	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	$0(1)	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	$0(1)	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	$0(2)	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	$0(2)	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	$0(1)	NM
rimantadine hydrochloride TABS 100mg	$0(1)	
valacyclovir hcl TABS 1gm, 500mg	$0(1)	
valganciclovir hcl SOLR 50mg/ml	$0(2)	NDS
valganciclovir hcl TABS 450mg	$0(1)	
VEMLIDY TABS 25mg	$0(2)	NDS, NM
VOSEVI TAB	$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	$0(1)	
CEFACLOR ER TB12 500mg	$0(2)	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	$0(1)	
CEFAZOLIN SOLR 2gm, 3gm	$0(2)	
CEFAZOLIN INJ 1GM/50ML	$0(2)	
cefazolin sodium SOLR 1gm, 2gm, 10gm, 500mg	$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	$0(2)	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
cefepime hcl SOLR 1gm, 2gm	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	$0(1)	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	$0(1)	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
ceftazidime SOLR 1gm, 2gm, 6gm	$0(1)	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	$0(1)	
cefuroxime axetil TABS 250mg, 500mg	$0(1)	
cefuroxime sodium SOLR 1.5gm, 750mg	$0(1)	
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	$0(1)	
tazicef SOLR 1gm, 2gm, 6gm	$0(1)	
TEFLARO SOLR 400mg, 600mg	$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	$0(1)	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	$0(2)	NDS
e.e.s. 400 TABS 400mg	$0(1)	
ery-tab TBEC 250mg, 333mg, 500mg	$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	$0(2)	
erythrocin stearate TABS 250mg	$0(1)	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	$0(1)	
erythromycin ethylsuccinate TABS 400mg	$0(1)	
erythromycin lactobionate SOLR 500mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO SUSR 500mg/5ml	$0(2)	
ciprofloxacin 200 mg/100ml in d5w	$0(1)	
ciprofloxacin 400 mg/200ml in d5w	$0(1)	
ciprofloxacin hcl TABS 100mg, 250mg, 500mg, 750mg	$0(1)	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	$0(1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0(1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0(1)	
levofloxacin in d5w iv soln 750 mg/150ml	$0(1)	
moxifloxacin hcl TABS 400mg	$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	$0(1)	
amoxicillin & k clavulanate chew tab 200-28.5 mg	$0(1)	
amoxicillin & k clavulanate chew tab 400-57 mg	$0(1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	$0(1)	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	$0(1)	
amoxicillin & k clavulanate tab 250-125 mg	$0(1)	
amoxicillin & k clavulanate tab 500-125 mg	$0(1)	
amoxicillin & k clavulanate tab 875-125 mg	$0(1)	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ampicillin CAPS 500mg	$0(1)	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	$0(1)	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	$0(1)	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	$0(1)	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	$0(2)	
dicloxacillin sodium CAPS 250mg, 500mg	$0(1)	
nafcillin sodium SOLR 1gm, 2gm	$0(1)	
nafcillin sodium SOLR 10gm	$0(2)	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	$0(1)	
PEN GK/DEXTR INJ 40000/ML	$0(2)	
PEN GK/DEXTR INJ 60000/ML	$0(2)	
penicillin g potassium SOLR 5000000unit, 20000000unit	$0(1)	
PENICILLIN G PROCAINE SUSP 600000unit/ml	$0(2)	
penicillin g sodium SOLR 5000000unit	$0(1)	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	$0(1)	
pfizerpen SOLR 5000000unit, 20000000unit	$0(1)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0(1)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 SOLR 100mg	$0(1)	
doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	$0(1)	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	$0(1)	
minocycline hcl CAPS 50mg, 75mg, 100mg	$0(1)	
NUZYRA SOLR 100mg; TABS 150mg	$0(2)	NDS, NM, LA
tetracycline hcl CAPS 250mg, 500mg	$0(1)	PA
tigecycline SOLR 50mg	$0(2)	NDS
TIGECYCLINE SOLR 50mg	$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	$0(2)	NDS, B/D, NM, LA
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	$0(1)	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	$0(1)	B/D
cyclophosphamide CAPS 25mg, 50mg	$0(1)	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	$0(2)	NDS, B/D
cyclophosphamide SOLR 1gm, 2gm, 500mg	$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	$0(2)	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	$0(2)	NDS, B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GLEOSTINE CAPS 10mg, 40mg	$0(2)	NM
GLEOSTINE CAPS 100mg	$0(2)	NDS, NM
LEUKERAN TABS 2mg	$0(2)	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	$0(1)	B/D
oxaliplatin SOLR 50mg, 100mg	$0(2)	NDS, B/D
paraplatin SOLN 1000mg/100ml	$0(1)	B/D
ANTIBIOTICS		
doxorubicin hcl SOLN 2mg/ml	$0(1)	B/D
doxorubicin hcl liposomal INJ 2mg/ml	$0(2)	NDS, B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	$0(2)	B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	$0(2)	NDS, B/D, NM
cytarabine SOLN 20mg/ml	$0(1)	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	$0(1)	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	$0(1)	B/D
INQOVI TAB 35-100MG	$0(2)	NDS, NM, LA, PA
LONSURF TAB 15-6.14	$0(2)	NDS, NM, LA, PA
LONSURF TAB 20-8.19	$0(2)	NDS, NM, LA, PA
mercaptopurine TABS 50mg	$0(1)	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	$0(1)	B/D
ONUREG TABS 200mg, 300mg	$0(2)	NDS, NM, LA, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	$0(2)	NDS, B/D
PURIXAN SUSP 2000mg/100ml	$0(2)	NDS, NM
TABLOID TABS 40mg	$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg, 500mg	$0(2)	NDS, NM, PA
anastrozole TABS 1mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bicalutamide TABS 50mg	$0(1)	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	$0(2)	NM, PA
EMCYT CAPS 140mg	$0(2)	NDS
ERLEADA TABS 60mg, 240mg	$0(2)	NDS, NM, LA, PA
EULEXIN CAPS 125mg	$0(2)	NDS
exemestane TABS 25mg	$0(1)	
fulvestrant SOSY 250mg/5ml	$0(2)	NDS, B/D
letrozole TABS 2.5mg	$0(1)	
leuprolide acetate KIT 1mg/0.2ml	$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	$0(2)	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	$0(2)	NDS, NM, PA
LYSODREN TABS 500mg	$0(2)	NDS, NM
megestrol acetate TABS 20mg, 40mg	$0(2)	
nilutamide TABS 150mg	$0(2)	NDS
NUBEQA TABS 300mg	$0(2)	NDS, NM, LA, PA
ORGOVYX TABS 120mg	$0(2)	NDS, NM, LA, PA
ORSERDU TABS 86mg, 345mg	$0(2)	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	$0(2)	NDS
tamoxifen citrate TABS 10mg, 20mg	$0(1)	
toremifene citrate TABS 60mg	$0(2)	NDS
XTANDI CAPS 40mg; TABS 40mg, 80mg	$0(2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
lenalidomide CAPS 20mg, 25mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THALOMID CAPS 50mg, 100mg	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	$0(2)	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	$0(2)	NDS, NM, LA, PA
bexarotene CAPS 75mg	$0(2)	NDS, NM, PA
hydroxyurea CAPS 500mg	$0(1)	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	$0(1)	B/D
KISQALI 200 PAK FEMARA	$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	$0(2)	NDS, NM, LA
SYNRIBO SOLR 3.5mg	$0(2)	NDS, NM, PA
tretinoin (chemotherapy) CAPS 10mg	$0(2)	NDS
WELIREG TABS 40mg	$0(2)	NDS, NM, LA, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	$0(1)	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	$0(2)	NDS, B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	$0(1)	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	$0(1)	B/D
paclitaxel protein-bound particles for iv susp 100 mg	$0(2)	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	$0(1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	$0(1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	$0(2)	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	$0(2)	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	$0(2)	NDS, NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	$0(2)	NDS, NM, PA
bortezomib SOLR 3.5mg	$0(2)	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	$0(2)	NDS, NM, PA
BRAFTOVI CAPS 75mg	$0(2)	NDS, NM, LA, PA
BRUKINSA CAPS 80mg	$0(2)	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	$0(2)	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 100MG	$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 140MG	$0(2)	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	$0(2)	NDS, NM, LA, PA
COTELLIC TABS 20mg	$0(2)	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	$0(2)	NDS, NM, LA, PA
erlotinib hcl TABS 25mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
everolimus TBSO 2mg	$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	$0(2)	NDS, NM, LA, PA
gefitinib TABS 250mg	$0(2)	NDS, NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	$0(2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	$0(2)	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	$0(2)	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	$0(2)	NDS, NM, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
imatinib mesylate TABS 100mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	$0(2)	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INLYTA TABS 1mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	$0(2)	NDS, NM, LA, PA
IRESSA TABS 250mg	$0(2)	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	$0(2)	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	$0(2)	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	$0(2)	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
KRAZATI TABS 200mg	$0(2)	NDS, NM, LA, PA
lapatinib ditosylate TABS 250mg	$0(2)	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA CAP 18 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	$0(2)	NDS, NM, LA, PA
LUMAKRAS TABS 120mg, 320mg	$0(2)	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI TBPK 4mg	$0(2)	NDS, NM, LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	$0(2)	NDS, NM, LA, PA
MONJUVI SOLR 200mg	$0(2)	NDS, NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, NM, LA, PA
NERLYNX TABS 40mg	$0(2)	NDS, NM, LA, PA
NEXAVAR TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	$0(2)	NDS, NM, LA, PA
OGIVRI SOLR 150mg	$0(2)	NDS, NM, LA, PA
OGIVRI INJ 420MG	$0(2)	NDS, NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	$0(2)	NDS, NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	$0(2)	NDS, NM, LA, PA
PHESGO SOL	$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	$0(2)	NDS, NM, PA
QINLOCK TABS 50mg	$0(2)	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	$0(2)	NDS, NM, LA, PA
REZLIDHIA CAPS 150mg	$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	$0(2)	NDS, NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RUBRACA TABS 200mg, 250mg, 300mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	$0(2)	NDS, NM, PA
SCEMBLIX TABS 20mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	$0(2)	NDS, QL (300 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	$0(2)	NDS, NM, PA
STIVARGA TABS 40mg	$0(2)	NDS, NM, LA, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	$0(2)	NDS, NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	$0(2)	NDS, NM, PA
TAZVERIK TABS 200mg	$0(2)	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	$0(2)	NDS, NM, LA, PA
TEPMETKO TABS 225mg	$0(2)	NDS, NM, LA, PA
TIBSOVO TABS 250mg	$0(2)	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	$0(2)	NDS, NM, PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	$0(2)	NDS, LA, PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	$0(2)	NDS, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	$0(2)	NDS, LA, PA
TRUSELTIQ 125MG DAILY DOSE	$0(2)	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	$0(2)	NDS, NM, LA, PA
TURALIO CAPS 125mg, 200mg	$0(2)	NDS, NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	$0(2)	NDS, NM, LA, PA
VENCLEXTA TABS 10mg	$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	$0(2)	NDS, NM, LA, PA
VONJO CAPS 100mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	$0(2)	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	$0(2)	NDS, NM, LA, PA
XOSPATA TABS 40mg	$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	$0(2)	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	$0(2)	NDS, QL (24 tabs / 28 days), NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	$0(2)	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	$0(2)	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	$0(2)	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	$0(2)	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	$0(2)	NDS, NM, LA, PA
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	$0(1)	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	$0(1)	
MESNEX TABS 400mg	$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	$0(1)	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	$0(1)	QL (30 caps / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amlodipine besylate-benazepril hcl cap 10-40 mg	$0(1)	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	$0(1)	
benazepril & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
benazepril & hydrochlorothiazide tab 20-25 mg	$0(1)	
captopril & hydrochlorothiazide tab 25-15 mg	$0(1)	
captopril & hydrochlorothiazide tab 25-25 mg	$0(1)	
captopril & hydrochlorothiazide tab 50-15 mg	$0(1)	
captopril & hydrochlorothiazide tab 50-25 mg	$0(1)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	$0(1)	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	$0(1)	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	$0(1)	
lisinopril & hydrochlorothiazide tab 20-25 mg	$0(1)	
quinapril-hydrochlorothiazide tab 10-12.5 mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
quinapril-hydrochlorothiazide tab 20-12.5 mg	$0(1)	
quinapril-hydrochlorothiazide tab 20-25 mg	$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	$0(1)	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	$0(1)	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	$0(1)	
fosinopril sodium TABS 10mg, 20mg, 40mg	$0(1)	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	$0(1)	
moexipril hcl TABS 7.5mg, 15mg	$0(1)	
perindopril erbumine TABS 2mg, 4mg, 8mg	$0(1)	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	$0(1)	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	$0(1)	
trandolapril TABS 1mg, 2mg, 4mg	$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone TABS 25mg, 50mg	$0(1)	
KERENDIA TABS 10mg, 20mg	$0(2)	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	$0(1)	
prazosin hcl CAPS 1mg, 2mg, 5mg	$0(1)	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	$0(1)	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0(1)	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0(1)	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	$0(2)	
ENTRESTO TAB 49-51MG	$0(2)	
ENTRESTO TAB 97-103MG	$0(2)	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0(1)	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0(1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0(1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0(1)	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0(1)	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	$0(1)	QL (30 tabs / 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0(1)	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil TABS 4mg, 8mg, 16mg	$0(1)	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	$0(1)	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	$0(1)	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg, 100mg	$0(1)	
olmesartan medoxomil TABS 5mg	$0(1)	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	$0(1)	QL (60 tabs / 30 days)
valsartan TABS 320mg	$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	$0(1)	
disopyramide phosphate CAPS 100mg, 150mg	$0(2)	
dofetilide CAPS 125mcg, 250mcg, 500mcg	$0(1)	NM
flecainide acetate TABS 50mg, 100mg, 150mg	$0(1)	
MULTAQ TABS 400mg	$0(2)	
NORPACE CR CP12 100mg, 150mg	$0(2)	
pacerone TABS 100mg, 200mg, 400mg	$0(1)	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	$0(1)	
quinidine sulfate TABS 200mg, 300mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sorine TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	$0(1)	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	$0(1)	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	$0(1)	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	$0(1)	
gemfibrozil TABS 600mg	$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	$0(1)	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine PACK 4gm; POWD 4gm/dose	$0(1)	
cholestyramine light PACK 4gm; POWD 4gm/dose	$0(1)	
colesevelam hcl PACK 3.75gm; TABS 625mg	$0(1)	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	$0(1)	
ezetimibe TABS 10mg	$0(1)	
ezetimibe-simvastatin tab 10-10 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	$0(1)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ezetimibe-simvastatin tab 10-40 mg	$0(1)	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	$0(1)	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	$0(1)	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	$0(2)	NM, PA
prevalite PACK 4gm; POWD 4gm/dose	$0(1)	
VASCEPA CAPS .5gm, 1gm	$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0(1)	
atenolol & chlorthalidone tab 100-25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0(1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0(1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl CAPS 200mg, 400mg	$0(1)	
atenolol TABS 25mg, 50mg, 100mg	$0(1)	
betaxolol hcl TABS 10mg, 20mg	$0(1)	
bisoprolol fumarate TABS 5mg, 10mg	$0(1)	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	$0(1)	
labetalol hcl TABS 100mg, 200mg, 300mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	$0(1)	
metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	$0(1)	
nadolol TABS 20mg, 40mg, 80mg	$0(1)	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	$0(1)	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	$0(1)	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	$0(1)	
timolol maleate TABS 5mg, 10mg, 20mg	$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	$0(1)	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	$0(1)	
dilt-xr CP24 120mg, 180mg, 240mg	$0(1)	
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	$0(1)	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	$0(1)	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	
felodipine TB24 2.5mg, 5mg, 10mg	$0(1)	
isradipine CAPS 2.5mg, 5mg	$0(1)	
nicardipine hcl CAPS 20mg, 30mg	$0(1)	
nifedipine TB24 30mg, 60mg, 90mg	$0(1)	
nimodipine CAPS 30mg	$0(1)	
NYMALIZE SOLN 6mg/ml	$0(2)	NDS

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taztia xt CP24 120mg, 180mg, 240mg, 300mg, 360mg	$0(1)	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	$0(1)	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	$0(1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0(1)	
amiloride hcl TABS 5mg	$0(1)	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	$0(1)	
chlorthalidone TABS 25mg, 50mg	$0(1)	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	$0(1)	
furosemide inj SOLN 10mg/ml	$0(1)	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	$0(1)	
indapamide TABS 1.25mg, 2.5mg	$0(1)	
methazolamide TABS 25mg, 50mg	$0(1)	
metolazone TABS 2.5mg, 5mg, 10mg	$0(1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0(1)	
torsemide TABS 5mg, 10mg, 20mg, 100mg	$0(1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0(1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	$0(2)	
aliskiren fumarate TABS 150mg, 300mg	$0(1)	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	$0(1)	
clonidine hcl TABS .1mg, .2mg, .3mg	$0(1)	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	$0(2)	
digoxin SOLN .05mg/ml, .25mg/ml	$0(1)	
digoxin TABS 125mcg, 250mcg	$0(1)	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	$0(2)	NDS, QL (180 caps / 30 days), NM, PA
epinephrine (anaphylaxis) SOLN 1mg/ml	$0(1)	
guanfacine hcl TABS 1mg, 2mg	$0(2)	PA; PA if 70 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
metyrosine CAPS 250mg	$0(2)	NDS, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	$0(1)	
minoxidil TABS 2.5mg, 10mg	$0(1)	
ranolazine TB12 500mg, 1000mg	$0(1)	
VERQUVO TABS 2.5mg, 5mg, 10mg	$0(2)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	$0(1)	
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	$0(1)	
NITRO-BID OINT 2%	$0(2)	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg, 125mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	$0(1)	QL (360 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	$0(2)	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	$0(1)	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	$0(1)	
lorazepam CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	$0(1)	
lorazepam TABS .5mg, 1mg, 2mg	$0(1)	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	$0(1)	QL (150 mL / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TABS 200mg, 400mg	$0(2)	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	$0(2)	NDS, QL (60 tabs / 30 days), PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbamazepine CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	$0(1)	
CELONTIN CAPS 300mg	$0(2)	
clobazam SUSP 2.5mg/ml	$0(1)	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	$0(1)	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	$0(1)	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	$0(1)	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
diazepam CONC 5mg/ml	$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam SOLN 5mg/5ml	$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam TABS 2mg, 5mg, 10mg	$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	$0(1)	
diazepam inj SOLN 5mg/ml	$0(1)	
DILANTIN CAPS 30mg, 100mg	$0(2)	
DILANTIN INFATABS CHEW 50mg	$0(2)	
DILANTIN-125 SUSP 125mg/5ml	$0(2)	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EPIDIOLEX SOLN 100mg/ml	$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
epitol TABS 200mg	$0(1)	
EPRONTIA SOLN 25mg/ml	$0(2)	QL (480 mL / 30 days), PA
ethosuximide CAPS 250mg; SOLN 250mg/5ml	$0(1)	
felbamate SUSP 600mg/5ml	$0(2)	NDS
felbamate TABS 400mg, 600mg	$0(1)	
FINTEPLA SOLN 2.2mg/ml	$0(2)	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg, 400mg	$0(1)	QL (180 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	$0(1)	QL (2160 mL / 30 days)
gabapentin TABS 600mg	$0(1)	QL (180 tabs / 30 days)
gabapentin TABS 800mg	$0(1)	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	$0(2)	NDS
lacosamide TABS 50mg	$0(1)	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	$0(1)	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	$0(1)	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	$0(1)	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	$0(1)	
levetiracetam in sodium chloride iv soln 500 mg/100ml	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levetiracetam in sodium chloride iv soln 1000 mg/100ml	$0(1)	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	$0(1)	
methsuximide CAPS 300mg	$0(1)	
NAYZILAM SOLN 5mg/0.1ml	$0(2)	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	$0(1)	
phenobarbital ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	$0(2)	PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	$0(2)	PA; PA if 70 years and older
phenytek CAPS 200mg, 300mg	$0(1)	
phenytoin CHEW 50mg; SUSP 125mg/5ml	$0(1)	
phenytoin sodium SOLN 50mg/ml	$0(1)	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	$0(1)	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	$0(1)	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	$0(1)	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	$0(1)	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	$0(1)	QL (900 mL / 30 days), PA
primidone TABS 50mg, 125mg, 250mg	$0(1)	
roweepra TABS 500mg	$0(1)	
rufinamide SUSP 40mg/ml	$0(2)	NDS, QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	$0(1)	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	$0(2)	QL (120 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SPRITAM TB3D 1000mg	$0(2)	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	$0(1)	
SYMPAZAN FILM 5mg, 10mg, 20mg	$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	$0(1)	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	$0(1)	
valproate sodium SOLN 100mg/ml, 250mg/5ml	$0(1)	
valproic acid CAPS 250mg	$0(1)	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	$0(2)	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	$0(2)	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	$0(2)	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	$0(2)	
vigabatrin PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadrone PACK 500mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigadrone TABS 500mg	$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	$0(2)	NDS, QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	$0(2)	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	$0(2)	NDS, QL (28 tabs / 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZONISADE SUSP 100mg/5ml	$0(2)	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	$0(1)	
ZTALMY SUSP 50mg/ml	$0(2)	NDS, QL (1100 mL / 30 days), NM, LA, PA
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride TABS 5mg; TBDP 5mg	$0(1)	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	$0(1)	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	$0(1)	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	$0(1)	
galantamine hydrobromide TABS 4mg, 8mg, 12mg	$0(1)	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	$0(1)	PA; PA if < 30 yrs
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	$0(2)	
NAMZARIC CAP 14-10MG	$0(2)	
NAMZARIC CAP 21-10MG	$0(2)	
NAMZARIC CAP 28-10MG	$0(2)	
NAMZARIC CAP PACK	$0(2)	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	$0(1)	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	$0(2)	
AUVELITY TAB 45-105MG	$0(2)	QL (60 tabs / 30 days), PA

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bupropion hcl TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	$0(1)	
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	$0(1)	
clomipramine hcl CAPS 25mg, 50mg, 75mg	$0(2)	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	$0(2)	
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	$0(1)	QL (30 tabs / 30 days), PA
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	$0(2)	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg, 30mg, 60mg	$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	$0(2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	$0(1)	
FETZIMA CP24 20mg, 40mg	$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	$0(2)	PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	$0(1)	
imipramine hcl TABS 10mg, 25mg, 50mg	$0(2)	
MARPLAN TABS 10mg	$0(2)	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	$0(1)	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	$0(1)	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	$0(2)	
paroxetine hcl SUSP 10mg/5ml	$0(2)	QL (900 mL / 30 days), PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	$0(2)	
phenelzine sulfate TABS 15mg	$0(1)	
protriptyline hcl TABS 5mg, 10mg	$0(2)	
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	$0(1)	
tranylcypromine sulfate TABS 10mg	$0(1)	
trazodone hcl TABS 50mg, 100mg, 150mg	$0(1)	
trimipramine maleate CAPS 25mg, 50mg	$0(2)	QL (120 caps / 30 days)
trimipramine maleate CAPS 100mg	$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	$0(2)	QL (30 tabs / 30 days)
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	$0(1)	
VIIBRYD KIT STARTER	$0(2)	
vilazodone hcl TABS 10mg, 20mg, 40mg	$0(1)	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl CAPS 100mg	$0(1)	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	$0(1)	
benztropine mesylate SOLN 1mg/ml	$0(1)	
benztropine mesylate TABS .5mg, 1mg, 2mg	$0(2)	PA; PA if 70 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	$0(1)	
carb/levo orally disintegrating tab 10-100mg	$0(1)	
carb/levo orally disintegrating tab 25-100mg	$0(1)	
carb/levo orally disintegrating tab 25-250mg	$0(1)	
carbidopa & levodopa tab 10-100 mg	$0(1)	
carbidopa & levodopa tab 25-100 mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carbidopa & levodopa tab 25-250 mg	$0(1)	
carbidopa & levodopa tab er 25-100 mg	$0(1)	
carbidopa & levodopa tab er 50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0(1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0(1)	
entacapone TABS 200mg	$0(1)	
INBRIJA CAPS 42mg	$0(2)	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	$0(2)	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	$0(1)	
rasagiline mesylate TABS .5mg, 1mg	$0(1)	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	$0(1)	
selegiline hcl CAPS 5mg; TABS 5mg	$0(1)	
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg	$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	$0(2)	NDS, QL (1 injection / 28 days)
aripiprazole SOLN 1mg/ml	$0(1)	QL (900 mL / 30 days)

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aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	$0(1)	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	$0(2)	NDS, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	$0(2)	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	$0(2)	NDS, QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	$0(1)	
clozapine TABS 25mg, 50mg	$0(1)	
clozapine TABS 100mg	$0(1)	QL (270 tabs / 30 days)
clozapine TABS 200mg	$0(1)	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	$0(1)	PA
clozapine TBDP 100mg	$0(1)	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	$0(1)	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	$0(2)	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	$0(2)	PA
fluphenazine decanoate SOLN 25mg/ml	$0(1)	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	$0(1)	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	$0(1)	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	$0(1)	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	$0(2)	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	$0(2)	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	$0(2)	NDS, QL (30 tabs / 30 days)
LATUDA TABS 80mg	$0(2)	NDS, QL (60 tabs / 30 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	$0(1)	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	$0(1)	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	$0(1)	QL (60 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	$0(1)	
NUPLAZID CAPS 34mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
olanzapine SOLR 10mg	$0(1)	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg; TBDP 10mg	$0(1)	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 1.5mg, 3mg, 9mg	$0(1)	QL (30 tabs / 30 days)
paliperidone TB24 6mg	$0(1)	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	$0(1)	
PERSERIS PRSY 90mg, 120mg	$0(2)	NDS, QL (1 syringe / 30 days)
pimozide TABS 1mg, 2mg	$0(1)	
quetiapine fumarate TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
quetiapine fumarate TB24 50mg, 300mg, 400mg	$0(1)	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	$0(2)	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	$0(2)	NDS, QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	$0(2)	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	$0(2)	NDS, QL (2 injections / 28 days)
risperidone SOLN 1mg/ml	$0(1)	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	$0(1)	
risperidone TBDP 1mg, 2mg, 3mg	$0(1)	QL (60 tabs / 30 days)
risperidone TBDP 4mg	$0(1)	QL (120 tabs / 30 days)
risperidone TBDP .25mg, .5mg	$0(1)	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	$0(2)	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	$0(1)	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	$0(1)	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	$0(1)	
VERSACLOZ SUSP 50mg/ml	$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	$0(2)	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	$0(2)	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	$0(2)	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	$0(1)	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	$0(2)	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	$0(2)	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	$0(2)	NDS, QL (1 vial / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0(1)	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	$0(1)	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	$0(1)	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	$0(1)	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	$0(1)	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	$0(1)	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	$0(1)	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	$0(1)	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	$0(1)	QL (60 tabs / 30 days), PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
guanfacine hcl (adhd) TB24 3mg	$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
metadate er TBCR 20mg	$0(1)	QL (90 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	$0(1)	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	$0(1)	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	$0(1)	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	$0(2)	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	$0(1)	QL (30 tabs / 30 days)
eszopiclone TABS 1mg, 2mg, 3mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
tasimelteon CAPS 20mg	$0(2)	NDS, QL (30 caps / 30 days), NM, PA
temazepam CAPS 7.5mg, 30mg	$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
temazepam CAPS 15mg	$0(1)	QL (60 caps / 30 days), PA; PA if 65 years and older
zaleplon CAPS 5mg	$0(2)	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon CAPS 10mg	$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zolpidem tartrate TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	$0(2)	QL (1 pen / 30 days), NM, PA
dihydroergotamine mesylate SOLN 1mg/ml	$0(2)	NDS
dihydroergotamine mesylate SOLN 4mg/ml	$0(2)	NDS, QL (8 mL / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	$0(1)	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	$0(1)	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	$0(2)	QL (16 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	$0(1)	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	$0(1)	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	$0(1)	QL (12 units / 30 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	$0(1)	QL (18 injections / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	$0(1)	QL (12 injections / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	$0(1)	QL (12 tabs / 30 days)
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	$0(1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUSTEDO XR TB24 24mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	$0(2)	NDS, QL (2 packs / year), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	$0(2)	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	$0(1)	
NUEDEXTA CAP 20-10MG	$0(2)	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	$0(1)	
riluzole TABS 50mg	$0(1)	
tetrabenazine TABS 12.5mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BAFIERTAM CPDR 95mg	$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	$0(1)	NM, PA
fingolimod hcl CAPS .5mg	$0(2)	NDS, QL (28 caps / 28 days), NM, PA
glatiramer acetate SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	$0(2)	NDS, QL (12 syringes / 28 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KESIMPTA SOAJ 20mg/0.4ml	$0(2)	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen TABS 10mg, 20mg	$0(1)	
carisoprodol TABS 350mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl TABS 5mg, 10mg	$0(2)	PA; PA if 70 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	$0(1)	
methocarbamol TABS 500mg, 750mg	$0(2)	PA; PA if 70 years and older
tizanidine hcl TABS 2mg, 4mg	$0(1)	
vanadom TABS 350mg	$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil TABS 50mg	$0(1)	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	$0(1)	QL (30 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
XYREM SOLN 500mg/ml	$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	$0(1)	
buprenorphine hcl SUBL 2mg, 8mg	$0(1)	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	$0(1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	$0(1)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0(1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	$0(1)	
disulfiram TABS 250mg, 500mg	$0(1)	
gnp nicotine gum GUM 2mg, 4mg	$0(3)	NM; *
gnp nicotine mini lozenge LOZG 2mg, 4mg	$0(3)	NM; *
gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *
gnp nicotine polacrilex m LOZG 4mg	$0(3)	NM; *
gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
goodsense nicotine LOZG 2mg, 4mg	$0(3)	NM; *
goodsense nicotine gum GUM 4mg	$0(3)	NM; *
goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg	$0(3)	NM; *
hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *
hm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	$0(1)	
naltrexone hcl TABS 50mg	$0(1)	
nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
nicotine mini lozenge LOZG 2mg, 4mg	$0(3)	NM; *
nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *
nicotine polacrilex mini LOZG 2mg	$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	$0(3)	NM; *
nicotine transdermal syst PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
NICOTROL INHALER INHA 10mg	$0(2)	

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NICOTROL NS SOLN 10mg/ml	$0(2)	
sm nicotine GUM 4mg; LOZG 2mg	$0(3)	NM; *
sm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg	$0(3)	NM; *
sm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	$0(3)	NM; *
varenicline tartrate TABS .5mg, 1mg	$0(1)	QL (56 tabs / 28 days), PA
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	$0(1)	PA
VIVITROL SUSR 380mg	$0(2)	NDS, NM
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
depo-testosterone SOLN 100mg/ml, 200mg/ml	$0(1)	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	$0(1)	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	$0(1)	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	$0(1)	PA
testosterone enanthate SOLN 200mg/ml	$0(1)	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	$0(2)	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	$0(2)	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	$0(2)	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	$0(1)	QL (90 tabs / 30 days)
glimepiride TABS 4mg	$0(1)	QL (60 tabs / 30 days)
glipizide TABS 5mg	$0(1)	QL (240 tabs / 30 days)
glipizide TABS 10mg	$0(1)	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)
glipizide TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	$0(1)	QL (90 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glipizide xl TB24 10mg	$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	$0(1)	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	$0(1)	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	$0(2)	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	$0(1)	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	$0(1)	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	$0(1)	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide TABS 60mg, 120mg	$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	$0(2)	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	$0(2)	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	$0(1)	QL (30 tabs / 30 days)

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repaglinide TABS 2mg	$0(1)	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	$0(2)	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	$0(2)	QL (4 pens / 28 days), PA
VICTOZA SOPN 18mg/3ml	$0(2)	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	$0(2)	
BD ALCOHOL SWABS	$0(2)	
FIASP FLEX INJ TOUCH	$0(2)	
FIASP INJ 100/ML	$0(2)	
FIASP PENFIL INJ U-100	$0(2)	
FIASP PMPCRT INJ U-100	$0(2)	B/D

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAUZE PADS 2” X 2”	$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	$0(2)	NDS
INSULIN PEN NEEDLES: BD/NOVO	$0(2)	
INSULIN SAFETY NEEDLES	$0(2)	
INSULIN SYRINGES: BD	$0(2)	
LANTUS SOLN 100unit/ml	$0(2)	
LANTUS SOLOSTAR SOPN 100unit/ml	$0(2)	
LEVEMIR SOLN 100unit/ml	$0(2)	
LEVEMIR FLEXPEN SOPN 100unit/ml	$0(2)	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	$0(2)	
NOVOLIN INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	$0(2)	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	$0(2)	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	$0(2)	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	$0(2)	QL (15 pods / 30 days), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OMNIPOD GO KIT 35UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	$0(2)	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	$0(2)	QL (1 kit / year), PA
SOLIQUA INJ 100/33	$0(2)	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	$0(2)	
TOUJEO SOLOSTAR SOPN 300unit/ml	$0(2)	
TRESIBA SOLN 100unit/ml	$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	$0(2)	
V-GO 20 KIT	$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	$0(1)	
calcitonin (salmon) spray SOLN 200unit/act	$0(1)	B/D
FORTEO SOPN 600mcg/2.4ml	$0(2)	NDS, NM, PA
ibandronate sodium TABS 150mg	$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	$0(2)	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	$0(2)	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	$0(1)	B/D
PROLIA SOSY 60mg/ml	$0(2)	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg; TBEC 35mg	$0(1)	
TERIPARATIDE SOPN 620mcg/2.48ml	$0(2)	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	$0(2)	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	$0(1)	B/D, NM

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CHELATING AGENTS		
CHEMET CAPS 100mg	$0(2)	
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	$0(2)	NDS, NM, PA
deferasirox TABS 90mg	$0(2)	NM, PA
LOKELMA PACK 5gm, 10gm	$0(2)	
penicillamine TABS 250mg	$0(2)	NDS, NM
sodium polystyrene sulfonate powder	$0(1)	
sps SUSP 15gm/60ml	$0(1)	
trientine hcl CAPS 250mg	$0(2)	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	$0(2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
afirmelle	$0(1)	
altavera	$0(1)	
alyacen 1/35	$0(1)	
alyacen 7/7/7	$0(1)	
amethia	$0(1)	
apri	$0(1)	
aranelle	$0(1)	
ashlyna	$0(1)	
aubra eq	$0(1)	
aurovela 1/20	$0(1)	
aurovela 24 fe	$0(1)	
aurovela fe 1.5/30	$0(1)	
aurovela fe 1/20	$0(1)	
aviane	$0(1)	
ayuna	$0(1)	
azurette	$0(1)	
balziva	$0(1)	
blisovi 24 fe	$0(1)	
blisovi fe 1.5/30	$0(1)	
briellyn	$0(1)	
camila TABS .35mg	$0(1)	

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camrese	$0(1)	
camrese lo	$0(1)	
chateal	$0(1)	
cryselle-28	$0(1)	
cyred eq	$0(1)	
dasetta 1/35	$0(1)	
dasetta 7/7/7	$0(1)	
daysee	$0(1)	
deblitane TABS .35mg	$0(1)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0(1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0(1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0(1)	
econtra ez TABS 1.5mg	$0(3)	NM; *
econtra one-step TABS 1.5mg	$0(3)	NM; *
elinest	$0(1)	
eluryng	$0(1)	
emoquette	$0(1)	
enilloring	$0(1)	
enpresse-28	$0(1)	
enskyce	$0(1)	
errin TABS .35mg	$0(1)	
estarylla	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	$0(1)	
falmina	$0(1)	
femynor	$0(1)	
finzala	$0(1)	
hailey 1.5/30	$0(1)	
hailey 24 fe	$0(1)	
haloette	$0(1)	
heather TABS .35mg	$0(1)	
iclevia	$0(1)	
incassia TABS .35mg	$0(1)	
introvale	$0(1)	
isibloom	$0(1)	
jasmiel	$0(1)	
jolessa	$0(1)	
juleber	$0(1)	
junel 1.5/30	$0(1)	
junel 1/20	$0(1)	
junel fe 1.5/30	$0(1)	
junel fe 1/20	$0(1)	
junel fe 24	$0(1)	
kaitlib fe	$0(1)	
kariva	$0(1)	
kelnor 1/35	$0(1)	
kelnor 1/50	$0(1)	
kurvelo	$0(1)	
larin 1.5/30	$0(1)	
larin 1/20	$0(1)	
larin 24 fe	$0(1)	
larin fe 1.5/30	$0(1)	
larin fe 1/20	$0(1)	
layolis fe	$0(1)	
leena	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lessina	$0(1)	
levonest	$0(1)	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	$0(1)	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	$0(1)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0(1)	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0(1)	
levonorgestrel (emergency oc) TABS 1.5mg	$0(3)	NM; *
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0(1)	
levora 0.15/30-28	$0(1)	
loestrin 1.5/30-21	$0(1)	
loestrin 1/20-21	$0(1)	
loestrin fe 1.5/30	$0(1)	
loestrin fe 1/20	$0(1)	
loryna	$0(1)	
low-ogestrel	$0(1)	
lutera	$0(1)	
lyleq TABS .35mg	$0(1)	
lyza TABS .35mg	$0(1)	
marlissa	$0(1)	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	$0(1)	
mibelas 24 fe	$0(1)	
microgestin 1.5/30	$0(1)	

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microgestin 1/20	$0(1)	
microgestin 24 fe	$0(1)	
microgestin fe 1.5/30	$0(1)	
microgestin fe 1/20	$0(1)	
mili	$0(1)	
mono-linyah	$0(1)	
my choice TABS 1.5mg	$0(3)	NM; *
my way TABS 1.5mg	$0(3)	NM; *
necon 0.5/35-28	$0(1)	
new day TABS 1.5mg	$0(3)	NM; *
nikki	$0(1)	
nora-be TABS .35mg	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0(1)	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0(1)	
norethindrone (contraceptive) TABS .35mg	$0(1)	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0(1)	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0(1)	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0(1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0(1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0(1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0(1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0(1)	

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norlyroc TABS .35mg	$0(1)	
nortrel 0.5/35 (28)	$0(1)	
nortrel 1/35 (21)	$0(1)	
nortrel 1/35 (28)	$0(1)	
nortrel 7/7/7	$0(1)	
nylia 1/35	$0(1)	
nylia 7/7/7	$0(1)	
nymyo	$0(1)	
ocella	$0(1)	
opcicon one-step TABS 1.5mg	$0(3)	NM; *
option 2 TABS 1.5mg	$0(3)	NM; *
philith	$0(1)	
pimtrea	$0(1)	
pirmella 1/35	$0(1)	
portia-28	$0(1)	
reclipsen	$0(1)	
rivelsa	$0(1)	
setlakin	$0(1)	
sharobel TABS .35mg	$0(1)	
simliya	$0(1)	
simpesse	$0(1)	
sprintec 28	$0(1)	
sronyx	$0(1)	
syeda	$0(1)	
tarina 24 fe	$0(1)	
tarina fe 1/20 eq	$0(1)	
tilia fe	$0(1)	
tri-estarylla	$0(1)	
tri-legest fe	$0(1)	
tri-linyah	$0(1)	
tri-lo-estarylla	$0(1)	
tri-lo-marzia	$0(1)	
tri-lo-mili	$0(1)	

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tri-lo-sprintec	$0(1)	
tri-mili	$0(1)	
tri-nymyo	$0(1)	
tri-sprintec	$0(1)	
tri-vylibra	$0(1)	
tri-vylibra lo	$0(1)	
trivora-28	$0(1)	
tydemy	$0(1)	
velivet	$0(1)	
vestura	$0(1)	
vienva	$0(1)	
viorele	$0(1)	
vyfemla	$0(1)	
vylibra	$0(1)	
wera	$0(1)	
wymzya fe	$0(1)	
xulane	$0(1)	
zafemy	$0(1)	
zovia 1/35	$0(1)	
zumandimine	$0(1)	
ENDOMETRIOSIS		
danazol CAPS 50mg, 100mg, 200mg	$0(1)	
SYNAREL SOLN 2mg/ml	$0(2)	NDS
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
amabelz	$0(2)	
DELESTROGEN OIL 10mg/ml	$0(2)	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	$0(2)	

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estradiol & norethindrone acetate tab 0.5-0.1 mg	$0(2)	
estradiol & norethindrone acetate tab 1-0.5 mg	$0(2)	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	$0(1)	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	$0(1)	
fyavolv tab 0.5mg-2.5mcg	$0(2)	
fyavolv tab 1mg-5mcg	$0(2)	
jinteli	$0(2)	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	$0(2)	
mimvey	$0(2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0(2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0(2)	
yuvafem TABS 10mcg	$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	$0(2)	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	$0(1)	
fludrocortisone acetate TABS .1mg	$0(1)	
hydrocortisone TABS 5mg, 10mg, 20mg	$0(1)	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	$0(1)	B/D
methylprednisolone TBPK 4mg	$0(1)	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	$0(1)	B/D

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methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg	$0(1)	B/D
prednisolone SOLN 15mg/5ml	$0(1)	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	$0(1)	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	$0(1)	B/D
prednisone TBPK 5mg, 10mg	$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
diazoxide SUSP 50mg/ml	$0(2)	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	$0(2)	
GVOKE KIT SOLN 1mg/0.2ml	$0(2)	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	$0(2)	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	$0(2)	NDS, NM, LA, PA
betaine powder for oral solution	$0(2)	NDS, NM, LA
cabergoline TABS .5mg	$0(1)	
carglumic acid TBSO 200mg	$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	$0(2)	NDS, NM, LA, PA
CEREZYME SOLR 400unit	$0(2)	NDS, NM, LA, PA
cinacalcet hcl TABS 30mg	$0(1)	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 60mg	$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	$0(2)	NM, LA, PA
desmopressin acetate SOLN 4mcg/ml	$0(2)	NDS
desmopressin acetate TABS .1mg, .2mg	$0(1)	
desmopressin acetate spray SOLN .01%	$0(1)	

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desmopressin acetate spray refrigerated SOLN .01%	$0(1)	
FABRAZYME SOLR 5mg, 35mg	$0(2)	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	$0(2)	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	$0(2)	NDS, NM, LA, PA
javygtor PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, LA, PA
KORLYM TABS 300mg	$0(2)	NDS, NM, LA, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	$0(1)	B/D
LUMIZYME SOLR 50mg	$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	$0(2)	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	$0(2)	NDS, NM, PA
miglustat CAPS 100mg	$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	$0(2)	NDS, NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	$0(2)	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	$0(1)	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	$0(2)	NDS, NM, PA
raloxifene hcl TABS 60mg	$0(1)	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	$0(2)	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	$0(2)	NDS, NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	$0(2)	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	$0(2)	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	$0(2)	NDS, NM, LA, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) CAPS 667mg	$0(1)	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	$0(1)	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	$0(2)	NDS, QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	$0(2)	NDS, QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	$0(1)	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	$0(2)	NDS, QL (180 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	$0(1)	
megestrol acetate SUSP 40mg/ml	$0(2)	
megestrol acetate (appetite) SUSP 625mg/5ml	$0(2)	PA
norethindrone acetate TABS 5mg	$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	

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levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	$0(1)	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	$0(1)	
methimazole TABS 5mg, 10mg	$0(1)	
propylthiouracil TABS 50mg	$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(2)	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	$0(1)	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	$0(1)	B/D
calcitriol (oral) SOLN 1mcg/ml	$0(1)	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	$0(1)	B/D
RAYALDEE CPCR 30mcg	$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone	$0(3)	NM; *
almacone double strength	$0(3)	NM; *
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	$0(3)	NM; *
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	$0(3)	NM; *
alumina/magnesia/simethic	$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	$0(3)	NM; *

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antacid CHEW 500mg	$0(3)	NM; *
antacid anti-gas maximum	$0(3)	NM; *
antacid calcium regular s CHEW 500mg	$0(3)	NM; *
antacid extra strength CHEW 750mg	$0(3)	NM; *
antacid maximum strength	$0(3)	NM; *
antacid plus anti-gas rel	$0(3)	NM; *
antacid regular strength	$0(3)	NM; *
antacid/antigas liquid	$0(3)	NM; *
cal-gest antacid CHEW 500mg	$0(3)	NM; *
calcium antacid CHEW 500mg	$0(3)	NM; *
calcium antacid extra str CHEW 750mg	$0(3)	NM; *
calcium carbonate (antacid) SUSP 1250mg/5ml	$0(3)	NM; *
gnp antacid & anti-gas/re	$0(3)	NM; *
gnp antacid and anti-gas/	$0(3)	NM; *
gnp antacid anti-gas/maxi	$0(3)	NM; *
gnp antacid extra strengt CHEW 750mg	$0(3)	NM; *
gnp antacid/regular stren	$0(3)	NM; *
heartburn relief extra st	$0(3)	NM; *
hm advanced antacid maxim	$0(3)	NM; *
hm antacid	$0(3)	NM; *
hm antacid anti-gas extra	$0(3)	NM; *
hm antacid extra strength CHEW 750mg	$0(3)	NM; *
hm antacid regular streng CHEW 500mg	$0(3)	NM; *
hm calcium antacid extra CHEW 750mg	$0(3)	NM; *
mag-al plus	$0(3)	NM; *
mag-al plus xs	$0(3)	NM; *
magnesium oxide TABS 400mg, 420mg	$0(3)	NM; *
mintox maximum strength	$0(3)	NM; *
mintox plus	$0(3)	NM; *
qc antacid CHEW 500mg	$0(3)	NM; *
qc antacid/anti-gas	$0(3)	NM; *
qc antacid/anti-gas maxim	$0(3)	NM; *

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sm antacid CHEW 500mg	$0(3)	NM; *
sm antacid advanced	$0(3)	NM; *
sm antacid advanced maxi	$0(3)	NM; *
sm antacid maximum streng	$0(3)	NM; *
sm antacid/antigas	$0(3)	NM; *
sm calcium antacid extra CHEW 750mg	$0(3)	NM; *
sodium bicarbonate (antacid) TABS 325mg, 650mg	$0(3)	NM; *
SODIUM POW BICARBON	$0(3)	NM; *
ANTI-DIARRHEAL		
anti-diarrheal CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	$0(3)	NM; *
bismatrol CHEW 262mg	$0(3)	NM; *
bismuth subsalicylate CHEW 262mg	$0(3)	NM; *
gnp anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	NM; *
gnp loperamide hydrochlor SOLN 1mg/7.5ml	$0(3)	NM; *
gnp pink bismuth CHEW 262mg; TABS 262mg	$0(3)	NM; *
gnp stomach relief SUSP 262mg/15ml	$0(3)	NM; *
gnp ultra stomach relief SUSP 525mg/15ml	$0(3)	NM; *
goodsense anti-diarrheal SOLN 1mg/7.5ml	$0(3)	NM; *
goodsense stomach relief CHEW 262mg	$0(3)	NM; *
hm anti-diarrheal CAPS 2mg; TABS 2mg	$0(3)	NM; *
hm stomach relief CHEW 262mg	$0(3)	NM; *
loperamide hcl SOLN 1mg/7.5ml, 2mg/15ml; TABS 2mg	$0(3)	NM; *
qc anti-diarrheal CAPS 2mg	$0(3)	NM; *
sm anti-diarrheal CAPS 2mg; SOLN 1mg/7.5ml; TABS 2mg	$0(3)	NM; *
sm stomach relief CHEW 262mg; TABS 262mg	$0(3)	NM; *

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm stomach relief liquid SUSP 525mg/30ml	$0(3)	NM; *
stomach relief CHEW 262mg; SUSP 525mg/30ml	$0(3)	NM; *
stomach relief extra stre SUSP 525mg/15ml	$0(3)	NM; *
stomach relief ultra SUSP 525mg/15ml	$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
anti-nausea	$0(3)	NM; *
aprepitant CAPS 40mg, 80mg, 125mg	$0(1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0(1)	B/D
compro SUPP 25mg	$0(1)	
driminate TABS 50mg	$0(3)	NM; *
dronabinol CAPS 2.5mg, 5mg, 10mg	$0(1)	B/D, QL (60 caps / 30 days)
gnp motion sickness relie TABS 25mg, 50mg	$0(3)	NM; *
gnp nausea relief	$0(3)	NM; *
goodsense nausea relief	$0(3)	NM; *
granisetron hcl SOLN 1mg/ml, 4mg/4ml	$0(1)	
granisetron hcl TABS 1mg	$0(1)	B/D
hm anti-nausea	$0(3)	NM; *
hm motion sickness TABS 50mg	$0(3)	NM; *
hm motion sickness relief TABS 25mg	$0(3)	NM; *
meclizine hcl CHEW 25mg; TABS 12.5mg	$0(3)	NM; *
meclizine hcl TABS 12.5mg, 25mg	$0(2)	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	$0(1)	
motion sickness relief TABS 50mg	$0(3)	NM; *
motion sickness relief/le TABS 25mg	$0(3)	NM; *
motion-time CHEW 25mg	$0(3)	NM; *
nausea relief	$0(3)	NM; *
ondansetron TBDP 4mg, 8mg	$0(1)	B/D

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ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	$0(1)	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	$0(1)	B/D
prochlorperazine SUPP 25mg	$0(1)	
prochlorperazine edisylate SOLN 10mg/2ml	$0(1)	
prochlorperazine maleate TABS 5mg, 10mg	$0(1)	
promethazine hcl SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	$0(2)	PA; PA if 70 years and older
qc motion sickness relief TABS 50mg	$0(3)	NM; *
qc travel ease CHEW 25mg	$0(3)	NM; *
scopolamine PT72 1mg/3days	$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
sm anti-nausea	$0(3)	NM; *
sm motion sickness TABS 25mg, 50mg	$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	$0(2)	
glycopyrrolate TABS 1mg, 2mg	$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer TABS 10mg	$0(3)	NM; *
acid reducer original str TABS 10mg	$0(3)	NM; *
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	$0(1)	
famotidine SUSR 40mg/5ml	$0(1)	QL (300 mL / 30 days)
famotidine TABS 10mg	$0(3)	NM; *
famotidine TABS 20mg	$0(1)	QL (120 tabs / 30 days)
famotidine TABS 40mg	$0(1)	QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0(1)	
famotidine original stren TABS 10mg	$0(3)	NM; *

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gnp acid reducer TABS 10mg	$0(3)	NM; *
heartburn relief TABS 10mg	$0(3)	NM; *
hm famotidine TABS 10mg	$0(3)	NM; *
nizatidine CAPS 150mg, 300mg	$0(1)	
qc acid controller TABS 10mg	$0(3)	NM; *
sm acid reducer TABS 10mg	$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	$0(1)	
budesonide CPEP 3mg	$0(1)	QL (90 caps / 30 days), PA
budesonide TB24 9mg	$0(2)	NDS, QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	$0(1)	
mesalamine CP24 .375gm	$0(1)	QL (120 caps / 30 days)
mesalamine CPDR 400mg	$0(1)	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	$0(1)	
mesalamine TBEC 1.2gm	$0(1)	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	$0(1)	
sulfasalazine TABS 500mg; TBEC 500mg	$0(1)	
LAXATIVES		
bisacodyl SUPP 10mg	$0(3)	NM; *
bisacodyl ec TBEC 5mg	$0(3)	NM; *
calcium polycarbophil TABS 625mg	$0(3)	NM; *
chocolated laxative regul CHEW 15mg	$0(3)	NM; *
clearlax POWD 17gm/scoop	$0(3)	NM; *
colace 2-in-1	$0(3)	NM; *
COLACE CLEAR CAPS 50mg	$0(3)	NM; *
constulose SOLN 10gm/15ml	$0(1)	
docu LIQD 50mg/5ml, 100mg/10ml	$0(3)	NM; *
docusate calcium CAPS 240mg	$0(3)	NM; *
docusate mini ENEM 283mg/5ml	$0(3)	NM; *
docusate sodium CAPS 100mg, 250mg; LIQD 50mg/5ml, 100mg/10ml	$0(3)	NM; *

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DOCUSOL KIDS ENEM 100mg/5ml	$0(3)	NM; *
docusol mini ENEM 283mg/5ml	$0(3)	NM; *
docusol plus mini-enema	$0(3)	NM; *
dok CAPS 100mg; TABS 100mg	$0(3)	NM; *
enema ready-to-use	$0(3)	NM; *
enemeez mini ENEM 283mg/5ml	$0(3)	NM; *
enemeez plus	$0(3)	NM; *
enulose SOLN 10gm/15ml	$0(1)	
fiber laxative TABS 625mg	$0(3)	NM; *
fiber-lax TABS 625mg	$0(3)	NM; *
FLEET ENE PED	$0(3)	NM; *
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	$0(3)	NM; *
gavilax POWD 17gm/scoop	$0(3)	NM; *
gavilyte-c	$0(1)	
gavilyte-g	$0(1)	
generlac SOLN 10gm/15ml	$0(1)	
gentle laxative SUPP 10mg; TBEC 5mg	$0(3)	NM; *
glycerin (laxative) SUPP 2gm	$0(3)	NM; *
glycerin childrens SUPP 1gm	$0(3)	NM; *
gnp clearlax PACK 17gm; POWD 17gm/scoop	$0(3)	NM; *
gnp fiber therapy TABS 500mg	$0(3)	NM; *
gnp gentle laxative SUPP 10mg; TBEC 5mg	$0(3)	NM; *
gnp laxative TBEC 5mg	$0(3)	NM; *
gnp milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
gnp senna lax TABS 8.6mg	$0(3)	NM; *
gnp senna plus	$0(3)	NM; *
gnp stool softener CAPS 100mg, 240mg	$0(3)	NM; *
gnp stool softener/stimul	$0(3)	NM; *
gnp womens gentle laxativ TBEC 5mg	$0(3)	NM; *
GOLYTELY SOL	$0(2)	

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goodsense clearlax POWD 17gm/scoop	$0(3)	NM; *
healthylax PACK 17gm	$0(3)	NM; *
hm clearlax POWD 17gm/scoop	$0(3)	NM; *
hm enema saline laxative	$0(3)	NM; *
hm fiber TABS 500mg	$0(3)	NM; *
hm laxative TBEC 5mg	$0(3)	NM; *
hm milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
hm senna TABS 8.6mg	$0(3)	NM; *
hm stool softener CAPS 100mg, 250mg	$0(3)	NM; *
hm stool softener/stimula	$0(3)	NM; *
KONSYL DAILY FIBER POWD 100%	$0(3)	NM; *
KONSYL ORIGINAL DAILY FIB PACK 100%	$0(3)	NM; *
lactulose SOLN 10gm/15ml	$0(1)	
lactulose (encephalopathy) SOLN 10gm/15ml	$0(1)	
laxative maximum strength TABS 25mg	$0(3)	NM; *
laxative regular strength TABS 15mg	$0(3)	NM; *
milk of magnesia SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	$0(3)	NM; *
milk of magnesia concentr SUSP 2400mg/10ml	$0(3)	NM; *
natural psyllium seed ind POWD 100%	$0(3)	NM; *
PEDIA-LAX LIQD 50mg/15ml; SUPP 2.8gm	$0(3)	NM; *
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0(1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0(1)	
PLENVU SOL	$0(2)	
polyethylene glycol 3350 PACK 17gm; POWD 17gm/scoop	$0(3)	NM; *
qc enema	$0(3)	NM; *

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qc gentle laxative SUPP 10mg	$0(3)	NM; *
qc milk of magnesia SUSP 400mg/5ml	$0(3)	NM; *
qc natura-lax POWD 17gm/scoop	$0(3)	NM; *
qc stool softener CAPS 100mg	$0(3)	NM; *
qc stool softener plus la	$0(3)	NM; *
qc stool softener plus st	$0(3)	NM; *
senexon-s	$0(3)	NM; *
senna plus	$0(3)	NM; *
SENNA PLUS CAP 8.6-50MG	$0(3)	NM; *
senna regular strength TABS 8.6mg	$0(3)	NM; *
senna-lax TABS 8.6mg	$0(3)	NM; *
senna-time TABS 8.6mg	$0(3)	NM; *
senna-time s	$0(3)	NM; *
sennosides CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg	$0(3)	NM; *
sennosides-docusate sodium tab 8.6-50 mg	$0(3)	NM; *
senokot extra strength TABS 17.2mg	$0(3)	NM; *
silace LIQD 150mg/15ml; SYRP 60mg/15ml	$0(3)	NM; *
sm clearlax POWD 17gm/scoop	$0(3)	NM; *
sm enema	$0(3)	NM; *
sm fiber TABS 625mg	$0(3)	NM; *
sm fiber laxative TABS 500mg	$0(3)	NM; *
sm gentle laxative TBEC 5mg	$0(3)	NM; *
sm milk of magnesia SUSP 1200mg/15ml	$0(3)	NM; *
sm senna laxative TABS 8.6mg	$0(3)	NM; *
sm senna-s	$0(3)	NM; *
sm stool softener CAPS 100mg; TABS 100mg	$0(3)	NM; *
sm stool softener/stimula	$0(3)	NM; *
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	$0(1)	

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sodium phosphates - enema**	$0(3)	NM; *
soluble fiber	$0(3)	NM; *
SORBITOL SOLN 70%	$0(3)	NM; *
stimulant laxative	$0(3)	NM; *
STL SOFT/LAX CAP 8.6-50MG	$0(3)	NM; *
stool softener CAPS 100mg	$0(3)	NM; *
stool softener + stimulan	$0(3)	NM; *
stool softener laxative CAPS 100mg	$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	$0(2)	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	$0(2)	NDS, QL (60 tabs / 30 days), PA
cromolyn sodium (mastocytosis) CONC 100mg/5ml	$0(1)	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0(2)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0(2)	
GATTEX KIT 5mg	$0(2)	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	$0(2)	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	$0(1)	
misoprostol TABS 100mcg, 200mcg	$0(1)	
MOVANTIK TABS 12.5mg, 25mg	$0(2)	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	$0(2)	NDS, PA
sucralfate TABS 1gm	$0(1)	
ursodiol CAPS 300mg; TABS 250mg, 500mg	$0(1)	
XERMELO TABS 250mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	$0(2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	$0(2)	
CREON CAP 6000UNIT	$0(2)	
CREON CAP 12000UNT	$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CREON CAP 24000UNT	$0(2)	
CREON CAP 36000UNT	$0(2)	
ZENPEP CAP 3000UNIT	$0(2)	
ZENPEP CAP 5000UNIT	$0(2)	
ZENPEP CAP 10000UNT	$0(2)	
ZENPEP CAP 15000UNT	$0(2)	
ZENPEP CAP 20000UNT	$0(2)	
ZENPEP CAP 25000UNT	$0(2)	
ZENPEP CAP 40000UNT	$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
esomeprazole magnesium CPDR 20mg, 40mg	$0(1)	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	$0(1)	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	$0(1)	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	$0(1)	
rabeprazole sodium TBEC 20mg	$0(1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl TB24 10mg	$0(1)	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	$0(1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0(1)	QL (30 caps / 30 days)
finasteride TABS 5mg	$0(1)	
tamsulosin hcl CAPS .4mg	$0(1)	
MISCELLANEOUS		
acetic acid SOLN .25%	$0(1)	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	$0(1)	
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
fesoterodine fumarate TB24 4mg, 8mg	$0(1)	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	$0(2)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MYRBETRIQ SRER 8mg/ml	$0(2)	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	$0(2)	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml; TABS 5mg	$0(1)	
oxybutynin chloride TB24 5mg	$0(1)	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	$0(1)	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	$0(1)	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	$0(1)	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	$0(1)	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	$0(1)	
clotrimazole vaginal CREA 1%	$0(3)	NM; *
3 day vaginal CREA 2%	$0(3)	NM; *
gnp clotrimazole 3 CREA 2%	$0(3)	NM; *
gnp miconazole 1 combinat	$0(3)	NM; *
gnp miconazole 3	$0(3)	NM; *
gnp miconazole 7 CREA 2%	$0(3)	NM; *
goodsense miconazole 1	$0(3)	NM; *
metronidazole vaginal GEL .75%	$0(1)	
miconazole 3 combination	$0(3)	NM; *
miconazole 3 combo pack	$0(3)	NM; *
miconazole 7 CREA 2%; SUPP 100mg	$0(3)	NM; *
miconazole nitrate vaginal CREA 2%	$0(3)	NM; *
qc miconazole 7 CREA 2%	$0(3)	NM; *
sm 3-day vaginal CREA 2%	$0(3)	NM; *
sm clotrimazole vaginal CREA 1%	$0(3)	NM; *
sm miconazole 3	$0(3)	NM; *
sm miconazole 7 CREA 2%; SUPP 100mg	$0(3)	NM; *
sm tioconazole-1 OINT 6.5%	$0(3)	NM; *
terconazole vaginal CREA .4%, .8%; SUPP 80mg	$0(1)	
tioconazole 1 OINT 6.5%	$0(3)	NM; *

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HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	$0(2)	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	$0(1)	
fondaparinux sodium SOLN 2.5mg/0.5ml	$0(1)	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	$0(2)	NDS
HEP SOD/D5W INJ 20000UNT	$0(1)	
HEP SOD/D5W INJ 25000UNT	$0(1)	
HEP SOD/NACL INJ 12500UNT	$0(2)	
HEP SOD/NACL INJ 25000UNT	$0(2)	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	$0(1)	B/D
HEPARIN/NACL INJ 25000UNT	$0(2)	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	$0(1)	
XARELTO SUSR 1mg/ml	$0(2)	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	$0(2)	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	$0(2)	NDS, NM, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	$0(2)	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	$0(2)	NDS, NM, PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	$0(1)	
BERINERT KIT 500unit	$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
cilostazol TABS 50mg, 100mg	$0(1)	
DOPTELET TABS 20mg	$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	$0(2)	
ENDARI PACK 5gm	$0(2)	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
icatibant acetate SOSY 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
pentoxifylline TBCR 400mg	$0(1)	
PROMACTA PACK 12.5mg	$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
sajazir SOSY 30mg/3ml	$0(2)	NDS, QL (9 syringes / 30 days), NM, LA, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	$0(1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0(1)	
BRILINTA TABS 60mg, 90mg	$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clopidogrel bisulfate TABS 75mg	$0(1)	
dipyridamole TABS 25mg, 50mg, 75mg	$0(2)	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	$0(2)	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	$0(2)	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	$0(2)	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	$0(2)	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	$0(2)	NDS, NM, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	$0(2)	NDS, NM, PA
INFLIXIMAB SOLR 100mg	$0(2)	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	$0(2)	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	$0(2)	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	$0(2)	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	$0(2)	NDS, QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	$0(2)	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	$0(2)	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	$0(2)	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	$0(2)	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	$0(2)	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	$0(2)	NDS, QL (480 mL / 24 days), NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XELJANZ TABS 5mg, 10mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate TABS 200mg	$0(1)	
leflunomide TABS 10mg, 20mg	$0(1)	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	$0(1)	
XATMEP SOLN 2.5mg/ml	$0(2)	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	$0(2)	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	$0(2)	NDS, NM, PA
GAMASTAN INJ	$0(2)	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	$0(2)	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	$0(2)	NDS, NM, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	$0(2)	NDS, NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	$0(2)	NDS, B/D, NM, LA
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	$0(2)	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	$0(2)	NDS, NM, LA, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	$0(1)	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	$0(2)	NDS, B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	$0(1)	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	$0(1)	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	$0(2)	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	$0(1)	B/D, NM
NULOJIX SOLR 250mg	$0(2)	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	$0(2)	B/D, NM
REZUROCK TABS 200mg	$0(2)	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	$0(2)	B/D, NM
sirolimus SOLN 1mg/ml	$0(2)	NDS, B/D, NM

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sirolimus TABS .5mg, 1mg, 2mg	$0(1)	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	$0(1)	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	$0(2)	
ACTHIB INJ	$0(2)	
ADACEL INJ	$0(2)	
AREXVY SUSR 120mcg/0.5ml	$0(2)	
BCG VACCINE SOLR 50mg	$0(2)	
BEXSERO INJ	$0(2)	
BOOSTRIX INJ	$0(2)	
DAPTACEL INJ	$0(2)	
DENGVAXIA SUS	$0(2)	
DIP/TET PED INJ 25-5LFU	$0(2)	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	$0(2)	B/D
GARDASIL 9 INJ	$0(2)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	$0(2)	
HEPLISAV-B SOSY 20mcg/0.5ml	$0(2)	B/D
HIBERIX SOLR 10mcg	$0(2)	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	$0(2)	B/D
INFANRIX INJ	$0(2)	
IPOL INJ INACTIVE	$0(2)	
IXIARO INJ	$0(2)	
KINRIX INJ	$0(2)	
M-M-R II INJ	$0(2)	
MENACTRA INJ	$0(2)	
MENQUADFI INJ	$0(2)	
MENVEO INJ	$0(2)	
MENVEO SOL	$0(2)	
PEDIARIX INJ 0.5ML	$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	$0(2)	
PENTACEL INJ	$0(2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREHEVBRIO SUSP 10mcg/ml	$0(2)	B/D
PRIORIX INJ	$0(2)	
PROQUAD INJ	$0(2)	
QUADRACEL INJ	$0(2)	
QUADRACEL INJ 0.5ML	$0(2)	
RABAVERT INJ	$0(2)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	$0(2)	B/D
ROTARIX SUS	$0(2)	
ROTATEQ SOL	$0(2)	
SHINGRIX SUSR 50mcg/0.5ml	$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	$0(2)	B/D
TENIVAC INJ 5-2LF	$0(2)	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	$0(2)	
TRUMENBA INJ	$0(2)	
TWINRIX INJ	$0(2)	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	$0(2)	
VARIVAX INJ 1350pfu/0.5ml	$0(2)	
YF-VAX INJ	$0(2)	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	$0(2)	
D5W/LYTES INJ #48	$0(2)	
D10W/NACL INJ 0.2%	$0(2)	
dextrose 2.5% w/ sodium chloride 0.45%	$0(1)	
dextrose 5% in lactated ringers	$0(1)	
dextrose 5% w/ sodium chloride 0.2%	$0(1)	
dextrose 5% w/ sodium chloride 0.3%	$0(1)	
dextrose 5% w/ sodium chloride 0.9%	$0(1)	
dextrose 5% w/ sodium chloride 0.45%	$0(1)	

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dextrose 5% w/ sodium chloride 0.225%	$0(1)	
dextrose 10% w/ sodium chloride 0.45%	$0(1)	
ISOLYTE-P INJ /D5W	$0(2)	
ISOLYTE-S INJ	$0(2)	
ISOLYTE-S INJ PH 7.4	$0(2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj`	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% injÿÿÿÿ/:	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0(1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0(1)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	$0(1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	$0(1)	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	$0(2)	
lactated ringer's solution	$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	$0(2)	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0(2)	
MG SO4/D5W INJ 10MG/ML	$0(2)	
multiple electrolytes ph 5.5	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
multiple electrolytes ph 7.4	$0(1)	
PLASMA-LYTE INJ -148	$0(2)	
PLASMA-LYTE INJ -A	$0(2)	
POT CHL 20MEQ/L IN NACL 0.9% INJ	$0(1)	
POT CHL 20MEQ/L IN NACL 0.45% INJ	$0(2)	
POT CHL 40MEQ/L IN NACL 0.9% INJ	$0(2)	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	$0(2)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0(1)	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	$0(1)	
TPN ELECTROL INJ	$0(2)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	$0(1)	
klor-con 8 TBCR 8meq	$0(1)	
klor-con 10 TBCR 10meq	$0(1)	
klor-con m10 TBCR 10meq	$0(1)	
klor-con m15 TBCR 15meq	$0(1)	
klor-con m20 TBCR 20meq	$0(1)	
M-NATAL PLUS TAB	$0(2)	
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	$0(1)	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	$0(1)	
PRENATAL TAB 27-1MG	$0(2)	
PRENATAL TAB PLUS	$0(2)	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	$0(2)	B/D
CLINIMIX INJ 4.25/D10	$0(2)	B/D
CLINIMIX INJ 5%/D15W	$0(2)	B/D
CLINIMIX INJ 5%/D20W	$0(2)	B/D
CLINIMIX INJ 6/5	$0(2)	B/D
CLINIMIX INJ 8/10	$0(2)	B/D
CLINIMIX INJ 8/14	$0(2)	B/D
clinisol sf 15%	$0(1)	B/D
CLINOLIPID EMU 20%	$0(2)	B/D
dextrose SOLN 5%, 10%	$0(1)	
dextrose SOLN 50%, 70%	$0(1)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	$0(2)	B/D
plenamine	$0(1)	B/D
PREMASOL SOL 10%	$0(2)	NDS, B/D
PROSOL INJ 20%	$0(2)	B/D
TRAVASOL INJ 10%	$0(2)	B/D
TROPHAMINE INJ 10%	$0(2)	B/D
VITAMINS		
ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	$0(3)	NM; *
phytonadione SOLN 10mg/ml; TABS 5mg	$0(3)	NM; *
pyridoxine hcl SOLN 100mg/ml	$0(3)	NM; *
reno caps	$0(3)	NM; *
thiamine hcl SOLN 100mg/ml	$0(3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0(1)	
neo-polycin hc ophth oint 1%	$0(1)	

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neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0(1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0(1)	
neomycin-polymyxin-hc ophth susp	$0(1)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0(1)	
TOBRADEX OIN 0.3-0.1%	$0(2)	
TOBRADEX ST SUS 0.3-0.05	$0(2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0(1)	
ZYLET SUS 0.5-0.3%	$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin (ophthalmic) OINT 500unit/gm	$0(1)	
bacitracin-polymyxin b ophth oint	$0(1)	
BESIVANCE SUSP .6%	$0(2)	
CILOXAN OINT .3%	$0(2)	
ciprofloxacin hcl (ophth) SOLN .3%	$0(1)	
erythromycin (ophth) OINT 5mg/gm	$0(1)	
gatifloxacin (ophth) SOLN .5%	$0(1)	
gentak OINT .3%	$0(1)	
gentamicin sulfate (ophth) SOLN .3%	$0(1)	
moxifloxacin hcl (ophth) SOLN .5%	$0(1)	
NATACYN SUSP 5%	$0(2)	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	$0(1)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0(1)	
ofloxacin (ophth) SOLN .3%	$0(1)	
polycin ophth oint	$0(1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	$0(1)	
tobramycin (ophth) SOLN .3%	$0(1)	
trifluridine SOLN 1%	$0(1)	
ZIRGAN GEL .15%	$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	$0(2)	
BROMSITE SOLN .075%	$0(2)	
dexamethasone sodium phosphate (ophth) SOLN .1%	$0(1)	
diclofenac sodium (ophth) SOLN .1%	$0(1)	
difluprednate EMUL .05%	$0(1)	
EYSUVIS SUSP .25%	$0(2)	
FLAREX SUSP .1%	$0(2)	
fluorometholone (ophth) SUSP .1%	$0(1)	
flurbiprofen sodium SOLN .03%	$0(1)	
ILEVRO SUSP .3%	$0(2)	
ketorolac tromethamine (ophth) SOLN .4%, .5%	$0(1)	
LOTEMAX OINT .5%	$0(2)	
prednisolone acetate (ophth) SUSP 1%	$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	$0(2)	
PROLENSA SOLN .07%	$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl (ophth) SOLN .05%	$0(1)	
cromolyn sodium (ophth) SOLN 4%	$0(1)	
olopatadine hcl SOLN .1%	$0(1)	
ZERVIATE SOLN .24%	$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1%	$0(2)	
betaxolol hcl (ophth) SOLN .5%	$0(1)	
BETOPTIC-S SUSP .25%	$0(2)	
brimonidine tartrate SOLN .1%, .15%, .2%	$0(1)	

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brinzolamide SUSP 1%	$0(1)	
carteolol hcl (ophth) SOLN 1%	$0(1)	
COMBIGAN SOL 0.2/0.5%	$0(2)	
dorzolamide hcl SOLN 2%	$0(1)	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	$0(1)	
latanoprost SOLN .005%	$0(1)	
levobunolol hcl SOLN .5%	$0(1)	
LUMIGAN SOLN .01%	$0(2)	
pilocarpine hcl SOLN 1%, 2%, 4%	$0(1)	
RHOPRESSA SOLN .02%	$0(2)	
ROCKLATAN DRO	$0(2)	
SIMBRINZA SUS 1-0.2%	$0(2)	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	$0(1)	
VYZULTA SOLN .024%	$0(2)	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	$0(2)	
atropine sulfate (ophthalmic) SOLN 1%	$0(1)	
CYSTADROPS SOLN .37%	$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	$0(2)	NDS, NM, LA, PA
proparacaine hcl SOLN .5%	$0(1)	
RESTASIS EMUL .05%	$0(2)	
RESTASIS MULTIDOSE EMUL .05%	$0(2)	
TYRVAYA SOLN .03mg/act	$0(2)	
XIIDRA SOLN 5%	$0(2)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	$0(1)	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	$0(1)	
flac OIL .01%	$0(1)	
fluocinolone acetonide (otic) OIL .01%	$0(1)	

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neomycin-polymyxin-hc otic soln 1%	$0(1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0(1)	
ofloxacin (otic) SOLN .3%	$0(1)	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	$0(2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	$0(2)	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	$0(1)	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
all day allergy TABS 10mg	$0(3)	NM; *
all day allergy childrens SOLN 5mg/5ml	$0(3)	NM; *
allergy childrens LIQD 12.5mg/5ml; SOLN 5mg/5ml	$0(3)	NM; *
allergy relief CAPS 10mg, 25mg; TABS 10mg, 25mg	$0(3)	NM; *
allergy relief childrens LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
allergy relief/indoor/out TABS 10mg	$0(3)	NM; *
azelastine hcl SOLN .1%, .15%	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
banophen CAPS 25mg, 50mg; TABS 25mg	$0(3)	NM; *
cetirizine hcl CHEW 5mg, 10mg; TABS 5mg, 10mg	$0(3)	NM; *
cetirizine hcl SOLN 1mg/ml	$0(1)	
cetirizine hcl allergy ch SOLN 5mg/5ml	$0(3)	NM; *
cetirizine hcl childrens SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
cetirizine hydrochloride SOLN 5mg/5ml	$0(3)	NM; *
childrens loratadine SOLN 5mg/5ml	$0(3)	NM; *
complete allergy medicine CAPS 25mg	$0(3)	NM; *
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	$0(2)	PA; PA if 70 years and older
diphenhist CAPS 25mg	$0(3)	NM; *
diphenhydramine hcl CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	$0(3)	NM; *
diphenhydramine hcl SOLN 50mg/ml	$0(1)	
gnp all day allergy TABS 10mg	$0(3)	NM; *
gnp all day allergy child SOLN 1mg/ml, 5mg/5ml	$0(3)	NM; *
gnp all day allergy relie CAPS 10mg	$0(3)	NM; *
gnp allergy TABS 25mg	$0(3)	NM; *
gnp allergy childrens LIQD 12.5mg/5ml	$0(3)	NM; *
gnp allergy relief CAPS 25mg; CHEW 12.5mg	$0(3)	NM; *
gnp allergy relief maximu LIQD 12.5mg/5ml	$0(3)	NM; *
gnp childrens allergy LIQD 12.5mg/5ml	$0(3)	NM; *
gnp loratadine SOLN 5mg/5ml; TABS 10mg; TBDP 10mg	$0(3)	NM; *
gnp loratadine childrens SOLN 5mg/5ml	$0(3)	NM; *
goodsense all day allergy SOLN 5mg/5ml; TABS 10mg	$0(3)	NM; *

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goodsense allergy relief TABS 10mg	$0(3)	NM; *
hm all day allergy TABS 10mg	$0(3)	NM; *
hm all day allergy childr SOLN 5mg/5ml	$0(3)	NM; *
hm allergy relief CAPS 25mg; TABS 10mg, 25mg	$0(3)	NM; *
hm allergy relief childre LIQD 12.5mg/5ml	$0(3)	NM; *
hm cetirizine hydrochlori TABS 10mg	$0(3)	NM; *
hm loratadine TABS 10mg	$0(3)	NM; *
hm loratadine childrens SOLN 5mg/5ml	$0(3)	NM; *
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate CAPS 25mg, 50mg	$0(2)	PA; PA if 70 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	$0(1)	
loratadine CAPS 10mg; SOLN 5mg/5ml; TABS 10mg	$0(3)	NM; *
loratadine childrens CHEW 5mg; SOLN 5mg/5ml	$0(3)	NM; *
m-dryl LIQD 12.5mg/5ml	$0(3)	NM; *
qc allergy childrens LIQD 12.5mg/5ml	$0(3)	NM; *
qc allergy relief TABS 10mg, 25mg	$0(3)	NM; *
qc childrens allergy SOLN 5mg/5ml	$0(3)	NM; *
siladryl allergy LIQD 12.5mg/5ml	$0(3)	NM; *
sm all day allergy TABS 10mg	$0(3)	NM; *
sm all day allergy childr SOLN 5mg/5ml	$0(3)	NM; *
sm allergy childrens SOLN 5mg/5ml	$0(3)	NM; *
sm allergy relief LIQD 12.5mg/5ml; TABS 25mg	$0(3)	NM; *
sm loratadine SOLN 5mg/5ml; TABS 10mg	$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)

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albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	$0(1)	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	$0(1)	
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	$0(1)	B/D
levalbuterol tartrate AERO 45mcg/act	$0(1)	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	$0(2)	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	$0(1)	
VENTOLIN HFA AERS 108mcg/act	$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
chest congestion relief LIQD 100mg/5ml	$0(3)	NM; *
chest congestion relief d	$0(3)	NM; *
cough & chest congestion	$0(3)	NM; *
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	$0(3)	NM; *
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	$0(3)	NM; *
diabetic siltussin-dm max	$0(3)	NM; *
gnp mucus dm maximum stre	$0(3)	NM; *
gnp mucus er TB12 600mg, 1200mg	$0(3)	NM; *
gnp mucus relief er maxim TB12 1200mg	$0(3)	NM; *
gnp nasal decongestant TABS 30mg	$0(3)	NM; *
gnp nasal decongestant/ma TABS 30mg	$0(3)	NM; *
gnp tussin dm	$0(3)	NM; *
gnp tussin dm cough	$0(3)	NM; *
gnp tussin mucus & chest LIQD 100mg/5ml	$0(3)	NM; *

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goodsense mucus dm	$0(3)	NM; *
goodsense mucus er maximu TB12 1200mg	$0(3)	NM; *
guaifenesin LIQD 100mg/5ml	$0(3)	NM; *
hm mucus relief TB12 600mg	$0(3)	NM; *
hm mucus relief dm	$0(3)	NM; *
hm mucus relief maximum s TB12 1200mg	$0(3)	NM; *
hm nasal decongestant TABS 30mg	$0(3)	NM; *
hm tussin adult LIQD 100mg/5ml	$0(3)	NM; *
hm tussin adult cough & c	$0(3)	NM; *
mucinex fast-max chest co LIQD 400mg/20ml	$0(3)	NM; *
mucus relief TB12 600mg	$0(3)	NM; *
mucus relief dm	$0(3)	NM; *
mucus relief dm maximum s	$0(3)	NM; *
mucus relief er TB12 600mg	$0(3)	NM; *
mucus relief maximum stre TB12 1200mg	$0(3)	NM; *
mucus-dm maximum strength	$0(3)	NM; *
nasal decongestant TABS 30mg	$0(3)	NM; *
promethazine w/ codeine syrup 6.25-10 mg/5ml	$0(3)	NM; *
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	$0(3)	NM; *
pseudoephedrine hcl TABS 30mg	$0(3)	NM; *
qc mucus relief TB12 600mg	$0(3)	NM; *
qc mucus relief childrens LIQD 100mg/5ml	$0(3)	NM; *
qc mucus relief er 12 hou TB12 1200mg	$0(3)	NM; *
qc mucus relief maximum s TB12 1200mg	$0(3)	NM; *
qc tussin dm cough & ches	$0(3)	NM; *
qc tussin mucus + chest c LIQD 100mg/5ml	$0(3)	NM; *
robafen dm cough	$0(3)	NM; *

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robafen dm cough/chest co	$0(3)	NM; *
robafen mucus/chest conge LIQD 200mg/10ml	$0(3)	NM; *
siltussin dm das	$0(3)	NM; *
siltussin sa LIQD 100mg/5ml	$0(3)	NM; *
siltussin-dm	$0(3)	NM; *
sinus congestion maximum TABS 30mg	$0(3)	NM; *
sm mucus relief TB12 600mg	$0(3)	NM; *
sm mucus relief maximum s TB12 1200mg	$0(3)	NM; *
sm mucus relief/12 hour TB12 600mg	$0(3)	NM; *
sm nasal decongestant max TABS 30mg	$0(3)	NM; *
sm tussin dm	$0(3)	NM; *
sm tussin dm cough/chest	$0(3)	NM; *
sm tussin mucus + chest c LIQD 100mg/5ml	$0(3)	NM; *
sudogest TABS 30mg	$0(3)	NM; *
sudogest maximum strength TABS 30mg	$0(3)	NM; *
tusnel diabetic	$0(3)	NM; *
tussin dm	$0(3)	NM; *
tussin dm cough + chest c	$0(3)	NM; *
tussin mucus & chest cong LIQD 100mg/5ml	$0(3)	NM; *
tussin mucus + chest cong LIQD 100mg/5ml	$0(3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	$0(1)	
zafirlukast TABS 10mg, 20mg	$0(1)	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	$0(1)	B/D
ARALAST NP SOLR 500mg, 1000mg	$0(2)	NDS, NM, LA, PA
cromolyn sodium NEBU 20mg/2ml	$0(1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	$0(1)	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	$0(1)	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	$0(2)	NDS, NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
pirfenidone CAPS 267mg	$0(2)	NDS, QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	$0(2)	NDS, NM, PA
roflumilast TABS 250mcg, 500mcg	$0(1)	
saline SOLN .65%	$0(3)	NM; *
SYMDEKO TAB 50-75MG	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMDEKO TAB 100-150	$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	$0(2)	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	$0(2)	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	$0(1)	
TRIKAFTA PAK 59.5MG	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	$0(2)	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide (nasal) SOLN .025%	$0(1)	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	$0(1)	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	$0(2)	QL (32 mL / 30 days), PA
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	$0(2)	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	$0(1)	B/D
FLOVENT DISKUS AEPB 50mcg/blist	$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	$0(2)	QL (2 inhalers / 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PULMICORT FLEXHALER AEPB 90mcg/act	$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	$0(2)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	$0(2)	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	$0(2)	QL (3 inhalers / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
amnesteem CAPS 10mg, 20mg, 40mg	$0(1)	PA
benzoyl peroxide-erythromycin gel 5-3%	$0(1)	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
clindamycin phosphate (topical) GEL 1%	$0(1)	QL (75 gm / 30 days)
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	$0(1)	QL (60 mL / 30 days)
ery PADS 2%	$0(1)	QL (60 pledgets / 30 days)
erythromycin (acne aid) SOLN 2%	$0(1)	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
sulfacetamide sodium (acne) LOTN 10%	$0(1)	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	$0(1)	QL (45 gm / 30 days), PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zenatane CAPS 10mg, 20mg, 30mg, 40mg	$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	$0(1)	QL (30 gm / 30 days)
mupirocin OINT 2%	$0(1)	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	$0(1)	
ssd CREA 1%	$0(1)	
SULFAMYLON CREA 85mg/gm	$0(2)	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox olamine CREA .77%	$0(1)	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	$0(1)	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	$0(1)	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	$0(1)	QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	$0(1)	QL (45 gm / 30 days)
ketoconazole (topical) CREA 2%	$0(1)	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	$0(1)	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	$0(1)	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	$0(1)	PA
calcipotriene OINT .005%	$0(1)	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	$0(1)	QL (120 mL / 30 days), PA
calcitrene OINT .005%	$0(1)	QL (120 gm / 30 days), PA
tazarotene CREA .1%	$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) SHAM 2%	$0(1)	QL (120 mL / 30 days)
selenium sulfide LOTN 2.5%	$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%, 2.5%	$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alclometasone dipropionate CREA .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	$0(1)	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	$0(1)	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	$0(1)	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	$0(1)	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	$0(2)	QL (120 gm / 30 days), PA
fluocinolone acetonide CREA .01%	$0(1)	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	$0(1)	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	$0(1)	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	$0(1)	QL (90 mL / 30 days)
fluocinonide CREA .05%	$0(1)	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	$0(1)	QL (60 gm / 30 days)
fluocinonide SOLN .05%	$0(1)	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	$0(1)	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	$0(1)	
halobetasol propionate CREA .05%; OINT .05%	$0(1)	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	$0(1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	$0(1)	
triamcinolone acetonide (topical) CREA .1%	$0(1)	QL (454 gm / 30 days)
triamcinolone acetonide (topical) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	$0(1)	QL (60 mL / 30 days), PA
lidocaine OINT 5%	$0(1)	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	$0(1)	QL (3 patches / 1 day), PA
lidocaine hcl SOLN 4%	$0(1)	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	$0(1)	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	$0(2)	NDS, QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) GEL 1%	$0(1)	QL (1000 gm / 30 days)
fluorouracil (topical) CREA 5%	$0(1)	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	$0(1)	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	$0(1)	
imiquimod CREA 5%	$0(1)	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	$0(1)	
metronidazole (topical) CREA .75%; GEL .75%	$0(1)	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	$0(1)	QL (59 mL / 30 days)
PANRETIN GEL .1%	$0(2)	NDS, QL (60 gm / 30 days), PA
podofilox SOLN .5%	$0(1)	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	$0(1)	
proctosol hc CREA 2.5%	$0(1)	
proctozone-hc CREA 2.5%	$0(1)	
RECTIV OINT .4%	$0(2)	QL (30 gm / 30 days)
tacrolimus (topical) OINT .03%, .1%	$0(1)	QL (100 gm / 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VALCHLOR GEL .016%	$0(2)	NDS, QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	$0(1)	QL (59 mL / 30 days)
permethrin CREA 5%	$0(1)	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	$0(2)	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	$0(1)	
water for irrigation, sterile irrigation soln	$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	$0(1)	
chlorhexidine gluconate (mouth-throat) SOLN .12%	$0(1)	
clotrimazole TROC 10mg	$0(1)	QL (150 lozenges / 30 days)
lidocaine hcl (mouth-throat) SOLN 2%	$0(1)	
nystatin (mouth-throat) SUSP 100000unit/ml	$0(1)	
periogard SOLN .12%	$0(1)	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	$0(1)	
triamcinolone acetonide (mouth) PSTE .1%	$0(1)	

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-866-600-2139 (TTY: 711) 24 hours a day, 7 days a week**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llámenos al **1-866-600-2139 (TTY: 711) durante las 24 horas, los 7 días de la semana**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 **1-866-600-2139 (TTY: 711)**，**服务时间为每周 7 天，每天 24 小时**。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: **您**對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 **1-866-600-2139 (TTY: 711)**，**服務時間為每天 24 小時，每週 7 天**。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-866-600-2139 (TTY: 711) 24 na oras sa isang araw, 7 araw sa isang linggo**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-866-600-2139 (TTY : 711). Ce service est disponible 24h/24, 7j/7**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào quý vị có thể có về chương sức khỏe và chương trình thuốc men. Để được thông dịch, chỉ cần gọi theo số i **1-866-600-2139** (**TTY: 711) 24 giờ/ngày, 7 ngày/tuần**. Người nói ngôn ngữ của quý vị có thể trợ giúp quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie **täglich rund um die Uhr unter 1-866-600-2139 (Schreibtelefon/TTY: 711).** Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-866-600-2139 (TTY: 711)번으로 주 7일 하루 24시간 언제든 문의해 주십시오**. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно плана медицинского обслуживания или обеспечения лекарственными препаратами, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру **1-866-600-2139 (TTY: 711) в любое время суток и в любой день недели**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم **1-866-600-2139 (TTY: 711) على مدار 24 ساعة في اليوم خلال 7 أيام في الأسبوع** . سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-866-600-2139 (TTY: 711) पर 24 घंटे एक दिन, सप्ताह में 7 दिन कॉल करें।** कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-866-600-2139 (TTY: 711), attivo 24 ore al giorno, sette giorni alla settimana.** Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-866-600-2139 (TTY: 711), 24 horas por dia, 7 dias por semana**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan sante ak plan medikaman nou yo. Pou jwenn yon entèprèt, jis rele nou nan **1-866-600-2139 (TTY: 711) 24 è sou 24, 7 jou sou 7**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-866-600-2139 (TTY: 711) dostępny 24 godziny na dobę, 7 dni w tygodniu**. Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするため に、無料の通訳サービスをご用意しています。通訳をご希望の方は、**1日24時間、週7日、1-866-600-2139 (TTY: 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサー ビスです。

For more recent information or other questions, contact us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or visit **AetnaBetterHealth.com/Illinois**

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