AmeriHealth Caritas VIP Care Plus

MDHHS Michigan Department of Health & Human Services | MI Health Link

2024

List of Covered Drugs (Formulary)

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This List of Covered Drugs was updated 03/01/2024. **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.

Important Message About What You Pay for Vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, please contact AmeriHealth Caritas VIP Care Plus Member Services at **1-888-667-0318 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m., or visit **www.amerihealthcaritasvipcareplus.com**.

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AmeriHealth Caritas VIP Care Plus (Medicare-Medicaid Plan) | 2024 *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 AmeriHealth Caritas VIP Care Plus. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by AmeriHealth Caritas VIP Care Plus. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in AmeriHealth Caritas VIP Care Plus.

- ❖ AmeriHealth Caritas VIP Care Plus is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ The formulary may change at any time. You will receive notice when necessary.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. The call is free.
- ❖ You can make a request to get this document, now and in the future, in a language other than English or in another format simply by calling Member Services at **1-888-667-0318 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. We'll also ask for your preference during our Welcome Call and later in the year, when you contact the plan. The plan will store your request and continue to send future documents in this requested language or format, unless you ask us to cancel or change the request. You can cancel or change your request at any time, simply by calling Member Services. The calls are 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 1 are the drugs covered by AmeriHealth Caritas VIP Care Plus. 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."

- AmeriHealth Caritas VIP Care Plus will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at an AmeriHealth Caritas VIP Care Plus network pharmacy.
- AmeriHealth Caritas VIP Care Plus may have additional steps to access certain drugs (refer to question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at **www.amerihealthcaritasvipcareplus.com**, ask your Care Coordinator for help, or call Member Services toll-free at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week.

B2. Does the Drug List ever change?

Yes, and AmeriHealth Caritas VIP Care Plus must follow Medicare and Michigan 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 approval (PA) for a drug. (PA is permission from AmeriHealth Caritas VIP Care Plus before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

If you 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 AmeriHealth Caritas VIP Care Plus’ up to date Drug List online at www.amerihealthcaritasvipcareplus.com.
- You can also call Member Services to check the current Drug List at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week.

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 see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know.
- If you are notified that your medication has been taken off the market and is removed from the Drug List, you should contact the provider who wrote the prescription.

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 the drug after you ask for a refill.

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

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

B4. Are there any restrictions or limits on drug coverage? Or are there 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 AmeriHealth Caritas VIP Care Plus before you fill your prescription. If you don't get approval, AmeriHealth Caritas VIP Care Plus may not cover the drug.
- **Quantity limits:** Sometimes AmeriHealth Caritas VIP Care Plus limits the amount of a drug you can get.
- **Step therapy:** Sometimes AmeriHealth Caritas VIP Care Plus requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 11-14. You can also get more information by visiting our website at www.amerihealthcaritasvipcareplus.com. 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 also ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see questions B10 – B12 for more information about exceptions.

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

The List of Covered Drugs on pages 1-134 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if AmeriHealth Caritas VIP Care Plus changes their rules about some drugs (for example, PA, 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 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**, go to the Index of Covered Drugs section. You can find it after the drug listing on page 128. The index provides an alphabetical list of all the covered drugs. The list includes brand, generic, and over-the-counter drugs. Find your drug name in the index, and next to the drug will be a page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page 11. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

If you don’t see your drug on the Drug List, call Member Services at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week, and ask about it. If you learn that AmeriHealth Caritas VIP Care Plus 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 see questions B10-B12 for more information about exceptions.

B9. What if I am a new AmeriHealth Caritas VIP Care Plus member and can’t find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 180 days you are a member of AmeriHealth Caritas VIP Care Plus. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

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

- you are taking a drug that is not on our Drug List, **or**

- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by AmeriHealth Caritas VIP Care Plus, **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 AmeriHealth Caritas VIP Care Plus member.
- This is in addition to the temporary supply during the first 180 days you are a member of AmeriHealth Caritas VIP Care Plus.

A level of care change occurs when a member changes from one treatment setting to another. Examples include entering a long-term care facility from an acute-care hospital or being discharged from hospital to home. Current members who experience a Level of Care Change are eligible to receive a transition supply of a non-formulary drug (a drug not on the Drug List) upon admission or discharge from an applicable setting.

If a member has more than one change in level of care in a month, the pharmacy will have to call Member Services to request an extension of the transition policy.

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

Yes. You can ask AmeriHealth Caritas VIP Care Plus 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, AmeriHealth Caritas VIP Care Plus 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. For more information on how to submit a request for an exception, call Member Services at the number at the bottom of the page.

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).

AmeriHealth Caritas VIP Care Plus covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." AmeriHealth Caritas VIP Care Plus covers some OTC drugs when they are written as prescriptions by your provider.

You can read the AmeriHealth Caritas VIP Care Plus Drug List to see what OTC drugs are covered.

B15. Does AmeriHealth Caritas VIP Care Plus cover non-drug OTC products?

AmeriHealth Caritas VIP Care Plus covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include certain contraceptives.

You can read the AmeriHealth Caritas VIP Care Plus Drug List to see what non-drug OTC products are covered.

B16. What is my copay?

As an AmeriHealth Caritas VIP Care Plus member, you have no copays for prescription and OTC drugs as long as you follow AmeriHealth Caritas VIP Care Plus' rules.

B17. What are drug tiers?

Tiers are groups of drugs. There are no copays for drugs in any tier.

- Tier 1 drugs are Part D covered generic drugs.
- Tier 2 drugs are Part D covered brand name drugs and some generic drugs.
- Tier 3 drugs are Michigan Medicaid (non-Part D) covered drugs and OTC drugs and products.

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by AmeriHealth Caritas VIP Care Plus. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 128. The index alphabetically lists all drugs covered by AmeriHealth Caritas VIP Care Plus.

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

The information in the necessary actions, restrictions, or limits on use column tells you if AmeriHealth Caritas VIP Care Plus has any rules for covering your drug.

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

B/D: The prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

QL: Quantity Limit. For certain drugs, AmeriHealth Caritas VIP Care Plus limits the amount of the drug that the plan will cover. For example, our plan provides nine tablets per 30-day prescription for sumatriptan succinate. This may be in addition to a standard one-month or three-month supply.

ST: Step Therapy. In some cases, AmeriHealth Caritas VIP Care Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, AmeriHealth Caritas VIP Care Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, AmeriHealth Caritas VIP Care Plus will then cover Drug B.

PA: Prior Authorization. AmeriHealth Caritas VIP Care Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from AmeriHealth Caritas VIP Care Plus before you fill your prescriptions. If you don't get approval, AmeriHealth Caritas VIP Care Plus may not cover the drug.

NMO: This Prescription cannot be filled by the mail order pharmacy. Please review your *Provider and Pharmacy Directory* for more information about which pharmacies offer mail order service. For more information consult your *Provider and Pharmacy Directory* or call our Member Services department.

MME: This indicates an additional quantity limit on drugs in the opioid class, which is based on the morphine milligram equivalent (MME). MME is used to determine and monitor safe dosing and duration of therapy. If the amount of opioids prescribed is above the limit, but is needed, the prescriber can request the plan cover additional quantity.

DCR: This indicates that an appropriate diagnosis code is required for coverage of this medication.

Note: The DP next to a drug means the drug is not a "Part D drug."

- These drugs 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 Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-888-667-0318 (TTY 711)**, 8 a.m. – 8 p.m., seven days a week. You can also read Chapter 9 in 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 Agents. That is where you will find drugs that treat heart conditions.

Prescription type	Medical condition
Analgesics	Treatment of pain
Anesthetics	Local treatment of pain
Anti-addiction/substance abuse treatment agents	Treatment of substance abuse disorders
Antibacterials	Treatment of bacterial infections
Anticonvulsants	Treatment of seizures
Antidementia agents	Management of dementia
Antidepressants	Treatment of depression
Antiemetics	Treatment of vomiting or nausea
Antifungals	Treatment of fungal or yeast infections
Antigout agents	Treatment or prevention of gouty arthritis
Anti-inflammatory agents	Treatment of inflammation
Antimigraine agents	Treatment of migraine headaches

Prescription type	Medical condition
Antimyasthenic agents	Treatment for myasthenia
Antimycobacterials	Treatment for infections by tuberculosis-type organisms
Antineoplastics	Treatment of cancer
Antiparasitics	Treatment of infections from parasites
Antiparkinson agents	Treatment of Parkinson's disease
Antipsychotics	Treatment of behavioral and emotional disorders
Antispasticity agents	Treatment of muscle spasms
Antivirals	Treatment of infections by viruses
Anxiolytics	Treatment of anxiety or nervousness
Bipolar agents	Treatment for bipolar illnesses
Blood glucose regulators	Control of diabetes
Blood products/modifiers/volume expanders	Prevention of clotting and increasing blood cell production
Cardiovascular agents	Treatment of conditions affecting the heart and blood vessels
Central nervous system agents	Treatment of disorders of the brain and spinal column
Dental and oral agents	Treatment of mouth and gum disorders
Dermatological agents	Treatment of skin conditions
Diabetic supplies	Supplies used for diabetes
Enzyme replacement/modifiers	Medications to replace missing or deficient enzyme production

Prescription type	Medical condition
Gastrointestinal agents	Treatment of stomach and intestinal conditions
Genitourinary agents	Treatment of urinary tract and prostate conditions
Hormonal agents, stimulant/replacement/ modifying (adrenal)	Treatment of conditions requiring steroids
Hormonal agents, stimulant/replacement/ modifying (pituitary)	Treatment of pituitary gland conditions
Hormonal agents, stimulant/replacement/ modifying (sex hormones/modifiers)	For the replacement or modification of sex hormones
Hormonal agents, stimulant/replacement/ modifying (thyroid)	Treatment of thyroid conditions
Hormonal agents, suppressant (adrenal)	Treatment of inoperable adrenal cancer
Hormonal agents, suppressant (parathyroid)	Treatment of parathyroid conditions
Hormonal agents, suppressant (pituitary)	Treatment of or modification of pituitary hormone secretion
Hormonal agents, suppressant (thyroid)	Treatment of overactive thyroid
Immunological agents	Medications that alter the immune system including vaccinations
Inflammatory bowel disease agents	Treatment of ulcerative colitis or Crohn's disease
Metabolic bone disease agents	Treatment of bone diseases including osteoporosis
Ophthalmic agents	Treatment of eye conditions
Otic agents	Treatment of ear conditions
Respiratory tract agents	Treatment of breathing conditions

Prescription type	Medical condition
Respiratory tract/pulmonary agents	Treatment of breathing conditions
Skeletal muscle relaxants	Treatment of muscle tightness
Sleep disorder agents	Treatment of insomnia
Therapeutic nutrients/minerals/electrolytes	Replacement or supplementation of minerals, nutrients, and vitamins

2024 AmeriHealth Caritas VIP Care Plus

2024 Member Formulary

Formulary ID 24421

CURRENT AS OF 4/1/2024

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics - Treatment Of Pain		
Analgesics		
acetaminophen childrens solution 160 mg/5ml oral	$0 (Tier 3)	DP
acetaminophen childrens suspension 160 mg/5ml oral	$0 (Tier 3)	DP
acetaminophen er tablet extended release 650 mg oral	$0 (Tier 3)	DP
acetaminophen extra strength tablet 500 mg oral	$0 (Tier 3)	DP
acetaminophen infants suspension 160 mg/5ml oral	$0 (Tier 3)	DP
acetaminophen solution 160 mg/5ml oral	$0 (Tier 3)	DP
acetaminophen solution 325 mg/10.15ml oral	$0 (Tier 3)	DP
acetaminophen solution 650 mg/20.3ml oral	$0 (Tier 3)	DP
acetaminophen suppository 120 mg rectal	$0 (Tier 3)	DP
acetaminophen suppository 650 mg rectal	$0 (Tier 3)	DP
acetaminophen suspension 160 mg/5ml oral	$0 (Tier 3)	DP
acetaminophen tablet 325 mg oral	$0 (Tier 3)	DP
acetaminophen tablet 500 mg oral	$0 (Tier 3)	DP
arthritis pain relief tablet extended release 650 mg oral	$0 (Tier 3)	DP
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	$0 (Tier 1)	PA; MME
BAC ORAL TABLET 50-325-40 MG	$0 (Tier 1)	PA
butalbital-acetaminophen oral tablet 50-325 mg	$0 (Tier 1)	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	$0 (Tier 1)	PA; MME
butalbital-apap-caffeine oral capsule 50-325-40 mg	$0 (Tier 1)	PA
butalbital-apap-caffeine oral tablet 50-325-40 mg	$0 (Tier 1)	PA

Last Updated: 03/2024

You can find information on what the symbols and abbreviations in this table mean by going topage 10. Medications that are contained within a compound may require prior authorization.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	$0 (Tier 1)	PA; MME
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	$0 (Tier 1)	PA
childrens acetaminophen suspension 160 mg/5ml oral	$0 (Tier 3)	DP
ed-apap liquid 160 mg/5ml oral	$0 (Tier 3)	DP
FEVERALL ADULTS SUPPOSITORY 650 MG RECTAL	$0 (Tier 3)	DP
FEVERALL CHILDRENS SUPPOSITORY 120 MG RECTAL	$0 (Tier 3)	DP
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL	$0 (Tier 3)	DP
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL	$0 (Tier 3)	DP
gnp 8 hour arthritis relief tablet extended release 650 mg oral	$0 (Tier 3)	DP
gnp 8 hour pain relief tablet extended release 650 mg oral	$0 (Tier 3)	DP
gnp 8 hour pain reliever tablet extended release 650 mg oral	$0 (Tier 3)	DP
gnp acetaminophen tablet 325 mg oral	$0 (Tier 3)	DP
gnp infants pain/fever suspension 160 mg/5ml oral	$0 (Tier 3)	DP
gnp pain & fever childrens suspension 160 mg/5ml oral	$0 (Tier 3)	DP
gnp pain relief extra strength tablet 500 mg oral	$0 (Tier 3)	DP
gnp pain relief tablet 325 mg oral	$0 (Tier 3)	DP
goodsense arthritis pain tablet extended release 650 mg oral	$0 (Tier 3)	DP
goodsense pain & fever child suspension 160 mg/5ml oral	$0 (Tier 3)	DP
goodsense pain & fever infants suspension 160 mg/5ml oral	$0 (Tier 3)	DP
goodsense pain relief extra st tablet 500 mg oral	$0 (Tier 3)	DP
goodsense pain relief tablet 325 mg oral	$0 (Tier 3)	DP
hm pain reliever tablet 325 mg oral	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mapap arthritis pain tablet extended release 650 mg oral	$0 (Tier 3)	DP
mapap capsule 500 mg oral	$0 (Tier 3)	DP
MAPAP CHILDRENS TABLET CHEWABLE 80 MG ORAL	$0 (Tier 3)	DP
m-pap liquid 160 mg/5ml oral	$0 (Tier 3)	DP
nalbuphine hcl injection solution 10 mg/ml	$0 (Tier 1)	MME
pain & fever childrens suspension 160 mg/5ml oral	$0 (Tier 3)	DP
pain & fever infants suspension 160 mg/5ml oral	$0 (Tier 3)	DP
qc acetaminophen infants suspension 160 mg/5ml oral	$0 (Tier 3)	DP
qc non-aspirin extra strength tablet 500 mg oral	$0 (Tier 3)	DP
qc pain relief childrens suspension 160 mg/5ml oral	$0 (Tier 3)	DP
qc pain relief extra strength tablet 500 mg oral	$0 (Tier 3)	DP
qc pain relief tablet 325 mg oral	$0 (Tier 3)	DP
sm pain & fever childrens suspension 160 mg/5ml oral	$0 (Tier 3)	DP
sm pain & fever infants suspension 160 mg/5ml oral	$0 (Tier 3)	DP
sm pain relief tablet 500 mg oral	$0 (Tier 3)	DP
sm pain reliever childrens suspension 160 mg/5ml oral	$0 (Tier 3)	DP
sm pain reliever ex st tablet 500 mg oral	$0 (Tier 3)	DP
sm pain reliever tablet 325 mg oral	$0 (Tier 3)	DP
tension headache tablet 500-65 mg oral	$0 (Tier 3)	DP
Nonsteroidal Anti-Inflammatory Drugs		
all day pain relief tablet 220 mg oral	$0 (Tier 3)	DP
all day relief tablet 220 mg oral	$0 (Tier 3)	DP
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	$0 (Tier 1)	
childrens ibuprofen suspension 100 mg/5ml oral	$0 (Tier 3)	DP
childrens ibuprofen suspension 200 mg/10ml oral	$0 (Tier 3)	DP
diclofenac potassium oral tablet 50 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diclofenac sodium er oral tablet extended release 24 hour 100 mg	$0 (Tier 1)	
diclofenac sodium external gel 1 %, 3 %	$0 (Tier 1)	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	$0 (Tier 1)	
diflunisal oral tablet 500 mg	$0 (Tier 1)	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	$0 (Tier 1)	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	$0 (Tier 1)	
etodolac oral capsule 200 mg, 300 mg	$0 (Tier 1)	
etodolac oral tablet 400 mg, 500 mg	$0 (Tier 1)	
flurbiprofen oral tablet 100 mg	$0 (Tier 1)	
gnp childrens ibuprofen suspension 100 mg/5ml oral	$0 (Tier 3)	DP
gnp ibuprofen capsule 200 mg oral	$0 (Tier 3)	DP
gnp ibuprofen childrens tablet chewable 100 mg oral	$0 (Tier 3)	DP
gnp ibuprofen infants suspension 50 mg/1.25ml oral	$0 (Tier 3)	DP
gnp ibuprofen tablet 200 mg oral	$0 (Tier 3)	DP
gnp naproxen sodium capsule 220 mg oral	$0 (Tier 3)	DP
gnp naproxen sodium tablet 220 mg oral	$0 (Tier 3)	DP
goodsense ibuprofen capsule 200 mg oral	$0 (Tier 3)	DP
goodsense ibuprofen childrens suspension 100 mg/5ml oral	$0 (Tier 3)	DP
goodsense ibuprofen infants suspension 50 mg/1.25ml oral	$0 (Tier 3)	DP
goodsense ibuprofen tablet 200 mg oral	$0 (Tier 3)	DP
goodsense naproxen sodium tablet 220 mg oral	$0 (Tier 3)	DP
hm ibuprofen childrens suspension 100 mg/5ml oral	$0 (Tier 3)	DP
hm ibuprofen tablet 200 mg oral	$0 (Tier 3)	DP
hm naproxen sodium capsule 220 mg oral	$0 (Tier 3)	DP
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	$0 (Tier 1)	
ibuprofen capsule 200 mg oral	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ibuprofen childrens suspension 100 mg/5ml oral	$0 (Tier 3)	DP
ibuprofen infants suspension 50 mg/1.25ml oral	$0 (Tier 3)	DP
ibuprofen junior strength tablet chewable 100 mg oral	$0 (Tier 3)	DP
ibuprofen oral suspension 100 mg/5ml	$0 (Tier 1)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0 (Tier 1)	
ibuprofen tablet 200 mg oral	$0 (Tier 3)	DP
indomethacin er oral capsule extended release 75 mg	$0 (Tier 1)	PA
indomethacin oral capsule 25 mg, 50 mg	$0 (Tier 1)	PA
infants ibuprofen suspension 50 mg/1.25ml oral	$0 (Tier 3)	DP
ketorolac tromethamine oral tablet 10 mg	$0 (Tier 1)	PA; QL (20 EA per 30 days)
meclofenamate sodium oral capsule 100 mg, 50 mg	$0 (Tier 1)	
meloxicam oral tablet 15 mg, 7.5 mg	$0 (Tier 1)	
nabumetone oral tablet 500 mg, 750 mg	$0 (Tier 1)	
naproxen oral suspension 125 mg/5ml	$0 (Tier 1)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$0 (Tier 1)	
naproxen oral tablet delayed release 375 mg, 500 mg	$0 (Tier 1)	
naproxen sodium capsule 220 mg oral	$0 (Tier 3)	DP
naproxen sodium oral tablet 275 mg, 550 mg	$0 (Tier 1)	
naproxen sodium tablet 220 mg oral	$0 (Tier 3)	DP
piroxicam oral capsule 10 mg, 20 mg	$0 (Tier 1)	
qc ibuprofen tablet 200 mg oral	$0 (Tier 3)	DP
qc naproxen sodium tablet 220 mg oral	$0 (Tier 3)	DP
sm ibuprofen capsule 200 mg oral	$0 (Tier 3)	DP
sm ibuprofen ib childrens tablet chewable 100 mg oral	$0 (Tier 3)	DP
sm ibuprofen ib tablet 200 mg oral	$0 (Tier 3)	DP
sm ibuprofen tablet 200 mg oral	$0 (Tier 3)	DP
sm infants ibuprofen suspension 50 mg/1.25ml oral	$0 (Tier 3)	DP
sm naproxen sodium tablet 220 mg oral	$0 (Tier 3)	DP
sulindac oral tablet 150 mg, 200 mg	$0 (Tier 1)	

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You can find information on what the symbols and abbreviations in this table mean by going to page 10. Medications that are contained within a compound may require prior authorization.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Opioid Analgesics, Long-Acting		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	$0 (Tier 1)	QL (4 EA per 28 days)
fentanyl transdermal patch 72 hour 100 mcg/hr	$0 (Tier 1)	PA; MME
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	$0 (Tier 1)	MME; QL (10 EA per 30 days)
methadone hcl oral solution 10 mg/5ml	$0 (Tier 1)	MME; QL (1200 ML per 30 days)
methadone hcl oral solution 5 mg/5ml	$0 (Tier 1)	MME; QL (2400 ML per 30 days)
methadone hcl oral tablet 10 mg	$0 (Tier 1)	PA; MME
methadone hcl oral tablet 5 mg	$0 (Tier 1)	MME; QL (180 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	$0 (Tier 1)	PA; MME
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	$0 (Tier 1)	MME; QL (60 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	$0 (Tier 1)	PA; MME
Opioid Analgesics, Short-Acting		
acetaminophen-codeine oral solution 120-12 mg/5ml	$0 (Tier 1)	MME
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	$0 (Tier 1)	MME
butorphanol tartrate nasal solution 10 mg/ml	$0 (Tier 1)	MME; QL (5 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	$0 (Tier 1)	MME
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	$0 (Tier 1)	PA; MME; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	$0 (Tier 1)	MME
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	$0 (Tier 1)	MME
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 1)	MME; QL (120 EA per 30 days)
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	$0 (Tier 1)	MME
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	$0 (Tier 1)	MME; QL (240 ML per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
morphine sulfate oral tablet 15 mg, 30 mg	$0 (Tier 1)	MME; QL (120 EA per 30 days)
oxycodone hcl oral solution 5 mg/5ml	$0 (Tier 1)	MME; QL (5400 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	MME; QL (120 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	$0 (Tier 1)	MME
pentazocine-naloxone hcl oral tablet 50-0.5 mg	$0 (Tier 1)	PA; MME
tramadol hcl oral tablet 100 mg	$0 (Tier 1)	MME; QL (120 EA per 30 days)
tramadol hcl oral tablet 50 mg	$0 (Tier 1)	MME; QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	$0 (Tier 1)	MME
Anesthetics - Local Treatment Of Pain		
Local Anesthetics		
lidocaine cream 4 % external	$0 (Tier 3)	DP
lidocaine external ointment 5 %	$0 (Tier 1)	
lidocaine external patch 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocaine hcl external solution 4 %	$0 (Tier 1)	
lidocaine hcl urethral/mucosal external gel 2 %	$0 (Tier 1)	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	$0 (Tier 1)	
lidocaine viscous hcl mouth/throat solution 2 %	$0 (Tier 1)	
lidocaine-prilocaine external cream 2.5-2.5 %	$0 (Tier 1)	
ZTLIDO EXTERNAL PATCH 1.8 %	$0 (Tier 2)	PA; QL (90 EA per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents - Treatment Of Substance Abuse Disorders		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium oral tablet delayed release 333 mg	$0 (Tier 1)	
disulfiram oral tablet 250 mg, 500 mg	$0 (Tier 1)	
Opioid Dependence		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	$0 (Tier 1)	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	$0 (Tier 1)	QL (60 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	$0 (Tier 1)	
LUCEMYRA ORAL TABLET 0.18 MG	$0 (Tier 2)	PA; QL (224 EA per 14 days)
naltrexone hcl oral tablet 50 mg	$0 (Tier 1)	
Opioid Reversal Agents		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	$0 (Tier 1)	
naloxone hcl injection solution cartridge 0.4 mg/ml	$0 (Tier 1)	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	$0 (Tier 1)	
naloxone hcl nasal liquid 4 mg/0.1ml	$0 (Tier 1)	
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	$0 (Tier 1)	
gnp nicotine gum 4 mg mouth/throat	$0 (Tier 3)	DP
gnp nicotine mini lozenge 2 mg mouth/throat	$0 (Tier 3)	DP
gnp nicotine mini lozenge 4 mg mouth/throat	$0 (Tier 3)	DP
gnp nicotine patch 24 hour 14 mg/24hr transdermal	$0 (Tier 3)	DP
gnp nicotine patch 24 hour 21 mg/24hr transdermal	$0 (Tier 3)	DP
gnp nicotine patch 24 hour 7 mg/24hr transdermal	$0 (Tier 3)	DP
gnp nicotine polacrilex gum 2 mg mouth/throat	$0 (Tier 3)	DP
gnp nicotine polacrilex gum 4 mg mouth/throat	$0 (Tier 3)	DP
gnp nicotine polacrilex lozenge 2 mg mouth/throat	$0 (Tier 3)	DP
gnp nicotine polacrilex lozenge 4 mg mouth/throat	$0 (Tier 3)	DP
goodsense nicotine gum 2 mg mouth/throat	$0 (Tier 3)	DP
goodsense nicotine gum 4 mg mouth/throat	$0 (Tier 3)	DP
goodsense nicotine lozenge 2 mg mouth/throat	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
goodsense nicotine lozenge 4 mg mouth/throat	$0 (Tier 3)	DP
hm nicotine patch 24 hour 21 mg/24hr transdermal	$0 (Tier 3)	DP
hm nicotine patch 24 hour 7 mg/24hr transdermal	$0 (Tier 3)	DP
hm nicotine polacrilex gum 2 mg mouth/throat	$0 (Tier 3)	DP
hm nicotine polacrilex gum 4 mg mouth/throat	$0 (Tier 3)	DP
hm nicotine polacrilex lozenge 2 mg mouth/throat	$0 (Tier 3)	DP
nicotine kit 21-14-7 mg/24hr transdermal	$0 (Tier 3)	DP
nicotine mini lozenge 2 mg mouth/throat	$0 (Tier 3)	DP
nicotine mini lozenge 4 mg mouth/throat	$0 (Tier 3)	DP
nicotine patch 24 hour 14 mg/24hr transdermal (otc)	$0 (Tier 3)	DP
nicotine patch 24 hour 21 mg/24hr transdermal (otc)	$0 (Tier 3)	DP
nicotine patch 24 hour 7 mg/24hr transdermal (otc)	$0 (Tier 3)	DP
nicotine polacrilex gum 2 mg mouth/throat	$0 (Tier 3)	DP
nicotine polacrilex gum 4 mg mouth/throat	$0 (Tier 3)	DP
nicotine polacrilex lozenge 2 mg mouth/throat	$0 (Tier 3)	DP
nicotine polacrilex lozenge 4 mg mouth/throat	$0 (Tier 3)	DP
nicotine polacrilex mini lozenge 2 mg mouth/throat	$0 (Tier 3)	DP
nicotine step 1 patch 24 hour 21 mg/24hr transdermal	$0 (Tier 3)	DP
nicotine step 2 patch 24 hour 14 mg/24hr transdermal	$0 (Tier 3)	DP
nicotine step 3 patch 24 hour 7 mg/24hr transdermal	$0 (Tier 3)	DP
NICOTROL INHALATION INHALER 10 MG	$0 (Tier 2)	
NICOTROL NS NASAL SOLUTION 10 MG/ML	$0 (Tier 2)	
sm nicotine gum 4 mg mouth/throat	$0 (Tier 3)	DP
sm nicotine lozenge 2 mg mouth/throat	$0 (Tier 3)	DP
sm nicotine patch 24 hour 14 mg/24hr transdermal	$0 (Tier 3)	DP
sm nicotine patch 24 hour 21 mg/24hr transdermal	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm nicotine patch 24 hour 7 mg/24hr transdermal	$0 (Tier 3)	DP
sm nicotine polacrilex gum 2 mg mouth/throat	$0 (Tier 3)	DP
sm nicotine polacrilex gum 4 mg mouth/throat	$0 (Tier 3)	DP
sm nicotine polacrilex lozenge 2 mg mouth/throat	$0 (Tier 3)	DP
sm nicotine polacrilex lozenge 4 mg mouth/throat	$0 (Tier 3)	DP
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	$0 (Tier 1)	QL (56 EA per 28 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (56 EA per 28 days)
varenicline tartrate(continue) oral tablet 1 mg	$0 (Tier 1)	QL (56 EA per 28 days)
Antibacterials - Treatment Of Bacterial Infections		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	$0 (Tier 1)	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	$0 (Tier 1)	
gentamicin sulfate injection solution 40 mg/ml	$0 (Tier 1)	
neomycin sulfate oral tablet 500 mg	$0 (Tier 1)	
streptomycin sulfate intramuscular solution reconstituted 1 gm	$0 (Tier 1)	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	$0 (Tier 1)	
tobramycin sulfate injection solution reconstituted 1.2 gm	$0 (Tier 1)	
Antibacterials, Other		
aztreonam injection solution reconstituted 1 gm, 2 gm	$0 (Tier 1)	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$0 (Tier 1)	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	$0 (Tier 1)	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	$0 (Tier 1)	
clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	$0 (Tier 1)	
clindamycin phosphate vaginal cream 2 %	$0 (Tier 1)	
colistimethate sodium (cba) injection solution reconstituted 150 mg	$0 (Tier 1)	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	$0 (Tier 1)	
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	$0 (Tier 1)	
linezolid intravenous solution 600 mg/300ml	$0 (Tier 1)	
linezolid oral suspension reconstituted 100 mg/5ml	$0 (Tier 1)	
linezolid oral tablet 600 mg	$0 (Tier 1)	
methenamine hippurate oral tablet 1 gm	$0 (Tier 1)	
metronidazole intravenous solution 500 mg/100ml	$0 (Tier 1)	
metronidazole oral capsule 375 mg	$0 (Tier 1)	
metronidazole oral tablet 250 mg, 500 mg	$0 (Tier 1)	
metronidazole vaginal gel 0.75 %	$0 (Tier 1)	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
nitrofurantoin monohyd macro oral capsule 100 mg	$0 (Tier 1)	
polymyxin b sulfate injection solution reconstituted 500000 unit	$0 (Tier 1)	
tinidazole oral tablet 250 mg, 500 mg	$0 (Tier 1)	
trimethoprim oral tablet 100 mg	$0 (Tier 1)	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg	$0 (Tier 1)	
vancomycin hcl oral capsule 125 mg, 250 mg	$0 (Tier 1)	
Beta-Lactam, Cephalosporins		
cefaclor er oral tablet extended release 12 hour 500 mg	$0 (Tier 1)	
cefaclor oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cefadroxil oral capsule 500 mg	$0 (Tier 1)	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	$0 (Tier 1)	
cefadroxil oral tablet 1 gm	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 3 gm, 500 mg	$0 (Tier 1)	
cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm	$0 (Tier 1)	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%	$0 (Tier 1)	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)	$0 (Tier 1)	
cefdinir oral capsule 300 mg	$0 (Tier 1)	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0 (Tier 1)	
cefepime hcl injection solution reconstituted 1 gm	$0 (Tier 1)	
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml	$0 (Tier 1)	
cefepime hcl intravenous solution reconstituted 2 gm	$0 (Tier 1)	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	$0 (Tier 1)	
cefixime oral capsule 400 mg	$0 (Tier 1)	
cefotaxime sodium injection solution reconstituted 1 gm	$0 (Tier 1)	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	$0 (Tier 1)	
cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)	$0 (Tier 1)	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	$0 (Tier 1)	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	$0 (Tier 1)	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0 (Tier 1)	
cefprozil oral tablet 250 mg, 500 mg	$0 (Tier 1)	
ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	$0 (Tier 1)	
ceftazidime injection solution reconstituted 1 gm, 6 gm	$0 (Tier 1)	
ceftazidime intravenous solution reconstituted 2 gm	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	$0 (Tier 1)	
ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg	$0 (Tier 1)	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	$0 (Tier 1)	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	$0 (Tier 1)	
cefuroxime axetil oral tablet 250 mg, 500 mg	$0 (Tier 1)	
cefuroxime sodium injection solution reconstituted 750 mg	$0 (Tier 1)	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	$0 (Tier 1)	
cephalexin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0 (Tier 1)	
cephalexin oral tablet 250 mg, 500 mg	$0 (Tier 1)	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	$0 (Tier 2)	PA
Beta-Lactam, Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	$0 (Tier 1)	
amoxicillin oral tablet 500 mg, 875 mg	$0 (Tier 1)	
amoxicillin oral tablet chewable 125 mg, 250 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	$0 (Tier 1)	
ampicillin oral capsule 500 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	$0 (Tier 1)	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	$0 (Tier 1)	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	$0 (Tier 1)	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	$0 (Tier 1)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	$0 (Tier 2)	
dicloxacillin sodium oral capsule 250 mg, 500 mg	$0 (Tier 1)	
nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml	$0 (Tier 1)	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	$0 (Tier 1)	
nafcillin sodium intravenous solution reconstituted 2 gm	$0 (Tier 1)	
penicillin g procaine intramuscular suspension 600000 unit/ml	$0 (Tier 1)	
penicillin g sodium injection solution reconstituted 5000000 unit	$0 (Tier 1)	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	$0 (Tier 1)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (Tier 1)	
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	$0 (Tier 1)	
Carbapenems		
ertapenem sodium injection solution reconstituted 1 gm	$0 (Tier 1)	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	$0 (Tier 1)	
meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml	$0 (Tier 1)	
Macrolides		
azithromycin intravenous solution reconstituted 500 mg	$0 (Tier 1)	
azithromycin oral packet 1 gm	$0 (Tier 1)	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	$0 (Tier 1)	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	$0 (Tier 1)	
clarithromycin er oral tablet extended release 24 hour 500 mg	$0 (Tier 1)	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0 (Tier 1)	
clarithromycin oral tablet 250 mg, 500 mg	$0 (Tier 1)	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	$0 (Tier 2)	PA
DIFICID ORAL TABLET 200 MG	$0 (Tier 2)	PA
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	$0 (Tier 2)	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	$0 (Tier 1)	
erythromycin base oral tablet 250 mg, 500 mg	$0 (Tier 1)	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	$0 (Tier 1)	
erythromycin ethylsuccinate oral tablet 400 mg	$0 (Tier 1)	
Quinolones		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	$0 (Tier 1)	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	$0 (Tier 1)	
levofloxacin intravenous solution 25 mg/ml	$0 (Tier 1)	
levofloxacin oral solution 25 mg/ml	$0 (Tier 1)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	$0 (Tier 1)	
moxifloxacin hcl intravenous solution 400 mg/250ml	$0 (Tier 1)	
moxifloxacin hcl oral tablet 400 mg	$0 (Tier 1)	
ofloxacin oral tablet 300 mg, 400 mg	$0 (Tier 1)	
Sulfonamides		
sulfacetamide sodium (acne) external lotion 10 %	$0 (Tier 1)	
sulfadiazine oral tablet 500 mg	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$0 (Tier 1)	
Tetracyclines		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	$0 (Tier 1)	
doxycycline hyclate intravenous solution reconstituted 100 mg	$0 (Tier 1)	
doxycycline hyclate oral capsule 100 mg, 50 mg	$0 (Tier 1)	
doxycycline hyclate oral tablet 100 mg, 20 mg	$0 (Tier 1)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	$0 (Tier 1)	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	$0 (Tier 1)	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	$0 (Tier 1)	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	$0 (Tier 1)	
tetracycline hcl oral capsule 250 mg, 500 mg	$0 (Tier 1)	
Anticonvulsants - Treatment Of Seizures		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	$0 (Tier 2)	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$0 (Tier 2)	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	$0 (Tier 2)	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	$0 (Tier 1)	
divalproex sodium oral capsule delayed release sprinkle 125 mg	$0 (Tier 1)	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$0 (Tier 2)	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	$0 (Tier 2)	PA
felbamate oral suspension 600 mg/5ml	$0 (Tier 1)	
felbamate oral tablet 400 mg, 600 mg	$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	$0 (Tier 2)	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	$0 (Tier 2)	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$0 (Tier 1)	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$0 (Tier 1)	
lamotrigine oral tablet chewable 25 mg, 5 mg	$0 (Tier 1)	
lamotrigine starter kit-blue oral kit 35 x 25 mg	$0 (Tier 1)	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	$0 (Tier 1)	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	$0 (Tier 1)	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	$0 (Tier 1)	
levetiracetam oral solution 100 mg/ml	$0 (Tier 1)	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
ROWEEPRA ORAL TABLET 500 MG	$0 (Tier 1)	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	$0 (Tier 2)	ST; QL (60 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	$0 (Tier 2)	ST; QL (120 EA per 30 days)
topiramate oral capsule sprinkle 15 mg, 25 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
valproic acid oral capsule 250 mg	$0 (Tier 1)	
valproic acid oral solution 250 mg/5ml	$0 (Tier 1)	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	$0 (Tier 2)	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	$0 (Tier 2)	ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0 (Tier 2)	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	$0 (Tier 2)	ST
Calcium Channel Modifying Agents		
ethosuximide oral capsule 250 mg	$0 (Tier 1)	
ethosuximide oral solution 250 mg/5ml	$0 (Tier 1)	
methsuximide oral capsule 300 mg	$0 (Tier 1)	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	$0 (Tier 1)	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
DIASTAT ACUDIAL RECTAL GEL 10 MG	$0 (Tier 2)	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	$0 (Tier 1)	
gabapentin oral capsule 100 mg, 400 mg	$0 (Tier 1)	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	$0 (Tier 1)	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	$0 (Tier 1)	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	$0 (Tier 1)	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	$0 (Tier 1)	QL (120 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	$0 (Tier 2)	PA; QL (10 EA per 30 days)
phenobarbital oral elixir 20 mg/5ml	$0 (Tier 1)	PA
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$0 (Tier 1)	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	$0 (Tier 1)	QL (900 ML per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
primidone oral tablet 250 mg, 50 mg	$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	$0 (Tier 2)	ST; QL (60 EA per 30 days)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$0 (Tier 1)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	$0 (Tier 2)	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	$0 (Tier 2)	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	$0 (Tier 2)	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	$0 (Tier 2)	PA; QL (10 EA per 30 days)
vigabatrin oral packet 500 mg	$0 (Tier 1)	PA; QL (180 EA per 30 days)
vigabatrin oral tablet 500 mg	$0 (Tier 1)	PA; QL (180 EA per 30 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	$0 (Tier 2)	PA
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	$0 (Tier 2)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	$0 (Tier 2)	QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
carbamazepine oral suspension 100 mg/5ml	$0 (Tier 1)	
carbamazepine oral tablet 200 mg	$0 (Tier 1)	
carbamazepine oral tablet chewable 100 mg	$0 (Tier 1)	
DILANTIN ORAL CAPSULE 30 MG	$0 (Tier 2)	
EPITOL ORAL TABLET 200 MG	$0 (Tier 1)	
lacosamide oral solution 10 mg/ml	$0 (Tier 1)	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$0 (Tier 1)	QL (60 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5ml	$0 (Tier 1)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	$0 (Tier 1)	
phenytoin oral tablet chewable 50 mg	$0 (Tier 1)	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
rufinamide oral suspension 40 mg/ml	$0 (Tier 1)	PA; QL (2400 ML per 30 days)
rufinamide oral tablet 200 mg, 400 mg	$0 (Tier 1)	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	$0 (Tier 2)	ST
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
Antidementia Agents - Management Of Dementia		
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	$0 (Tier 1)	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	$0 (Tier 1)	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	$0 (Tier 1)	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	$0 (Tier 1)	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	$0 (Tier 1)	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	$0 (Tier 1)	ST
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	$0 (Tier 1)	QL (30 EA per 30 days)
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	$0 (Tier 1)	
Antidepressants - Treatment Of Depression		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	$0 (Tier 2)	PA
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg, 450 mg	$0 (Tier 1)	
bupropion hcl oral tablet 100 mg, 75 mg	$0 (Tier 1)	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	$0 (Tier 1)	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	$0 (Tier 1)	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	$0 (Tier 1)	PA
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	$0 (Tier 2)	PA
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	$0 (Tier 2)	PA
MARPLAN ORAL TABLET 10 MG	$0 (Tier 2)	
phenelzine sulfate oral tablet 15 mg	$0 (Tier 1)	
tranylcypromine sulfate oral tablet 10 mg	$0 (Tier 1)	
Ssri/Snri (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
citalopram hydrobromide oral solution 10 mg/5ml	$0 (Tier 1)	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
escitalopram oxalate oral solution 5 mg/5ml	$0 (Tier 1)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	$0 (Tier 2)	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	$0 (Tier 2)	ST
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
fluoxetine hcl oral capsule delayed release 90 mg	$0 (Tier 1)	
fluoxetine hcl oral solution 20 mg/5ml	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluoxetine hcl oral tablet 10 mg, 20 mg	$0 (Tier 1)	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0 (Tier 1)	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	$0 (Tier 1)	
paroxetine hcl oral suspension 10 mg/5ml	$0 (Tier 1)	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
sertraline hcl oral concentrate 20 mg/ml	$0 (Tier 1)	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	$0 (Tier 1)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	$0 (Tier 2)	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	$0 (Tier 1)	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	$0 (Tier 1)	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (Tier 1)	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
Tricyclics		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	PA
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$0 (Tier 1)	PA
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	$0 (Tier 1)	PA
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	PA
doxepin hcl oral concentrate 10 mg/ml	$0 (Tier 1)	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (Tier 1)	PA
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	
nortriptyline hcl oral solution 10 mg/5ml	$0 (Tier 1)	
protriptyline hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	PA
Antiemetics - Treatment Of Vomiting Or Nausea		
Antiemetics, Other		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	$0 (Tier 1)	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
meclizine hcl oral tablet 12.5 mg, 25 mg	$0 (Tier 1)	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	$0 (Tier 1)	
metoclopramide hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$0 (Tier 1)	
prochlorperazine rectal suppository 25 mg	$0 (Tier 1)	
promethazine hcl oral syrup 6.25 mg/5ml	$0 (Tier 1)	PA
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	$0 (Tier 1)	PA
promethazine hcl rectal suppository 12.5 mg, 25 mg	$0 (Tier 1)	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	$0 (Tier 1)	PA
scopolamine transdermal patch 72 hour 1 mg/3days	$0 (Tier 1)	
trimethobenzamide hcl oral capsule 300 mg	$0 (Tier 1)	
Emetogenic Therapy Adjuncts		
aprepitant oral 80 & 125 mg	$0 (Tier 1)	B/D
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	$0 (Tier 1)	B/D
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	B/D

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	$0 (Tier 2)	B/D
granisetron hcl oral tablet 1 mg	$0 (Tier 1)	B/D
ondansetron hcl oral solution 4 mg/5ml	$0 (Tier 1)	B/D
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	$0 (Tier 1)	B/D
ondansetron oral tablet dispersible 4 mg, 8 mg	$0 (Tier 1)	B/D
Antifungals - Treatment Of Fungal Or Yeast Infections		
Antifungals		
3 day vaginal cream 2 % vaginal	$0 (Tier 3)	DP
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	$0 (Tier 2)	B/D
amphotericin b intravenous solution reconstituted 50 mg	$0 (Tier 1)	B/D
amphotericin b liposome intravenous suspension reconstituted 50 mg	$0 (Tier 1)	B/D
antifungal (clotrimazole) cream 1 % external	$0 (Tier 3)	DP
antifungal clotrimazole cream 1 % external	$0 (Tier 3)	DP
athletes foot (clotrimazole) cream 1 % external	$0 (Tier 3)	DP
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	$0 (Tier 1)	PA
clotrimazole anti-fungal cream 1 % external (otc)	$0 (Tier 3)	DP
clotrimazole cream 1 % external (otc)	$0 (Tier 3)	DP
clotrimazole cream 1 % vaginal	$0 (Tier 3)	DP
clotrimazole external cream 1 %	$0 (Tier 1)	
clotrimazole external solution 1 %	$0 (Tier 1)	
clotrimazole mouth/throat troche 10 mg	$0 (Tier 1)	
econazole nitrate external cream 1 %	$0 (Tier 1)	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	$0 (Tier 1)	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	$0 (Tier 1)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$0 (Tier 1)	
flucytosine oral capsule 250 mg, 500 mg	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FUNGOID TINCTURE SOLUTION 2 % EXTERNAL	$0 (Tier 3)	DP
gnp athletes foot cream 1 % external	$0 (Tier 3)	DP
gnp clotrimazole 3 cream 2 % vaginal	$0 (Tier 3)	DP
gnp miconazole 1 kit 1200 & 2 mg & % vaginal	$0 (Tier 3)	DP
gnp miconazole 3 kit 200 & 2 mg-% (9gm) vaginal	$0 (Tier 3)	DP
gnp miconazole 7 cream 2 % vaginal	$0 (Tier 3)	DP
gnp tolnaftate cream 1 % external	$0 (Tier 3)	DP
griseofulvin microsize oral suspension 125 mg/5ml	$0 (Tier 1)	
itraconazole oral capsule 100 mg	$0 (Tier 1)	
itraconazole oral solution 10 mg/ml	$0 (Tier 1)	
ketoconazole external cream 2 %	$0 (Tier 1)	
ketoconazole external shampoo 2 %	$0 (Tier 1)	
ketoconazole oral tablet 200 mg	$0 (Tier 1)	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	$0 (Tier 1)	
miconazole 3 combo-supp kit 200 & 2 mg-% (9gm) vaginal	$0 (Tier 3)	DP
miconazole 7 cream 2 % vaginal	$0 (Tier 3)	DP
miconazole nitrate cream 2 % external (otc)	$0 (Tier 3)	DP
miconazole nitrate cream 2 % vaginal	$0 (Tier 3)	DP
MICOTRIN AC CREAM 1 % EXTERNAL	$0 (Tier 3)	DP
MYCOZYL AC CREAM 1 % EXTERNAL	$0 (Tier 3)	DP
nystatin external cream 100000 unit/gm	$0 (Tier 1)	
nystatin external ointment 100000 unit/gm	$0 (Tier 1)	
nystatin external powder 100000 unit/gm	$0 (Tier 1)	
nystatin mouth/throat suspension 100000 unit/ml	$0 (Tier 1)	
nystatin oral tablet 500000 unit	$0 (Tier 1)	
posaconazole oral suspension 40 mg/ml	$0 (Tier 1)	PA
posaconazole oral tablet delayed release 100 mg	$0 (Tier 1)	PA
qc antifungal (tolnaftate) cream 1 % external	$0 (Tier 3)	DP
qc clotrimazole cream 1 % vaginal	$0 (Tier 3)	DP
qc miconazole 7 cream 2 % vaginal	$0 (Tier 3)	DP

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You can find information on what the symbols and abbreviations in this table mean by going to page 10. Medications that are contained within a compound may require prior authorization.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm 3-day vaginal cream 2 % vaginal	$0 (Tier 3)	DP
sm antifungal clotrimazole cream 1 % external	$0 (Tier 3)	DP
sm antifungal miconazole cream 2 % external	$0 (Tier 3)	DP
sm antifungal tolnaftate cream 1 % external	$0 (Tier 3)	DP
sm clotrimazole vaginal cream 1 % vaginal	$0 (Tier 3)	DP
sm miconazole 3 kit 200 & 2 mg-% (9gm) vaginal	$0 (Tier 3)	DP
sm miconazole 7 cream 2 % vaginal	$0 (Tier 3)	DP
sm miconazole 7 suppository 100 mg vaginal	$0 (Tier 3)	DP
sm tioconazole-1 ointment 6.5 % vaginal	$0 (Tier 3)	DP
terbinafine hcl oral tablet 250 mg	$0 (Tier 1)	
terconazole vaginal cream 0.4 %, 0.8 %	$0 (Tier 1)	
terconazole vaginal suppository 80 mg	$0 (Tier 1)	
tioconazole-1 ointment 6.5 % vaginal	$0 (Tier 3)	DP
tolnaftate cream 1 % external	$0 (Tier 3)	DP
voriconazole intravenous solution reconstituted 200 mg	$0 (Tier 1)	PA
voriconazole oral suspension reconstituted 40 mg/ml	$0 (Tier 1)	
voriconazole oral tablet 200 mg, 50 mg	$0 (Tier 1)	
Antigout Agents - Treatment Or Prevention Of Gouty Arthritis		
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	$0 (Tier 1)	
colchicine oral capsule 0.6 mg	$0 (Tier 1)	
colchicine oral tablet 0.6 mg	$0 (Tier 1)	
colchicine-probenecid oral tablet 0.5-500 mg	$0 (Tier 1)	
febuxostat oral tablet 40 mg, 80 mg	$0 (Tier 1)	ST
probenecid oral tablet 500 mg	$0 (Tier 1)	
Antimigraine Agents - Treatment Of Migraine Headaches		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	$0 (Tier 2)	PA; QL (18 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	$0 (Tier 2)	PA; QL (16 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZAVZPRET NASAL SOLUTION 10 MG/ACT	$0 (Tier 2)	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
dihydroergotamine mesylate nasal solution 4 mg/ml	$0 (Tier 1)	QL (8 ML per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	$0 (Tier 1)	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	$0 (Tier 2)	PA
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	$0 (Tier 2)	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	$0 (Tier 2)	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	$0 (Tier 2)	PA
Serotonin (5-Ht) Receptor Agonist		
rizatriptan benzoate oral tablet 10 mg, 5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
sumatriptan nasal solution 20 mg/act, 5 mg/act	$0 (Tier 1)	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	$0 (Tier 1)	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	$0 (Tier 1)	QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	$0 (Tier 1)	QL (4 ML per 30 days)
Antimyasthenic Agents - Treatment Of Myasthenia		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release 180 mg	$0 (Tier 1)	
pyridostigmine bromide oral tablet 60 mg	$0 (Tier 1)	
Antimycobacterials - Treatment For Infections By Tuberculosis-Type Organisms		

You can find information on what the symbols and abbreviations in this table mean by going to page 10. Medications that are contained within a compound may require prior authorization.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antimycobacterials, Other		
dapsone oral tablet 100 mg, 25 mg	$0 (Tier 1)	
rifabutin oral capsule 150 mg	$0 (Tier 1)	
Antituberculars		
ethambutol hcl oral tablet 100 mg, 400 mg	$0 (Tier 1)	
isoniazid oral tablet 100 mg, 300 mg	$0 (Tier 1)	
pretomanid oral tablet 200 mg	$0 (Tier 2)	PA
PRIFTIN ORAL TABLET 150 MG	$0 (Tier 2)	
pyrazinamide oral tablet 500 mg	$0 (Tier 1)	
rifampin intravenous solution reconstituted 600 mg	$0 (Tier 1)	
rifampin oral capsule 150 mg, 300 mg	$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	$0 (Tier 2)	PA
TRECATOR ORAL TABLET 250 MG	$0 (Tier 2)	
Antineoplastics - Treatment Of Cancer		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	$0 (Tier 1)	B/D
cyclophosphamide oral tablet 25 mg, 50 mg	$0 (Tier 1)	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	$0 (Tier 2)	
LEUKERAN ORAL TABLET 2 MG	$0 (Tier 2)	
MATULANE ORAL CAPSULE 50 MG	$0 (Tier 2)	
VALCHLOR EXTERNAL GEL 0.016 %	$0 (Tier 2)	PA
Antiandrogens		
abiraterone acetate oral tablet 250 mg, 500 mg	$0 (Tier 1)	PA
bicalutamide oral tablet 50 mg	$0 (Tier 1)	
ERLEADA ORAL TABLET 240 MG, 60 MG	$0 (Tier 2)	PA
nilutamide oral tablet 150 mg	$0 (Tier 1)	PA
NUBEQA ORAL TABLET 300 MG	$0 (Tier 2)	PA
XTANDI ORAL CAPSULE 40 MG	$0 (Tier 2)	PA
XTANDI ORAL TABLET 40 MG, 80 MG	$0 (Tier 2)	PA
YONSA ORAL TABLET 125 MG	$0 (Tier 2)	PA
Antiangiogenic Agents		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	$0 (Tier 1)	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	$0 (Tier 2)	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	$0 (Tier 2)	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	$0 (Tier 2)	PA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	$0 (Tier 2)	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	$0 (Tier 2)	PA
tamoxifen citrate oral tablet 10 mg, 20 mg	$0 (Tier 1)	
toremifene citrate oral tablet 60 mg	$0 (Tier 1)	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	$0 (Tier 2)	
hydroxyurea oral capsule 500 mg	$0 (Tier 1)	
INQOVI ORAL TABLET 35-100 MG	$0 (Tier 2)	PA
mercaptopurine oral tablet 50 mg	$0 (Tier 1)	
ONUREG ORAL TABLET 200 MG, 300 MG	$0 (Tier 2)	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	$0 (Tier 2)	PA
TABLOID ORAL TABLET 40 MG	$0 (Tier 2)	PA
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	$0 (Tier 2)	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	$0 (Tier 2)	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	$0 (Tier 2)	PA
IWILFIN ORAL TABLET 192 MG	$0 (Tier 2)	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	$0 (Tier 2)	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	$0 (Tier 2)	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KRAZATI ORAL TABLET 200 MG	$0 (Tier 2)	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	$0 (Tier 2)	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	$0 (Tier 2)	PA
LYSODREN ORAL TABLET 500 MG	$0 (Tier 2)	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$0 (Tier 2)	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	$0 (Tier 2)	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	$0 (Tier 2)	PA
REZLIDHIA ORAL CAPSULE 150 MG	$0 (Tier 2)	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	$0 (Tier 2)	PA
TIBSOVO ORAL TABLET 250 MG	$0 (Tier 2)	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	$0 (Tier 2)	
WELIREG ORAL TABLET 40 MG	$0 (Tier 2)	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	$0 (Tier 2)	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	$0 (Tier 2)	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	$0 (Tier 2)	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	$0 (Tier 2)	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	$0 (Tier 2)	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	$0 (Tier 2)	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	$0 (Tier 2)	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	$0 (Tier 2)	PA
ZOLINZA ORAL CAPSULE 100 MG	$0 (Tier 2)	PA
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral tablet 1 mg	$0 (Tier 1)	
exemestane oral tablet 25 mg	$0 (Tier 1)	
letrozole oral tablet 2.5 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	$0 (Tier 2)	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	$0 (Tier 2)	PA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	$0 (Tier 2)	PA
AUGTYRO ORAL CAPSULE 40 MG	$0 (Tier 2)	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	$0 (Tier 2)	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	$0 (Tier 2)	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	$0 (Tier 2)	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	$0 (Tier 2)	PA
BRAFTOVI ORAL CAPSULE 75 MG	$0 (Tier 2)	PA
BRUKINSA ORAL CAPSULE 80 MG	$0 (Tier 2)	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	$0 (Tier 2)	PA
CALQUENCE ORAL CAPSULE 100 MG	$0 (Tier 2)	PA
CALQUENCE ORAL TABLET 100 MG	$0 (Tier 2)	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	$0 (Tier 2)	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	$0 (Tier 2)	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	$0 (Tier 2)	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	$0 (Tier 2)	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$0 (Tier 2)	PA
COTELLIC ORAL TABLET 20 MG	$0 (Tier 2)	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	$0 (Tier 2)	PA
ERIVEDGE ORAL CAPSULE 150 MG	$0 (Tier 2)	PA
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	$0 (Tier 1)	PA
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	$0 (Tier 1)	PA
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	$0 (Tier 1)	PA
EXKIVITY ORAL CAPSULE 40 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$0 (Tier 2)	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	$0 (Tier 2)	PA
GAVRETO ORAL CAPSULE 100 MG	$0 (Tier 2)	PA
gefitinib oral tablet 250 mg	$0 (Tier 1)	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$0 (Tier 2)	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$0 (Tier 2)	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$0 (Tier 2)	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$0 (Tier 2)	PA
imatinib mesylate oral tablet 100 mg, 400 mg	$0 (Tier 1)	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	$0 (Tier 2)	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$0 (Tier 2)	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	$0 (Tier 2)	PA
INLYTA ORAL TABLET 1 MG, 5 MG	$0 (Tier 2)	PA
INREBIC ORAL CAPSULE 100 MG	$0 (Tier 2)	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$0 (Tier 2)	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	$0 (Tier 2)	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	$0 (Tier 2)	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	$0 (Tier 2)	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	$0 (Tier 2)	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	$0 (Tier 2)	PA
lapatinib ditosylate oral tablet 250 mg	$0 (Tier 1)	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	$0 (Tier 2)	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	$0 (Tier 2)	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	$0 (Tier 2)	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	$0 (Tier 2)	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	$0 (Tier 2)	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	$0 (Tier 2)	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	$0 (Tier 2)	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	$0 (Tier 2)	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	$0 (Tier 2)	PA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	$0 (Tier 2)	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	$0 (Tier 2)	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	$0 (Tier 2)	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	$0 (Tier 2)	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	$0 (Tier 2)	PA
MEKTOVI ORAL TABLET 15 MG	$0 (Tier 2)	PA
NERLYNX ORAL TABLET 40 MG	$0 (Tier 2)	PA
ODOMZO ORAL CAPSULE 200 MG	$0 (Tier 2)	PA
OGSIVEO ORAL TABLET 50 MG	$0 (Tier 2)	PA
pazopanib hcl oral tablet 200 mg	$0 (Tier 1)	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$0 (Tier 2)	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	$0 (Tier 2)	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	$0 (Tier 2)	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	$0 (Tier 2)	PA
QINLOCK ORAL TABLET 50 MG	$0 (Tier 2)	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	$0 (Tier 2)	PA
ROZLYTREK ORAL PACKET 50 MG	$0 (Tier 2)	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$0 (Tier 2)	PA
RYDAPT ORAL CAPSULE 25 MG	$0 (Tier 2)	PA
SCEMBLIX ORAL TABLET 20 MG, 40 MG	$0 (Tier 2)	PA
sorafenib tosylate oral tablet 200 mg	$0 (Tier 1)	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	$0 (Tier 2)	PA
STIVARGA ORAL TABLET 40 MG	$0 (Tier 2)	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0 (Tier 1)	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	$0 (Tier 2)	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0 (Tier 2)	PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG	$0 (Tier 2)	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	$0 (Tier 2)	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	$0 (Tier 2)	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	$0 (Tier 2)	PA
TAZVERIK ORAL TABLET 200 MG	$0 (Tier 2)	PA
TEPMETKO ORAL TABLET 225 MG	$0 (Tier 2)	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	$0 (Tier 2)	PA
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	$0 (Tier 2)	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	$0 (Tier 2)	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	$0 (Tier 2)	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	$0 (Tier 2)	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	$0 (Tier 2)	PA
TURALIO ORAL CAPSULE 125 MG, 200 MG	$0 (Tier 2)	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	$0 (Tier 2)	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	$0 (Tier 2)	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0 (Tier 2)	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	$0 (Tier 2)	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	$0 (Tier 2)	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	$0 (Tier 2)	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$0 (Tier 2)	PA
VONJO ORAL CAPSULE 100 MG	$0 (Tier 2)	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	$0 (Tier 2)	PA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	$0 (Tier 2)	PA
XOSPATA ORAL TABLET 40 MG	$0 (Tier 2)	PA
ZEJULA ORAL CAPSULE 100 MG	$0 (Tier 2)	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	$0 (Tier 2)	PA
ZELBORAF ORAL TABLET 240 MG	$0 (Tier 2)	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	$0 (Tier 2)	PA
ZYKADIA ORAL TABLET 150 MG	$0 (Tier 2)	PA
Retinoids		
bexarotene external gel 1 %	$0 (Tier 1)	PA
bexarotene oral capsule 75 mg	$0 (Tier 1)	PA
PANRETIN EXTERNAL GEL 0.1 %	$0 (Tier 2)	PA
tretinoin oral capsule 10 mg	$0 (Tier 1)	PA
Treatment Adjuncts		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	$0 (Tier 2)	
Antiparasitics - Treatment Of Infections From Parasites		
Anthelmintics		
albendazole oral tablet 200 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ivermectin oral tablet 3 mg	$0 (Tier 1)	
praziquantel oral tablet 600 mg	$0 (Tier 1)	
Antiprotozoals		
atovaquone oral suspension 750 mg/5ml	$0 (Tier 1)	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	$0 (Tier 1)	
chloroquine phosphate oral tablet 250 mg, 500 mg	$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	$0 (Tier 2)	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	$0 (Tier 1)	
mefloquine hcl oral tablet 250 mg	$0 (Tier 1)	
nitazoxanide oral tablet 500 mg	$0 (Tier 1)	
pentamidine isethionate inhalation solution reconstituted 300 mg	$0 (Tier 1)	B/D
pentamidine isethionate injection solution reconstituted 300 mg	$0 (Tier 1)	PA
primaquine phosphate oral tablet 26.3 (15 base) mg	$0 (Tier 1)	
pyrimethamine oral tablet 25 mg	$0 (Tier 1)	QL (90 EA per 30 days)
quinine sulfate oral capsule 324 mg	$0 (Tier 1)	
Antiparkinson Agents - Treatment Of Parkinson's Disease		
Anticholinergics		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	
trihexyphenidyl hcl oral solution 0.4 mg/ml	$0 (Tier 1)	PA
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	$0 (Tier 1)	PA
Antiparkinson Agents, Other		
amantadine hcl oral capsule 100 mg	$0 (Tier 1)	
amantadine hcl oral solution 50 mg/5ml	$0 (Tier 1)	
amantadine hcl oral tablet 100 mg	$0 (Tier 1)	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
entacapone oral tablet 200 mg	$0 (Tier 1)	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	$0 (Tier 2)	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	$0 (Tier 2)	ST
Dopamine Agonists		
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	$0 (Tier 1)	PA
bromocriptine mesylate oral capsule 5 mg	$0 (Tier 1)	
bromocriptine mesylate oral tablet 2.5 mg	$0 (Tier 1)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	$0 (Tier 2)	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	$0 (Tier 1)	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0 (Tier 1)	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	$0 (Tier 1)	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0 (Tier 1)	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet 25 mg	$0 (Tier 1)	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	$0 (Tier 1)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$0 (Tier 1)	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	$0 (Tier 1)	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	
selegiline hcl oral capsule 5 mg	$0 (Tier 1)	
selegiline hcl oral tablet 5 mg	$0 (Tier 1)	
Antipsychotics - Treatment Of Behavioral And Emotional Disorders		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
1St Generation/Typical		
fluphenazine decanoate injection solution 25 mg/ml	$0 (Tier 1)	
fluphenazine hcl injection solution 2.5 mg/ml	$0 (Tier 1)	
fluphenazine hcl oral concentrate 5 mg/ml	$0 (Tier 1)	
fluphenazine hcl oral elixir 2.5 mg/5ml	$0 (Tier 1)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	$0 (Tier 1)	
haloperidol lactate injection solution 5 mg/ml	$0 (Tier 1)	
haloperidol lactate oral concentrate 2 mg/ml	$0 (Tier 1)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$0 (Tier 1)	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0 (Tier 1)	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	$0 (Tier 1)	
pimozide oral tablet 1 mg, 2 mg	$0 (Tier 1)	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	$0 (Tier 2)	PA
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	$0 (Tier 2)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	$0 (Tier 2)	QL (1 EA per 28 days)
aripiprazole oral solution 1 mg/ml	$0 (Tier 1)	QL (750 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
aripiprazole oral tablet dispersible 10 mg, 15 mg	$0 (Tier 1)	QL (60 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	$0 (Tier 2)	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	$0 (Tier 2)	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	$0 (Tier 2)	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	$0 (Tier 2)	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	$0 (Tier 2)	PA; QL (3.2 ML per 28 days)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	$0 (Tier 2)	PA
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	$0 (Tier 2)	PA
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	$0 (Tier 2)	PA; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	$0 (Tier 2)	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	$0 (Tier 2)	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	$0 (Tier 2)	PA; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	$0 (Tier 2)	PA; QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	$0 (Tier 2)	PA; QL (1.32 ML per 84 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	$0 (Tier 2)	PA; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	$0 (Tier 2)	PA; QL (2.63 ML per 84 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	$0 (Tier 1)	QL (30 EA per 30 days)
lurasidone hcl oral tablet 80 mg	$0 (Tier 1)	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	$0 (Tier 2)	PA
NUPLAZID ORAL CAPSULE 34 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
olanzapine intramuscular solution reconstituted 10 mg	$0 (Tier 1)	QL (90 EA per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	$0 (Tier 2)	PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	$0 (Tier 1)	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	$0 (Tier 1)	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg	$0 (Tier 1)	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 25 mg, 50 mg	$0 (Tier 1)	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0 (Tier 2)	PA; QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	$0 (Tier 1)	QL (480 ML per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	QL (60 EA per 30 days)
risperidone oral tablet 3 mg, 4 mg	$0 (Tier 1)	QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	QL (60 EA per 30 days)
risperidone oral tablet dispersible 3 mg, 4 mg	$0 (Tier 1)	QL (120 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	$0 (Tier 2)	PA
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	$0 (Tier 2)	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML	$0 (Tier 2)	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	$0 (Tier 2)	PA; QL (14 EA per 365 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$0 (Tier 1)	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	$0 (Tier 1)	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	$0 (Tier 2)	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	$0 (Tier 2)	PA; QL (1 EA per 28 days)
Treatment-Resistant		
clozapine oral tablet 100 mg	$0 (Tier 1)	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	$0 (Tier 1)	QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	$0 (Tier 1)	QL (90 EA per 30 days)
clozapine oral tablet dispersible 100 mg	$0 (Tier 1)	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg	$0 (Tier 1)	
clozapine oral tablet dispersible 150 mg	$0 (Tier 1)	QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	$0 (Tier 1)	QL (120 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clozapine oral tablet dispersible 25 mg	$0 (Tier 1)	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0 (Tier 2)	QL (540 ML per 30 days)
Antispasticity Agents - Treatment Of Muscle Spasms		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
tizanidine hcl oral tablet 2 mg, 4 mg	$0 (Tier 1)	
Antivirals - Treatment Of Infections By Viruses		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET 240 MG, 480 MG	$0 (Tier 2)	PA
valganciclovir hcl oral solution reconstituted 50 mg/ml	$0 (Tier 1)	
valganciclovir hcl oral tablet 450 mg	$0 (Tier 1)	
Anti-Hepatitis B (Hbv) Agents		
adefovir dipivoxil oral tablet 10 mg	$0 (Tier 1)	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	$0 (Tier 2)	
entecavir oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	$0 (Tier 2)	
lamivudine oral solution 10 mg/ml	$0 (Tier 1)	QL (960 ML per 30 days)
lamivudine oral tablet 100 mg, 300 mg	$0 (Tier 1)	QL (30 EA per 30 days)
lamivudine oral tablet 150 mg	$0 (Tier 1)	QL (60 EA per 30 days)
tenofovir disoproxil fumarate oral tablet 300 mg	$0 (Tier 1)	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	$0 (Tier 2)	PA
VIREAD ORAL POWDER 40 MG/GM	$0 (Tier 2)	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	$0 (Tier 2)	QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	$0 (Tier 2)	PA
MAVYRET ORAL TABLET 100-40 MG	$0 (Tier 2)	PA
ribavirin oral capsule 200 mg	$0 (Tier 1)	
ribavirin oral tablet 200 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sofosbuvir-velpatasvir oral tablet 400-100 mg	$0 (Tier 2)	PA
VOSEVI ORAL TABLET 400-100-100 MG	$0 (Tier 2)	PA
Antiherpetic Agents		
acyclovir oral capsule 200 mg	$0 (Tier 1)	
acyclovir oral suspension 200 mg/5ml	$0 (Tier 1)	
acyclovir oral tablet 400 mg, 800 mg	$0 (Tier 1)	
acyclovir sodium intravenous solution 50 mg/ml	$0 (Tier 1)	B/D
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$0 (Tier 1)	
trifluridine ophthalmic solution 1 %	$0 (Tier 1)	
valacyclovir hcl oral tablet 1 gm, 500 mg	$0 (Tier 1)	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
ISENTRESS HD ORAL TABLET 600 MG	$0 (Tier 2)	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	$0 (Tier 2)	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	$0 (Tier 2)	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	$0 (Tier 2)	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	$0 (Tier 2)	QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	$0 (Tier 2)	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	$0 (Tier 2)	QL (180 EA per 30 days)
VOCABRIA ORAL TABLET 30 MG	$0 (Tier 2)	QL (30 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT ORAL TABLET 25 MG	$0 (Tier 2)	QL (60 EA per 30 days)
efavirenz oral capsule 200 mg	$0 (Tier 1)	QL (120 EA per 30 days)
efavirenz oral capsule 50 mg	$0 (Tier 1)	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg	$0 (Tier 1)	QL (30 EA per 30 days)
etravirine oral tablet 100 mg	$0 (Tier 1)	QL (120 EA per 30 days)
etravirine oral tablet 200 mg	$0 (Tier 1)	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	$0 (Tier 2)	QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	$0 (Tier 1)	QL (30 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nevirapine oral suspension 50 mg/5ml	$0 (Tier 1)	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	$0 (Tier 1)	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	$0 (Tier 2)	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution 20 mg/ml	$0 (Tier 1)	QL (960 ML per 30 days)
abacavir sulfate oral tablet 300 mg	$0 (Tier 1)	QL (60 EA per 30 days)
abacavir sulfate-lamivudine oral tablet 600-300 mg	$0 (Tier 1)	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	$0 (Tier 2)	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
emtricitabine oral capsule 200 mg	$0 (Tier 1)	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	$0 (Tier 1)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	$0 (Tier 2)	
lamivudine-zidovudine oral tablet 150-300 mg	$0 (Tier 1)	QL (60 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	$0 (Tier 2)	QL (60 EA per 30 days)
zidovudine oral capsule 100 mg	$0 (Tier 1)	QL (180 EA per 30 days)
zidovudine oral syrup 50 mg/5ml	$0 (Tier 1)	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	$0 (Tier 1)	QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	$0 (Tier 2)	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	$0 (Tier 2)	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	$0 (Tier 2)	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	$0 (Tier 1)	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	$0 (Tier 1)	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	$0 (Tier 2)	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GENVOYA ORAL TABLET 150-150-200-10 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
maraviroc oral tablet 150 mg	$0 (Tier 1)	QL (60 EA per 30 days)
maraviroc oral tablet 300 mg	$0 (Tier 1)	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	$0 (Tier 2)	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	$0 (Tier 2)	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	$0 (Tier 2)	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	$0 (Tier 2)	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	$0 (Tier 2)	QL (120 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	$0 (Tier 2)	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	$0 (Tier 2)	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	$0 (Tier 2)	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	$0 (Tier 2)	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	$0 (Tier 2)	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	$0 (Tier 2)	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	$0 (Tier 2)	QL (120 EA per 30 days)
atazanavir sulfate oral capsule 150 mg, 300 mg	$0 (Tier 1)	QL (30 EA per 30 days)
atazanavir sulfate oral capsule 200 mg	$0 (Tier 1)	QL (60 EA per 30 days)
darunavir oral tablet 600 mg	$0 (Tier 1)	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	$0 (Tier 1)	QL (30 EA per 30 days)
fosamprenavir calcium oral tablet 700 mg	$0 (Tier 1)	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	$0 (Tier 2)	
lopinavir-ritonavir oral solution 400-100 mg/5ml	$0 (Tier 1)	QL (390 ML per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lopinavir-ritonavir oral tablet 100-25 mg	$0 (Tier 1)	QL (300 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	$0 (Tier 1)	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	$0 (Tier 2)	QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	$0 (Tier 2)	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	$0 (Tier 2)	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	$0 (Tier 2)	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	$0 (Tier 2)	
ritonavir oral tablet 100 mg	$0 (Tier 1)	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	$0 (Tier 2)	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	$0 (Tier 2)	QL (120 EA per 30 days)
Anti-Influenza Agents		
oseltamivir phosphate oral capsule 30 mg	$0 (Tier 1)	QL (84 EA per 180 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	$0 (Tier 1)	QL (42 EA per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	$0 (Tier 1)	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	$0 (Tier 2)	QL (60 EA per 180 days)
rimantadine hcl oral tablet 100 mg	$0 (Tier 1)	
Antivirals		
advin covid-19 antigen test in vitro kit	$0 (Tier 3)	QL (30 EA per 30 days)
LAGEVRIO ORAL CAPSULE 200 MG	$0 (Tier 1)	QL (40 EA per 5 days)
OTC COVID-19 TEST IN VITRO CARTRIDGE	$0 (Tier 3)	QL (30 EA per 30 days)
otc covid-19 test in vitro kit	$0 (Tier 3)	QL (30 EA per 30 days)
OTC COVID-19 TEST IN VITRO KIT	$0 (Tier 3)	QL (30 EA per 30 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	$0 (Tier 1)	QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	$0 (Tier 1)	QL (30 EA per 5 days)
Anxiolytics - Treatment Of Anxiety Or Nervousness		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	PA
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	$0 (Tier 1)	QL (300 ML per 30 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	$0 (Tier 1)	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	$0 (Tier 1)	QL (150 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	$0 (Tier 1)	QL (300 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	$0 (Tier 1)	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	$0 (Tier 1)	QL (300 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	$0 (Tier 1)	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	$0 (Tier 1)	QL (240 ML per 30 days)
diazepam oral concentrate 5 mg/ml	$0 (Tier 1)	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	$0 (Tier 1)	QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	$0 (Tier 1)	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	$0 (Tier 1)	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	$0 (Tier 1)	QL (150 EA per 30 days)
Bipolar Agents - Treatment For Bipolar Illnesses		
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	$0 (Tier 2)	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	$0 (Tier 1)	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
lithium carbonate oral tablet 300 mg	$0 (Tier 1)	
lithium oral solution 8 meq/5ml	$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Blood Glucose Regulators - Control Of Diabetes		
Antidiabetic Agents		
acarbose oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	QL (90 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
glimepiride oral tablet 1 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	$0 (Tier 1)	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glipizide er oral tablet extended release 24 hour 2.5 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide er oral tablet extended release 24 hour 5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
glipizide oral tablet 10 mg	$0 (Tier 1)	QL (120 EA per 30 days)
glipizide oral tablet 2.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glipizide oral tablet 5 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 2.5 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide xl oral tablet extended release 24 hour 5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-250 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	$0 (Tier 1)	QL (120 EA per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
glyburide micronized oral tablet 6 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
glyburide oral tablet 1.25 mg, 2.5 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
glyburide oral tablet 5 mg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg	$0 (Tier 1)	PA; QL (240 EA per 30 days)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$0 (Tier 2)	QL (30 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg	$0 (Tier 1)	QL (120 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 750 mg	$0 (Tier 1)	QL (60 EA per 30 days)
metformin hcl oral tablet 1000 mg	$0 (Tier 1)	QL (75 EA per 30 days)
metformin hcl oral tablet 500 mg	$0 (Tier 1)	QL (150 EA per 30 days)
metformin hcl oral tablet 850 mg	$0 (Tier 1)	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	$0 (Tier 2)	ST; DCR; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg, 60 mg	$0 (Tier 1)	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	$0 (Tier 2)	ST; DCR; QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	$0 (Tier 2)	ST; DCR; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	$0 (Tier 2)	ST; DCR; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	$0 (Tier 2)	ST; DCR; QL (3 ML per 28 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	$0 (Tier 1)	QL (30 EA per 30 days)

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You can find information on what the symbols and abbreviations in this table mean by going to page 10. Medications that are contained within a compound may require prior authorization.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	$0 (Tier 1)	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	$0 (Tier 1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	$0 (Tier 2)	ST; DCR; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	$0 (Tier 2)	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	$0 (Tier 2)	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	$0 (Tier 2)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	$0 (Tier 2)	ST; DCR; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	$0 (Tier 2)	ST; DCR; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	$0 (Tier 2)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	$0 (Tier 2)	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	$0 (Tier 2)	QL (4 EA per 30 days)
diazoxide oral suspension 50 mg/ml	$0 (Tier 1)	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	$0 (Tier 2)	QL (4 EA per 30 days)
glucagon emergency injection kit 1 mg	$0 (Tier 1)	QL (4 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glucagon emergency injection solution reconstituted 1 mg/ml	$0 (Tier 1)	QL (4 EA per 30 days)
KORLYM ORAL TABLET 300 MG	$0 (Tier 2)	PA
mifepristone oral tablet 300 mg	$0 (Tier 1)	PA
Insulins		
gauze pad 2"x2"	$0 (Tier 1)	
GAUZE PAD 2"X2"	$0 (Tier 1)	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	$0 (Tier 2)	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	$0 (Tier 2)	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	$0 (Tier 2)	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	$0 (Tier 2)	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	$0 (Tier 2)	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$0 (Tier 2)	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	$0 (Tier 2)	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$0 (Tier 2)	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (Tier 2)	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	$0 (Tier 2)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	$0 (Tier 2)	
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	$0 (Tier 1)	
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	$0 (Tier 1)	
insulin aspart injection solution 100 unit/ml	$0 (Tier 1)	
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	$0 (Tier 1)	
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	$0 (Tier 1)	
insulin lispro injection solution 100 unit/ml	$0 (Tier 1)	
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	$0 (Tier 1)	
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	$0 (Tier 1)	
insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	$0 (Tier 1)	
INSULIN SYRINGE 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G 0.3 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	$0 (Tier 1)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	$0 (Tier 2)	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	$0 (Tier 2)	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	$0 (Tier 2)	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	$0 (Tier 2)	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	$0 (Tier 2)	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$0 (Tier 2)	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$0 (Tier 2)	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	$0 (Tier 2)	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	$0 (Tier 2)	
OMNIPOD 5 G6 PODS (GEN 5)	$0 (Tier 2)	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	$0 (Tier 2)	
OMNIPOD 5 G7 PODS (GEN 5)	$0 (Tier 2)	
OMNIPOD DASH INTRO (GEN 4) KIT	$0 (Tier 2)	
OMNIPOD DASH PDM (GEN 4) KIT	$0 (Tier 2)	
OMNIPOD DASH PODS (GEN 4)	$0 (Tier 2)	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	$0 (Tier 2)	
PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	$0 (Tier 1)	
pen needles 30g x 5 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm	$0 (Tier 1)	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	$0 (Tier 2)	QL (30 ML per 30 days)
V-GO 20 KIT 20 UNIT/24HR	$0 (Tier 2)	
V-GO 30 KIT 30 UNIT/24HR	$0 (Tier 2)	
V-GO 40 KIT 40 UNIT/24HR	$0 (Tier 2)	
Blood Products And Modifiers - Prevention Of Clotting And Increasing Blood Cell Production		
Anticoagulants		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	$0 (Tier 2)	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	$0 (Tier 2)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	$0 (Tier 2)	QL (74 EA per 30 days)
enoxaparin sodium injection solution 300 mg/3ml	$0 (Tier 1)	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	$0 (Tier 1)	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	$0 (Tier 1)	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	$0 (Tier 2)	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	$0 (Tier 2)	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	$0 (Tier 1)	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	$0 (Tier 1)	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (Tier 1)	
XARELTO ORAL TABLET 10 MG, 20 MG	$0 (Tier 2)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	$0 (Tier 2)	QL (60 EA per 30 days)
XARELTO ORAL TABLET 2.5 MG	$0 (Tier 2)	QL (120 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	$0 (Tier 2)	QL (51 EA per 30 days)
Blood Products And Modifiers, Other		
anagrelide hcl oral capsule 0.5 mg, 1 mg	$0 (Tier 1)	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	$0 (Tier 2)	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	$0 (Tier 2)	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$0 (Tier 2)	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$0 (Tier 2)	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	$0 (Tier 2)	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	$0 (Tier 2)	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$0 (Tier 2)	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$0 (Tier 2)	PA
OXBRYTA ORAL TABLET 300 MG, 500 MG	$0 (Tier 2)	PA
OXBRYTA ORAL TABLET SOLUBLE 300 MG	$0 (Tier 2)	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	$0 (Tier 2)	PA
PROMACTA ORAL PACKET 12.5 MG	$0 (Tier 2)	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	$0 (Tier 2)	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	$0 (Tier 2)	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	$0 (Tier 2)	PA
TAVNEOS ORAL CAPSULE 10 MG	$0 (Tier 2)	PA
tranexamic acid oral tablet 650 mg	$0 (Tier 1)	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$0 (Tier 2)	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	$0 (Tier 2)	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$0 (Tier 2)	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	$0 (Tier 2)	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$0 (Tier 2)	PA
Platelet Modifying Agents		
adult aspirin regimen tablet delayed release 81 mg oral	$0 (Tier 3)	DP
aspirin low dose tablet chewable 81 mg oral	$0 (Tier 3)	DP
aspirin low dose tablet delayed release 81 mg oral	$0 (Tier 3)	DP
aspirin low strength tablet chewable 81 mg oral	$0 (Tier 3)	DP
aspirin regimen tablet delayed release 81 mg oral	$0 (Tier 3)	DP
aspirin suppository 300 mg rectal	$0 (Tier 3)	DP
aspirin tablet 325 mg oral	$0 (Tier 3)	DP
aspirin tablet chewable 81 mg oral	$0 (Tier 3)	DP
aspirin tablet delayed release 325 mg oral	$0 (Tier 3)	DP
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	$0 (Tier 2)	
cilostazol oral tablet 100 mg, 50 mg	$0 (Tier 1)	
clopidogrel bisulfate oral tablet 75 mg	$0 (Tier 1)	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0 (Tier 1)	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gnp adult aspirin low strength tablet chewable 81 mg oral	$0 (Tier 3)	DP
gnp aspirin low dose tablet delayed release 81 mg oral	$0 (Tier 3)	DP
gnp aspirin tablet 325 mg oral	$0 (Tier 3)	DP
gnp aspirin tablet delayed release 81 mg oral	$0 (Tier 3)	DP
goodsense aspirin adults tablet 325 mg oral	$0 (Tier 3)	DP
goodsense aspirin tablet 325 mg oral	$0 (Tier 3)	DP
goodsense aspirin tablet chewable 81 mg oral	$0 (Tier 3)	DP
hm adult aspirin tablet 325 mg oral	$0 (Tier 3)	DP
hm aspirin ec low dose tablet delayed release 81 mg oral	$0 (Tier 3)	DP
hm aspirin tablet delayed release 325 mg oral	$0 (Tier 3)	DP
prasugrel hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	
qc aspirin low dose tablet chewable 81 mg oral	$0 (Tier 3)	DP
qc aspirin low dose tablet delayed release 81 mg oral	$0 (Tier 3)	DP
qc aspirin tablet 325 mg oral	$0 (Tier 3)	DP
qc enteric aspirin tablet delayed release 325 mg oral	$0 (Tier 3)	DP
sm aspirin adult low strength tablet delayed release 81 mg oral	$0 (Tier 3)	DP
sm aspirin ec tablet delayed release 325 mg oral	$0 (Tier 3)	DP
sm aspirin low dose tablet chewable 81 mg oral	$0 (Tier 3)	DP
sm aspirin low dose tablet delayed release 81 mg oral	$0 (Tier 3)	DP
sm aspirin tablet 325 mg oral	$0 (Tier 3)	DP
tri-buffered aspirin tablet 325 mg oral	$0 (Tier 3)	DP
Cardiovascular Agents - Treatment Of Conditions Affecting The Heart And Blood Vessels		
Alpha-Adrenergic Agonists		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (Tier 1)	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	$0 (Tier 1)	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
guanfacine hcl oral tablet 1 mg, 2 mg	$0 (Tier 1)	PA
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
phenoxybenzamine hcl oral capsule 10 mg	$0 (Tier 1)	PA
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	$0 (Tier 1)	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
Angiotensin II Receptor Antagonists		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$0 (Tier 1)	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$0 (Tier 1)	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	$0 (Tier 1)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	$0 (Tier 1)	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$0 (Tier 1)	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (Tier 1)	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$0 (Tier 1)	
moexipril hcl oral tablet 15 mg, 7.5 mg	$0 (Tier 1)	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (Tier 1)	
Antiarrhythmics		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
disopyramide phosphate oral capsule 100 mg, 150 mg	$0 (Tier 1)	PA
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	$0 (Tier 1)	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	$0 (Tier 1)	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	$0 (Tier 2)	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	$0 (Tier 2)	PA
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	$0 (Tier 1)	
quinidine gluconate er oral tablet extended release 324 mg	$0 (Tier 1)	
quinidine sulfate oral tablet 200 mg, 300 mg	$0 (Tier 1)	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	$0 (Tier 1)	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (Tier 1)	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule 200 mg, 400 mg	$0 (Tier 1)	
atenolol oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
betaxolol hcl oral tablet 10 mg, 20 mg	$0 (Tier 1)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0 (Tier 1)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$0 (Tier 1)	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nadolol oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (Tier 1)	
pindolol oral tablet 10 mg, 5 mg	$0 (Tier 1)	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	$0 (Tier 1)	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	$0 (Tier 1)	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$0 (Tier 1)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
isradipine oral capsule 2.5 mg, 5 mg	$0 (Tier 1)	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
nifedipine oral capsule 10 mg, 20 mg	$0 (Tier 1)	PA
nimodipine oral capsule 30 mg	$0 (Tier 1)	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	$0 (Tier 1)	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	$0 (Tier 1)	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	$0 (Tier 1)	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	$0 (Tier 1)	
Cardiovascular Agents, Other		
acetazolamide oral tablet 125 mg, 250 mg	$0 (Tier 1)	
aliskiren fumarate oral tablet 150 mg, 300 mg	$0 (Tier 1)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$0 (Tier 1)	
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$0 (Tier 1)	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$0 (Tier 1)	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$0 (Tier 1)	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	$0 (Tier 1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0 (Tier 1)	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$0 (Tier 1)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$0 (Tier 1)	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	$0 (Tier 1)	
CORLANOR ORAL SOLUTION 5 MG/5ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CORLANOR ORAL TABLET 5 MG, 7.5 MG	$0 (Tier 2)	PA
digoxin oral solution 0.05 mg/ml	$0 (Tier 1)	QL (150 ML per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	$0 (Tier 1)	QL (30 EA per 30 days)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	$0 (Tier 1)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	$0 (Tier 2)	QL (60 EA per 30 days)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	$0 (Tier 1)	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	$0 (Tier 1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 1)	
LODOCO ORAL TABLET 0.5 MG	$0 (Tier 2)	PA
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	$0 (Tier 1)	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$0 (Tier 1)	
metyrosine oral capsule 250 mg	$0 (Tier 1)	PA
NEXLETOL ORAL TABLET 180 MG	$0 (Tier 2)	PA
NEXLIZET ORAL TABLET 180-10 MG	$0 (Tier 2)	PA
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$0 (Tier 1)	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	$0 (Tier 1)	
pentoxifylline er oral tablet extended release 400 mg	$0 (Tier 1)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 1)	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	$0 (Tier 1)	
spironolactone-hctz oral tablet 25-25 mg	$0 (Tier 1)	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	$0 (Tier 1)	
triamterene-hctz oral capsule 37.5-25 mg	$0 (Tier 1)	

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You can find information on what the symbols and abbreviations in this table mean by going to page 10. Medications that are contained within a compound may require prior authorization.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	$0 (Tier 1)	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	$0 (Tier 1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
Diuretics, Loop		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	$0 (Tier 1)	
furosemide oral solution 10 mg/ml, 8 mg/ml	$0 (Tier 1)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$0 (Tier 1)	
Diuretics, Potassium-Sparing		
amiloride hcl oral tablet 5 mg	$0 (Tier 1)	
eplerenone oral tablet 25 mg, 50 mg	$0 (Tier 1)	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	$0 (Tier 1)	
hydrochlorothiazide oral capsule 12.5 mg	$0 (Tier 1)	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$0 (Tier 1)	
indapamide oral tablet 1.25 mg, 2.5 mg	$0 (Tier 1)	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	$0 (Tier 1)	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	$0 (Tier 1)	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	$0 (Tier 1)	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	$0 (Tier 1)	
fenofibric acid oral tablet 35 mg	$0 (Tier 1)	
gemfibrozil oral tablet 600 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	$0 (Tier 1)	
Dyslipidemics, Other		
cholestyramine light oral packet 4 gm	$0 (Tier 1)	
cholestyramine light oral powder 4 gm/dose	$0 (Tier 1)	
cholestyramine oral packet 4 gm	$0 (Tier 1)	
cholestyramine oral powder 4 gm/dose	$0 (Tier 1)	
colesevelam hcl oral packet 3.75 gm	$0 (Tier 1)	
colesevelam hcl oral tablet 625 mg	$0 (Tier 1)	
colestipol hcl oral granules 5 gm	$0 (Tier 1)	
colestipol hcl oral packet 5 gm	$0 (Tier 1)	
colestipol hcl oral tablet 1 gm	$0 (Tier 1)	
ezetimibe oral tablet 10 mg	$0 (Tier 1)	
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	$0 (Tier 1)	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	$0 (Tier 1)	
icosapent ethyl oral capsule 0.5 gm, 1 gm	$0 (Tier 1)	PA
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	$0 (Tier 1)	
omega-3-acid ethyl esters oral capsule 1 gm	$0 (Tier 1)	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	$0 (Tier 2)	PA
PREVALITE ORAL PACKET 4 GM	$0 (Tier 1)	
PREVALITE ORAL POWDER 4 GM/DOSE	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	$0 (Tier 2)	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	$0 (Tier 2)	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	$0 (Tier 2)	PA
Vasodilators, Direct-Acting Arterial		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg, 37.5-20 mg	$0 (Tier 1)	
minoxidil oral tablet 10 mg, 2.5 mg	$0 (Tier 1)	
Vasodilators, Direct-Acting Arterial/ Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	$0 (Tier 1)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	$0 (Tier 1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	$0 (Tier 2)	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	$0 (Tier 2)	
nitroglycerin rectal ointment 0.4 %	$0 (Tier 1)	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	$0 (Tier 1)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	$0 (Tier 1)	
nitroglycerin translingual solution 0.4 mg/spray	$0 (Tier 1)	
RECTIV RECTAL OINTMENT 0.4 %	$0 (Tier 2)	
Central Nervous System Agents - Treatment Of Disorders Of The Brain And Spinal Column		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 12.5 mg	$0 (Tier 1)	QL (120 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 15 mg	$0 (Tier 1)	QL (90 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	$0 (Tier 1)	QL (150 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	$0 (Tier 1)	QL (120 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	$0 (Tier 1)	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	$0 (Tier 1)	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	$0 (Tier 1)	QL (120 EA per 30 days)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dexmethylphenidate hcl oral tablet 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	$0 (Tier 1)	PA
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	$0 (Tier 1)	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	$0 (Tier 1)	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg	$0 (Tier 1)	QL (120 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg	$0 (Tier 1)	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	$0 (Tier 1)	QL (60 EA per 30 days)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	$0 (Tier 1)	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg	$0 (Tier 1)	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	$0 (Tier 1)	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg	$0 (Tier 1)	QL (120 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg	$0 (Tier 1)	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	$0 (Tier 1)	QL (60 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	$0 (Tier 1)	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	$0 (Tier 1)	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable 10 mg	$0 (Tier 1)	QL (180 EA per 30 days)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	$0 (Tier 2)	PA
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	$0 (Tier 2)	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	$0 (Tier 2)	PA
FIRDAPSE ORAL TABLET 10 MG	$0 (Tier 2)	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	$0 (Tier 2)	PA; QL (56 EA per 365 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	$0 (Tier 2)	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	$0 (Tier 2)	PA
RELYVRIO ORAL PACKET 3-1 GM	$0 (Tier 2)	PA
riluzole oral tablet 50 mg	$0 (Tier 1)	
tetrabenazine oral tablet 12.5 mg, 25 mg	$0 (Tier 1)	PA
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	$0 (Tier 1)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	$0 (Tier 2)	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	$0 (Tier 2)	ST
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	$0 (Tier 2)	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	$0 (Tier 2)	PA
dalfampridine er oral tablet extended release 12 hour 10 mg	$0 (Tier 1)	PA
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	$0 (Tier 1)	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	$0 (Tier 1)	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	$0 (Tier 2)	PA
fingolimod hcl oral capsule 0.5 mg	$0 (Tier 1)	PA
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	$0 (Tier 1)	PA
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	$0 (Tier 1)	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	$0 (Tier 2)	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	$0 (Tier 2)	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	$0 (Tier 2)	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	$0 (Tier 2)	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	$0 (Tier 2)	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	$0 (Tier 2)	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	$0 (Tier 2)	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	$0 (Tier 2)	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	$0 (Tier 2)	PA
PONVORY ORAL TABLET 20 MG	$0 (Tier 2)	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	$0 (Tier 2)	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	$0 (Tier 2)	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	$0 (Tier 2)	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	$0 (Tier 2)	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	$0 (Tier 2)	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	$0 (Tier 2)	PA
teriflunomide oral tablet 14 mg, 7 mg	$0 (Tier 1)	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	$0 (Tier 2)	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	$0 (Tier 2)	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dental And Oral Agents - Treatment Of Mouth And Gum Disorders		
Dental And Oral Agents		
cevimeline hcl oral capsule 30 mg	$0 (Tier 1)	
chlorhexidine gluconate mouth/throat solution 0.12 %	$0 (Tier 1)	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$0 (Tier 1)	
triamcinolone acetonide mouth/throat paste 0.1 %	$0 (Tier 1)	
Dermatological Agents - Treatment Of Skin Conditions		
Acne And Rosacea Agents		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$0 (Tier 1)	PA
acne medication 10 gel 10 % external	$0 (Tier 3)	DP
acne medication 10 lotion 10 % external	$0 (Tier 3)	DP
acne medication 2.5 gel 2.5 % external	$0 (Tier 3)	DP
acne medication 5 gel 5 % external (otc)	$0 (Tier 3)	DP
adapalene external gel 0.1 %	$0 (Tier 1)	
adapalene gel 0.1 % external (otc)	$0 (Tier 3)	DP
adapalene-benzoyl peroxide external gel 0.1-2.5 %	$0 (Tier 1)	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	$0 (Tier 1)	
benzoyl peroxide gel 10 % external (otc)	$0 (Tier 3)	DP
benzoyl peroxide gel 2.5 % external (otc)	$0 (Tier 3)	DP
benzoyl peroxide gel 5 % external (otc)	$0 (Tier 3)	DP
benzoyl peroxide wash liquid 5 % external (otc)	$0 (Tier 3)	DP
benzoyl peroxide-erythromycin external gel 5-3 %	$0 (Tier 1)	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0 (Tier 1)	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	$0 (Tier 1)	
DIFFERIN GEL 0.1 % EXTERNAL (OTC)	$0 (Tier 3)	DP
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0 (Tier 1)	
tazarotene external cream 0.1 %	$0 (Tier 1)	
tazarotene external gel 0.05 %, 0.1 %	$0 (Tier 1)	
TAZORAC EXTERNAL CREAM 0.05 %	$0 (Tier 2)	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	$0 (Tier 1)	
tretinoin external gel 0.01 %, 0.025 %	$0 (Tier 1)	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0 (Tier 1)	
Dermatitis And Pruritus Agents		
alclometasone dipropionate external cream 0.05 %	$0 (Tier 1)	
alclometasone dipropionate external ointment 0.05 %	$0 (Tier 1)	
ammonium lactate external cream 12 %	$0 (Tier 1)	
ammonium lactate external lotion 12 %	$0 (Tier 1)	
anti-itch maximum strength cream 1 % external	$0 (Tier 3)	DP
betamethasone dipropionate aug external cream 0.05 %	$0 (Tier 1)	
betamethasone dipropionate aug external gel 0.05 %	$0 (Tier 1)	
betamethasone dipropionate aug external lotion 0.05 %	$0 (Tier 1)	
betamethasone dipropionate aug external ointment 0.05 %	$0 (Tier 1)	
betamethasone dipropionate external cream 0.05 %	$0 (Tier 1)	
betamethasone dipropionate external lotion 0.05 %	$0 (Tier 1)	
betamethasone dipropionate external ointment 0.05 %	$0 (Tier 1)	
betamethasone valerate external cream 0.1 %	$0 (Tier 1)	
betamethasone valerate external lotion 0.1 %	$0 (Tier 1)	
betamethasone valerate external ointment 0.1 %	$0 (Tier 1)	
clobetasol prop emollient base external cream 0.05 %	$0 (Tier 1)	
clobetasol propionate e external cream 0.05 %	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clobetasol propionate external cream 0.05 %	$0 (Tier 1)	
clobetasol propionate external gel 0.05 %	$0 (Tier 1)	
clobetasol propionate external ointment 0.05 %	$0 (Tier 1)	
clobetasol propionate external solution 0.05 %	$0 (Tier 1)	
desonide external cream 0.05 %	$0 (Tier 1)	
desonide external lotion 0.05 %	$0 (Tier 1)	
desonide external ointment 0.05 %	$0 (Tier 1)	
desoximetasone external cream 0.05 %, 0.25 %	$0 (Tier 1)	
desoximetasone external gel 0.05 %	$0 (Tier 1)	
desoximetasone external ointment 0.05 %, 0.25 %	$0 (Tier 1)	
doxepin hcl external cream 5 %	$0 (Tier 1)	PA; QL (45 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	$0 (Tier 2)	PA
fluocinolone acetonide external cream 0.01 %, 0.025 %	$0 (Tier 1)	
fluocinolone acetonide external ointment 0.025 %	$0 (Tier 1)	
fluocinolone acetonide external solution 0.01 %	$0 (Tier 1)	
fluocinonide emulsified base external cream 0.05 %	$0 (Tier 1)	
fluocinonide external cream 0.05 %	$0 (Tier 1)	
fluocinonide external gel 0.05 %	$0 (Tier 1)	
fluocinonide external ointment 0.05 %	$0 (Tier 1)	
fluocinonide external solution 0.05 %	$0 (Tier 1)	
fluticasone propionate external cream 0.05 %	$0 (Tier 1)	
fluticasone propionate external lotion 0.05 %	$0 (Tier 1)	
fluticasone propionate external ointment 0.005 %	$0 (Tier 1)	
gnp hydrocortisone cream 0.5 % external	$0 (Tier 3)	DP
gnp hydrocortisone max st ointment 1 % external	$0 (Tier 3)	DP
gnp hydrocortisone plus cream 1 % external	$0 (Tier 3)	DP
gnp hydrocortisone/aloe cream 1 % external	$0 (Tier 3)	DP
halobetasol propionate external cream 0.05 %	$0 (Tier 1)	
halobetasol propionate external ointment 0.05 %	$0 (Tier 1)	
hm hydrocortisone plus cream 1 % external	$0 (Tier 3)	DP
hm hydrocortisone-aloe max st cream 1 % external	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortisone (perianal) external cream 1 %, 2.5 %	$0 (Tier 1)	
hydrocortisone acetate cream 1 % external	$0 (Tier 3)	DP
hydrocortisone butyr lipo base external cream 0.1 %	$0 (Tier 1)	
hydrocortisone butyrate external cream 0.1 %	$0 (Tier 1)	
hydrocortisone butyrate external ointment 0.1 %	$0 (Tier 1)	
hydrocortisone butyrate external solution 0.1 %	$0 (Tier 1)	
hydrocortisone cream 0.5 % external	$0 (Tier 3)	DP
hydrocortisone cream 1 % external (otc)	$0 (Tier 3)	DP
hydrocortisone external cream 1 %, 2.5 %	$0 (Tier 1)	
hydrocortisone external lotion 2.5 %	$0 (Tier 1)	
hydrocortisone external ointment 1 %, 2.5 %	$0 (Tier 1)	
hydrocortisone max st cream 1 % external	$0 (Tier 3)	DP
hydrocortisone max st/12 moist cream 1 % external	$0 (Tier 3)	DP
hydrocortisone ointment 1 % external (otc)	$0 (Tier 3)	DP
hydrocortisone valerate external cream 0.2 %	$0 (Tier 1)	
hydrocortisone valerate external ointment 0.2 %	$0 (Tier 1)	
hydrocortisone/aloe max str cream 1 % external	$0 (Tier 3)	DP
HYFTOR EXTERNAL GEL 0.2 %	$0 (Tier 2)	PA
mometasone furoate external cream 0.1 %	$0 (Tier 1)	
mometasone furoate external ointment 0.1 %	$0 (Tier 1)	
mometasone furoate external solution 0.1 %	$0 (Tier 1)	
pimecrolimus external cream 1 %	$0 (Tier 1)	ST
prednicarbate external ointment 0.1 %	$0 (Tier 1)	
qc anti-itch aloe cream 1 % external	$0 (Tier 3)	DP
selenium sulfide external lotion 2.5 %	$0 (Tier 1)	
sm hydrocortisone cream 1 % external	$0 (Tier 3)	DP
sm hydrocortisone max st ointment 1 % external	$0 (Tier 3)	DP
sm hydrocortisone plus cream 1 % external	$0 (Tier 3)	DP
tacrolimus external ointment 0.03 %, 0.1 %	$0 (Tier 1)	ST
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triamcinolone acetonide external lotion 0.025 %, 0.1 %	$0 (Tier 1)	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	$0 (Tier 1)	
triamcinolone in absorbase external ointment 0.05 %	$0 (Tier 1)	
Dermatological Agents, Other		
ALCOHOL PAD , 70 %	$0 (Tier 1)	
alcohol pad 70 %	$0 (Tier 1)	
alcohol sheet , 70 %	$0 (Tier 1)	
calcipotriene external cream 0.005 %	$0 (Tier 1)	
calcipotriene external ointment 0.005 %	$0 (Tier 1)	
calcipotriene external solution 0.005 %	$0 (Tier 1)	
calcitriol external ointment 3 mcg/gm	$0 (Tier 1)	
clotrimazole-betamethasone external cream 1-0.05 %	$0 (Tier 1)	
clotrimazole-betamethasone external lotion 1-0.05 %	$0 (Tier 1)	
fluorouracil external cream 0.5 %	$0 (Tier 1)	PA
fluorouracil external cream 5 %	$0 (Tier 1)	
fluorouracil external solution 2 %, 5 %	$0 (Tier 1)	
imiquimod external cream 5 %	$0 (Tier 1)	
methoxsalen rapid oral capsule 10 mg	$0 (Tier 1)	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	$0 (Tier 1)	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	$0 (Tier 1)	
OTEZLA ORAL TABLET 30 MG	$0 (Tier 2)	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	$0 (Tier 2)	PA
podofilox external solution 0.5 %	$0 (Tier 1)	
REGRANEX EXTERNAL GEL 0.01 %	$0 (Tier 2)	PA; QL (15 GM per 30 days)
RENOVA CREAM 0.02 % EXTERNAL	$0 (Tier 3)	DP
RENOVA PUMP CREAM 0.02 % EXTERNAL	$0 (Tier 3)	DP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	$0 (Tier 2)	QL (90 GM per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
silver sulfadiazine external cream 1 %	$0 (Tier 1)	
sodium chloride irrigation solution 0.9 %	$0 (Tier 1)	
Pediculicides/Scabicides		
gnp lice treatment liquid 1 % external	$0 (Tier 3)	DP
gnp lice treatment shampoo 0.33-4 % external	$0 (Tier 3)	DP
goodsense lice killing liquid 1 % external	$0 (Tier 3)	DP
lice killing maximum strength shampoo 0.33-4 % external	$0 (Tier 3)	DP
lice killing shampoo 0.33-4 % external	$0 (Tier 3)	DP
lice treatment creme rinse liquid 1 % external	$0 (Tier 3)	DP
malathion external lotion 0.5 %	$0 (Tier 1)	
permethrin external cream 5 %	$0 (Tier 1)	
sm lice killing max strength shampoo 0.33-4 % external	$0 (Tier 3)	DP
sm lice treatment lotion 1 % external	$0 (Tier 3)	DP
Topical Anti-Infectives		
acyclovir external cream 5 %	$0 (Tier 1)	
acyclovir external ointment 5 %	$0 (Tier 1)	
BETADINE SOLUTION 10 % EXTERNAL	$0 (Tier 3)	DP
ciclopirox external solution 8 %	$0 (Tier 1)	
ciclopirox olamine external cream 0.77 %	$0 (Tier 1)	
ciclopirox olamine external suspension 0.77 %	$0 (Tier 1)	
clindamycin phosphate external gel 1 %	$0 (Tier 1)	
clindamycin phosphate external lotion 1 %	$0 (Tier 1)	
clindamycin phosphate external solution 1 %	$0 (Tier 1)	
clindamycin phosphate external swab 1 %	$0 (Tier 1)	
ery external pad 2 %	$0 (Tier 1)	
erythromycin external gel 2 %	$0 (Tier 1)	
erythromycin external solution 2 %	$0 (Tier 1)	
first aid antiseptic ointment 10 % external	$0 (Tier 3)	DP
gentamicin sulfate external cream 0.1 %	$0 (Tier 1)	
gentamicin sulfate external ointment 0.1 %	$0 (Tier 1)	
gnp triple antibiotic ointment external	$0 (Tier 3)	DP
hm triple antibiotic ointment 3.5-400-5000 external	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metronidazole external cream 0.75 %	$0 (Tier 1)	
metronidazole external gel 0.75 %, 1 %	$0 (Tier 1)	
metronidazole external lotion 0.75 %	$0 (Tier 1)	
mupirocin external ointment 2 %	$0 (Tier 1)	QL (88 GM per 30 days)
penciclovir external cream 1 %	$0 (Tier 1)	
povidone-iodine solution 10 % external	$0 (Tier 3)	DP
qc povidone iodine solution 10 % external	$0 (Tier 3)	DP
sm povidone-iodine solution 10 % external	$0 (Tier 3)	DP
sm triple antibiotic original ointment 3.5-400-5000 external	$0 (Tier 3)	DP
triple antibiotic ointment 3.5-400-5000 external	$0 (Tier 3)	DP
triple antibiotic ointment 5-400-5000 external	$0 (Tier 3)	DP
triple antibiotic ointment external	$0 (Tier 3)	DP
Electrolytes/Minerals/ Metals/ Vitamins - Products That Supplement Or Replace Electrolytes, Minerals, Metals Or Vitamins		
Electrolyte/ Mineral Replacement		
carglumic acid oral tablet soluble 200 mg	$0 (Tier 1)	PA
chromic chloride solution 40 mcg/10ml intravenous	$0 (Tier 3)	DP
cupric chloride solution 0.4 mg/ml intravenous	$0 (Tier 3)	DP
ISOLYTE-S INTRAVENOUS SOLUTION	$0 (Tier 2)	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	$0 (Tier 2)	
kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%	$0 (Tier 1)	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	$0 (Tier 2)	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	$0 (Tier 1)	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	$0 (Tier 1)	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	$0 (Tier 2)	
K-PHOS TABLET 500 MG ORAL	$0 (Tier 3)	DP
magnesium oxide tablet 400 mg oral	$0 (Tier 3)	DP
magnesium oxide tablet 420 mg oral	$0 (Tier 3)	DP
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	$0 (Tier 1)	
manganese chloride solution 0.1 mg/ml intravenous	$0 (Tier 3)	DP
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	$0 (Tier 1)	
potassium chloride er oral capsule extended release 10 meq, 8 meq	$0 (Tier 1)	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	$0 (Tier 1)	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml	$0 (Tier 1)	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	$0 (Tier 1)	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	$0 (Tier 1)	
sodium bicarbonate tablet 325 mg oral	$0 (Tier 3)	DP
sodium bicarbonate tablet 650 mg oral	$0 (Tier 3)	DP
sodium chloride (pf) injection solution 0.9 %	$0 (Tier 1)	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %	$0 (Tier 1)	
sodium fluoride oral tablet 2.2 (1 f) mg	$0 (Tier 1)	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	$0 (Tier 2)	PA
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	$0 (Tier 1)	PA
deferasirox oral packet 180 mg, 360 mg, 90 mg	$0 (Tier 1)	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	$0 (Tier 1)	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	$0 (Tier 1)	PA
deferiprone oral tablet 1000 mg, 500 mg	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
penicillamine oral tablet 250 mg	$0 (Tier 1)	PA
tolvaptan oral tablet 15 mg, 30 mg	$0 (Tier 1)	PA
trientine hcl oral capsule 250 mg	$0 (Tier 1)	PA
Electrolytes/Minerals/Metals/Vitamins		
adc/f (0.5mg/ml) solution 0.5 mg/ml oral	$0 (Tier 3)	DP
BACMIN TABLET ORAL	$0 (Tier 3)	DP
bp vit 3 capsule 1 mg oral	$0 (Tier 3)	DP
CLINISOL SF INTRAVENOUS SOLUTION 15 %	$0 (Tier 1)	B/D
CORVITA TABLET ORAL	$0 (Tier 3)	DP
cyanocobalamin solution 1000 mcg/ml injection	$0 (Tier 3)	DP
dextrose intravenous solution 10 %, 5 %	$0 (Tier 1)	
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	$0 (Tier 1)	
dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.45 %, 5-0.9 %	$0 (Tier 1)	
DIALYVITE 3000 TABLET 3 MG ORAL	$0 (Tier 3)	DP
DIALYVITE 5000 TABLET 5 MG ORAL	$0 (Tier 3)	DP
DIALYVITE SUPREME D TABLET ORAL	$0 (Tier 3)	DP
DIALYVITE TABLET ORAL	$0 (Tier 3)	DP
DIALYVITE/ZINC TABLET ORAL	$0 (Tier 3)	DP
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	$0 (Tier 3)	DP
ENLYTE CAPSULE ORAL	$0 (Tier 3)	DP
ergocalciferol capsule 1.25 mg (50000 ut) oral	$0 (Tier 3)	DP
FLORIVA TABLET CHEWABLE 0.25 MG ORAL	$0 (Tier 3)	DP
FLORIVA TABLET CHEWABLE 0.5 MG ORAL	$0 (Tier 3)	DP
FLORIVA TABLET CHEWABLE 1 MG ORAL	$0 (Tier 3)	DP
folic acid solution 5 mg/ml injection	$0 (Tier 3)	DP
folic acid tablet 1 mg oral (rx)	$0 (Tier 3)	DP
FOLTRATE TABLET 500-1 MCG-MG ORAL	$0 (Tier 3)	DP
hydroxocobalamin acetate solution 1000 mcg/ml intramuscular	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFUVITE ADULT INJECTABLE INTRAVENOUS	$0 (Tier 3)	DP
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	$0 (Tier 3)	DP
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	$0 (Tier 2)	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	$0 (Tier 2)	
levocarnitine oral solution 1 gm/10ml	$0 (Tier 1)	
levocarnitine oral tablet 330 mg	$0 (Tier 1)	
levocarnitine sf oral solution 1 gm/10ml	$0 (Tier 1)	
multi-vit/iron/fluoride solution 0.25-10 mg/ml oral	$0 (Tier 3)	DP
multivitamin/fluoride solution 0.25 mg/ml oral (otc)	$0 (Tier 3)	DP
multi-vitamin/fluoride solution 0.25 mg/ml oral	$0 (Tier 3)	DP
multivitamin/fluoride solution 0.5 mg/ml oral (otc)	$0 (Tier 3)	DP
multi-vitamin/fluoride solution 0.5 mg/ml oral	$0 (Tier 3)	DP
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	$0 (Tier 3)	DP
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	$0 (Tier 3)	DP
multivitamin/fluoride tablet chewable 1 mg oral (rx)	$0 (Tier 3)	DP
multi-vitamin/fluoride/iron solution 0.25-10 mg/ml oral	$0 (Tier 3)	DP
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	$0 (Tier 3)	DP
NEPHPLEX RX TABLET ORAL	$0 (Tier 3)	DP
NIVA-FOL TABLET 2.5-25-2 MG ORAL	$0 (Tier 3)	DP
NUTRILIPID INTRAVENOUS EMULSION 20 %	$0 (Tier 2)	B/D
phytonadione solution 1 mg/0.5ml injection	$0 (Tier 3)	DP
phytonadione solution 10 mg/ml injection	$0 (Tier 3)	DP
phytonadione tablet 5 mg oral	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PLENAMINE INTRAVENOUS SOLUTION 15 %	$0 (Tier 1)	B/D
POLY-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	$0 (Tier 3)	DP
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL	$0 (Tier 3)	DP
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL	$0 (Tier 3)	DP
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL	$0 (Tier 3)	DP
POLY-VI-FLOR/IRON SUSPENSION 0.25-7 MG/ML ORAL (OTC)	$0 (Tier 3)	DP
POLY-VI-FLOR/IRON TABLET CHEWABLE 0.5-10 MG ORAL	$0 (Tier 3)	DP
prenatal oral tablet 27-1 mg	$0 (Tier 1)	
pyridoxine hcl solution 100 mg/ml injection	$0 (Tier 3)	DP
QUFLORA FE PEDIATRIC LIQUID 0.25-9.5 MG/ML ORAL	$0 (Tier 3)	DP
QUFLORA FE TABLET CHEWABLE 0.25 MG ORAL	$0 (Tier 3)	DP
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML ORAL	$0 (Tier 3)	DP
QUFLORA PEDIATRIC SOLUTION 0.5 MG/ML ORAL	$0 (Tier 3)	DP
QUFLORA PEDIATRIC TABLET CHEWABLE 0.25 MG ORAL	$0 (Tier 3)	DP
QUFLORA PEDIATRIC TABLET CHEWABLE 0.5 MG ORAL	$0 (Tier 3)	DP
QUFLORA PEDIATRIC TABLET CHEWABLE 1 MG ORAL	$0 (Tier 3)	DP
RENAL CAPSULE 1 MG ORAL	$0 (Tier 3)	DP
STROVITE ONE TABLET ORAL	$0 (Tier 3)	DP
thiamine hcl solution 100 mg/ml injection	$0 (Tier 3)	DP
triphrocaps capsule 1 mg oral	$0 (Tier 3)	DP
TRI-VI-FLOR SUSPENSION 0.25 MG/ML ORAL	$0 (Tier 3)	DP
TRI-VI-FLOR SUSPENSION 0.5 MG/ML ORAL	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tri-vite/fluoride solution 0.25 mg/ml oral	$0 (Tier 3)	DP
tri-vite/fluoride solution 0.5 mg/ml oral	$0 (Tier 3)	DP
virt-caps capsule 1 mg oral	$0 (Tier 3)	DP
VIRT-GARD TABLET 2.2-25-1 MG ORAL	$0 (Tier 3)	DP
VITAL-D RX TABLET 1 MG ORAL	$0 (Tier 3)	DP
vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral	$0 (Tier 3)	DP
vitamin d (ergocalciferol) capsule 50000 unit oral	$0 (Tier 3)	DP
vitamin k1 solution 1 mg/0.5ml injection	$0 (Tier 3)	DP
vitamin k1 solution 10 mg/ml injection	$0 (Tier 3)	DP
vitamins acd-fluoride solution 0.25 mg/ml oral	$0 (Tier 3)	DP
wescaps capsule 1 mg oral	$0 (Tier 3)	DP
Phosphate Binders		
calcium acetate (phos binder) oral capsule 667 mg	$0 (Tier 1)	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	$0 (Tier 1)	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	$0 (Tier 1)	
sevelamer carbonate oral tablet 800 mg	$0 (Tier 1)	
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	$0 (Tier 2)	
sodium polystyrene sulfonate oral powder	$0 (Tier 1)	
SPS ORAL SUSPENSION 15 GM/60ML	$0 (Tier 1)	
Vitamins		
m-natal plus oral tablet 27-1 mg	$0 (Tier 1)	
trinatal rx 1 oral tablet 60-1 mg	$0 (Tier 1)	
Gastrointestinal Agents - Treatment Of Stomach And Intestinal Conditions		
Anti-Constipation Agents		
bisacodyl ec tablet delayed release 5 mg oral (otc)	$0 (Tier 3)	DP
bisacodyl suppository 10 mg rectal	$0 (Tier 3)	DP
COLACE CAPSULE 100 MG ORAL	$0 (Tier 3)	DP
constulose oral solution 10 gm/15ml	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
docusate calcium capsule 240 mg oral	$0 (Tier 3)	DP
docusate sodium capsule 100 mg oral	$0 (Tier 3)	DP
docusate sodium capsule 250 mg oral (otc)	$0 (Tier 3)	DP
docusate sodium liquid 100 mg/10ml oral	$0 (Tier 3)	DP
docusate sodium liquid 50 mg/5ml oral	$0 (Tier 3)	DP
enema enema 7-19 gm/118ml rectal	$0 (Tier 3)	DP
enema ready-to-use enema 7-19 gm/118ml rectal	$0 (Tier 3)	DP
enulose oral solution 10 gm/15ml	$0 (Tier 1)	
FLEET ENEMA ENEMA RECTAL	$0 (Tier 3)	DP
FLEET PEDIATRIC ENEMA 3.5-9.5 GM/59ML RECTAL	$0 (Tier 3)	DP
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	$0 (Tier 1)	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	$0 (Tier 1)	
generlac oral solution 10 gm/15ml	$0 (Tier 1)	
gentle laxative suppository 10 mg rectal	$0 (Tier 3)	DP
gentle laxative tablet delayed release 5 mg oral	$0 (Tier 3)	DP
GNP CLEARLAX PACKET 17 GM ORAL	$0 (Tier 3)	DP
gnp gentle laxative suppository 10 mg rectal	$0 (Tier 3)	DP
gnp gentle laxative tablet delayed release 5 mg oral	$0 (Tier 3)	DP
gnp stool softener capsule 100 mg oral	$0 (Tier 3)	DP
gnp stool softener capsule 240 mg oral	$0 (Tier 3)	DP
gnp stool softener capsule 250 mg oral	$0 (Tier 3)	DP
gnp womens gentle laxative tablet delayed release 5 mg oral	$0 (Tier 3)	DP
HEALTHYLAX PACKET 17 GM ORAL	$0 (Tier 3)	DP
hm enema enema 7-19 gm/118ml rectal	$0 (Tier 3)	DP
hm gentle laxative suppository 10 mg rectal	$0 (Tier 3)	DP
hm laxative tablet delayed release 5 mg oral	$0 (Tier 3)	DP
hm stool softener capsule 100 mg oral	$0 (Tier 3)	DP
hm stool softener capsule 250 mg oral	$0 (Tier 3)	DP
lactulose encephalopathy oral solution 10 gm/15ml	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lactulose oral solution 10 gm/15ml, 20 gm/30ml	$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	$0 (Tier 2)	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	$0 (Tier 1)	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
peg 3350 packet 17 gm oral	$0 (Tier 3)	DP
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	$0 (Tier 1)	
peg-3350/electrolytes oral solution reconstituted 236 gm	$0 (Tier 1)	
polyethylene glycol 3350 packet 17 gm oral (otc)	$0 (Tier 3)	DP
qc enema enema 16-6 gm/133ml rectal	$0 (Tier 3)	DP
qc gentle laxative suppository 10 mg rectal	$0 (Tier 3)	DP
qc stool softener capsule 100 mg oral	$0 (Tier 3)	DP
RELISTOR ORAL TABLET 150 MG	$0 (Tier 2)	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	$0 (Tier 2)	PA
sm enema enema 7-19 gm/118ml rectal	$0 (Tier 3)	DP
sm gentle laxative tablet delayed release 5 mg oral	$0 (Tier 3)	DP
sm stool softener capsule 100 mg oral	$0 (Tier 3)	DP
stool softener capsule 100 mg oral	$0 (Tier 3)	DP
Anti-Diarrheal Agents		
alosetron hcl oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (60 EA per 30 days)
anti-diarrheal capsule 2 mg oral	$0 (Tier 3)	DP
anti-diarrheal solution 1 mg/7.5ml oral	$0 (Tier 3)	DP
anti-diarrheal tablet 2 mg oral	$0 (Tier 3)	DP
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	$0 (Tier 1)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$0 (Tier 1)	
gnp anti-diarrheal capsule 2 mg oral	$0 (Tier 3)	DP
gnp anti-diarrheal tablet 2 mg oral	$0 (Tier 3)	DP
gnp loperamide hcl solution 1 mg/7.5ml oral	$0 (Tier 3)	DP
goodsense anti-diarrheal solution 1 mg/7.5ml oral	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loperamide hcl oral capsule 2 mg	$0 (Tier 1)	
loperamide hcl solution 1 mg/7.5ml oral	$0 (Tier 3)	DP
qc anti-diarrheal capsule 2 mg oral	$0 (Tier 3)	DP
qc anti-diarrheal tablet 2 mg oral	$0 (Tier 3)	DP
sm anti-diarrheal capsule 2 mg oral	$0 (Tier 3)	DP
sm anti-diarrheal solution 1 mg/7.5ml oral	$0 (Tier 3)	DP
sm anti-diarrheal tablet 2 mg oral	$0 (Tier 3)	DP
XERMELO ORAL TABLET 250 MG	$0 (Tier 2)	PA
XIFAXAN ORAL TABLET 200 MG, 550 MG	$0 (Tier 2)	PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule 10 mg	$0 (Tier 1)	
dicyclomine hcl oral solution 10 mg/5ml	$0 (Tier 1)	
dicyclomine hcl oral tablet 20 mg	$0 (Tier 1)	
glycopyrrolate oral solution 1 mg/5ml	$0 (Tier 1)	
glycopyrrolate oral tablet 1 mg, 2 mg	$0 (Tier 1)	
Gastrointestinal Agents, Other		
ACID GONE SUSPENSION 95-358 MG/15ML ORAL	$0 (Tier 3)	DP
acid reducer complete tablet chewable 10-800-165 mg oral	$0 (Tier 3)	DP
ADIPEX-P CAPSULE 37.5 MG ORAL	$0 (Tier 3)	DP
ADIPEX-P TABLET 37.5 MG ORAL	$0 (Tier 3)	DP
ALMACONE DOUBLE STRENGTH SUSPENSION 400-400-40 MG/5ML ORAL	$0 (Tier 3)	DP
aluminum hydroxide gel suspension 320 mg/5ml oral	$0 (Tier 3)	DP
antacid calcium tablet chewable 500 mg oral	$0 (Tier 3)	DP
antacid extra strength tablet chewable 750 mg oral	$0 (Tier 3)	DP
antacid maximum strength suspension 400-400-40 mg/5ml oral	$0 (Tier 3)	DP
antacid maximum strength suspension 800-800-80 mg/10ml oral	$0 (Tier 3)	DP
antacid regular strength suspension 200-200-20 mg/5ml oral	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
antacid regular strength tablet chewable 500 mg oral	$0 (Tier 3)	DP
antacid suspension 400-400-40 mg/10ml oral	$0 (Tier 3)	DP
antacid tablet chewable 750 mg oral	$0 (Tier 3)	DP
antacid ultra strength tablet chewable 1000 mg oral	$0 (Tier 3)	DP
antacid/antigas suspension 400-400-40 mg/10ml oral	$0 (Tier 3)	DP
benzphetamine hcl tablet 50 mg oral	$0 (Tier 3)	DP
bismatrol tablet chewable 262 mg oral	$0 (Tier 3)	DP
bismuth subsalicylate tablet chewable 262 mg oral	$0 (Tier 3)	DP
calcium antacid extra strength tablet chewable 750 mg oral	$0 (Tier 3)	DP
calcium antacid tablet chewable 500 mg oral	$0 (Tier 3)	DP
calcium carbonate antacid suspension 1250 mg/5ml oral	$0 (Tier 3)	DP
CAL-GEST ANTACID TABLET CHEWABLE 500 MG ORAL	$0 (Tier 3)	DP
CONTRAVE TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ORAL	$0 (Tier 3)	DP
diethylpropion hcl er tablet extended release 24 hour 75 mg oral	$0 (Tier 3)	DP
diethylpropion hcl tablet 25 mg oral	$0 (Tier 3)	DP
GATTEX SUBCUTANEOUS KIT 5 MG	$0 (Tier 2)	PA
gnp antacid & anti-gas suspension 200-200-20 mg/5ml oral	$0 (Tier 3)	DP
gnp antacid & anti-gas suspension 400-400-40 mg/5ml oral	$0 (Tier 3)	DP
gnp antacid extra strength tablet chewable 750 mg oral	$0 (Tier 3)	DP
gnp antacid regular strength suspension 200-200-20 mg/5ml oral	$0 (Tier 3)	DP
gnp pink bismuth tablet 262 mg oral	$0 (Tier 3)	DP
gnp stomach relief suspension 525 mg/30ml oral	$0 (Tier 3)	DP
heartburn relief ex st suspension 254-237.5 mg/5ml oral	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hm antacid anti-gas ex st suspension 400-400-40 mg/5ml oral	$0 (Tier 3)	DP
hm antacid extra strength tablet chewable 750 mg oral	$0 (Tier 3)	DP
hm antacid suspension 200-200-20 mg/5ml oral	$0 (Tier 3)	DP
hm dual action complete tablet chewable 10-800-165 mg oral	$0 (Tier 3)	DP
IMCIVREE SOLUTION 10 MG/ML SUBCUTANEOUS	$0 (Tier 3)	DP
LIVMARLI ORAL SOLUTION 9.5 MG/ML	$0 (Tier 2)	PA
LOMAIRA TABLET 8 MG ORAL	$0 (Tier 3)	DP
mag-al liquid 200-200 mg/5ml oral	$0 (Tier 3)	DP
mag-al plus liquid 200-200-20 mg/5ml oral	$0 (Tier 3)	DP
mag-al plus xs liquid 400-400-40 mg/5ml oral	$0 (Tier 3)	DP
mintox maximum strength suspension 400-400-40 mg/5ml oral	$0 (Tier 3)	DP
OCALIVA ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	PA
orlistat capsule 120 mg oral	$0 (Tier 3)	DP
phendimetrazine tartrate tablet 35 mg oral	$0 (Tier 3)	DP
phentermine hcl capsule 15 mg oral	$0 (Tier 3)	DP
phentermine hcl capsule 30 mg oral	$0 (Tier 3)	DP
phentermine hcl capsule 37.5 mg oral	$0 (Tier 3)	DP
phentermine hcl tablet 37.5 mg oral	$0 (Tier 3)	DP
qc antacid suspension 200-200-20 mg/5ml oral	$0 (Tier 3)	DP
qc antacid tablet chewable 500 mg oral	$0 (Tier 3)	DP
qc antacid/anti-gas suspension 200-200-20 mg/5ml oral	$0 (Tier 3)	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG ORAL	$0 (Tier 3)	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG ORAL	$0 (Tier 3)	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG ORAL	$0 (Tier 3)	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 7.5-46 MG ORAL	$0 (Tier 3)	DP
SAXENDA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm antacid advanced max st suspension 400-400-40 mg/5ml oral	$0 (Tier 3)	DP
sm antacid advanced suspension 200-200-20 mg/5ml oral	$0 (Tier 3)	DP
sm antacid maximum strength suspension 400-400-40 mg/5ml oral	$0 (Tier 3)	DP
sm antacid suspension 400-400-40 mg/10ml oral	$0 (Tier 3)	DP
sm antacid tablet chewable 500 mg oral	$0 (Tier 3)	DP
sm calcium antacid ex st tablet chewable 750 mg oral	$0 (Tier 3)	DP
sm stomach relief suspension 525 mg/30ml oral	$0 (Tier 3)	DP
sm stomach relief tablet chewable 262 mg oral	$0 (Tier 3)	DP
smooth antacid extra strength tablet chewable 750 mg oral	$0 (Tier 3)	DP
stomach relief extra strength suspension 525 mg/15ml oral	$0 (Tier 3)	DP
stomach relief suspension 525 mg/30ml oral	$0 (Tier 3)	DP
stomach relief tablet chewable 262 mg oral	$0 (Tier 3)	DP
stomach relief ultra suspension 525 mg/15ml oral	$0 (Tier 3)	DP
ursodiol oral capsule 300 mg	$0 (Tier 1)	
ursodiol oral tablet 250 mg, 500 mg	$0 (Tier 1)	
VOWST ORAL CAPSULE	$0 (Tier 2)	PA
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS	$0 (Tier 3)	DP
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS	$0 (Tier 3)	DP
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS	$0 (Tier 3)	DP
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS	$0 (Tier 3)	DP
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	$0 (Tier 3)	DP
XENICAL CAPSULE 120 MG ORAL	$0 (Tier 3)	DP
Histamine2 (H2) Receptor Antagonists		
acid reducer maximum strength tablet 20 mg oral	$0 (Tier 3)	DP
acid reducer tablet 10 mg oral	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cimetidine hcl oral solution 300 mg/5ml, 400 mg/6.67ml	$0 (Tier 1)	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	$0 (Tier 1)	
famotidine maximum strength tablet 20 mg oral	$0 (Tier 3)	DP
famotidine oral tablet 20 mg, 40 mg	$0 (Tier 1)	
famotidine orig st tablet 10 mg oral	$0 (Tier 3)	DP
famotidine tablet 10 mg oral	$0 (Tier 3)	DP
famotidine tablet 20 mg oral (otc)	$0 (Tier 3)	DP
gnp acid reducer max st tablet 20 mg oral	$0 (Tier 3)	DP
gnp acid reducer tablet 10 mg oral	$0 (Tier 3)	DP
heartburn relief max st tablet 20 mg oral	$0 (Tier 3)	DP
heartburn relief tablet 10 mg oral	$0 (Tier 3)	DP
sm acid reducer max st tablet 20 mg oral	$0 (Tier 3)	DP
sm acid reducer tablet 10 mg oral	$0 (Tier 3)	DP
Protectants		
misoprostol oral tablet 100 mcg, 200 mcg	$0 (Tier 1)	
sucralfate oral tablet 1 gm	$0 (Tier 1)	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	$0 (Tier 1)	
gnp omeprazole tablet delayed release 20 mg oral	$0 (Tier 3)	DP
goodsense lansoprazole capsule delayed release 15 mg oral	$0 (Tier 3)	DP
hm omeprazole tablet delayed release 20 mg oral	$0 (Tier 3)	DP
lansoprazole capsule delayed release 15 mg oral (otc)	$0 (Tier 3)	DP
lansoprazole oral capsule delayed release 15 mg, 30 mg	$0 (Tier 1)	
omeprazole magnesium capsule delayed release 20.6 (20 base) mg oral	$0 (Tier 3)	DP
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
omeprazole tablet delayed release 20 mg oral	$0 (Tier 3)	DP
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
qc lansoprazole capsule delayed release 15 mg oral	$0 (Tier 3)	DP
sm lansoprazole capsule delayed release 15 mg oral	$0 (Tier 3)	DP
sm omeprazole tablet delayed release 20 mg oral	$0 (Tier 3)	DP
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment - Products That Replace, Modify, Or Treat Genetic Or Enzyme Disorders		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	$0 (Tier 2)	PA
betaine oral powder	$0 (Tier 1)	
CERDELGA ORAL CAPSULE 84 MG	$0 (Tier 2)	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	$0 (Tier 2)	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	$0 (Tier 2)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$0 (Tier 2)	PA
dichlorphenamide oral tablet 50 mg	$0 (Tier 1)	PA
ENDARI ORAL PACKET 5 GM	$0 (Tier 2)	PA
GALAFOLD ORAL CAPSULE 123 MG	$0 (Tier 2)	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	$0 (Tier 2)	PA
miglustat oral capsule 100 mg	$0 (Tier 1)	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	$0 (Tier 1)	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	$0 (Tier 2)	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	$0 (Tier 2)	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	$0 (Tier 2)	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sapropterin dihydrochloride oral packet 100 mg, 500 mg	$0 (Tier 1)	PA
sapropterin dihydrochloride oral tablet 100 mg	$0 (Tier 1)	PA
sodium phenylbutyrate oral powder 3 gm/tsp	$0 (Tier 1)	PA
sodium phenylbutyrate oral tablet 500 mg	$0 (Tier 1)	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	$0 (Tier 2)	PA
XURIDEN ORAL PACKET 2 GM	$0 (Tier 2)	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	$0 (Tier 2)	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	$0 (Tier 2)	
Genitourinary Agents - Treatment Of Urinary Tract And Prostate Conditions		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	$0 (Tier 1)	ST
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	$0 (Tier 1)	ST
flavoxate hcl oral tablet 100 mg	$0 (Tier 1)	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	$0 (Tier 2)	QL (300 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	$0 (Tier 2)	QL (30 EA per 30 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	$0 (Tier 1)	
oxybutynin chloride oral solution 5 mg/5ml	$0 (Tier 1)	
oxybutynin chloride oral tablet 5 mg	$0 (Tier 1)	
solifenacin succinate oral tablet 10 mg, 5 mg	$0 (Tier 1)	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	$0 (Tier 1)	
tolterodine tartrate oral tablet 1 mg, 2 mg	$0 (Tier 1)	
trospium chloride er oral capsule extended release 24 hour 60 mg	$0 (Tier 1)	ST

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
trospium chloride oral tablet 20 mg	$0 (Tier 1)	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	$0 (Tier 1)	
dutasteride oral capsule 0.5 mg	$0 (Tier 1)	
finasteride oral tablet 5 mg	$0 (Tier 1)	
tamsulosin hcl oral capsule 0.4 mg	$0 (Tier 1)	
Genitourinary Agents, Other		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$0 (Tier 1)	
ELMIRON ORAL CAPSULE 100 MG	$0 (Tier 2)	
FILSPARI ORAL TABLET 200 MG, 400 MG	$0 (Tier 2)	PA
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	$0 (Tier 2)	PA
tiopronin oral tablet 100 mg	$0 (Tier 1)	PA
tiopronin oral tablet delayed release 100 mg, 300 mg	$0 (Tier 1)	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) - Treatment Of Conditions Requiring Steroids		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR INJECTION GEL 80 UNIT/ML	$0 (Tier 2)	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	$0 (Tier 2)	PA
dexamethasone oral solution 0.5 mg/5ml	$0 (Tier 1)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$0 (Tier 1)	
fludrocortisone acetate oral tablet 0.1 mg	$0 (Tier 1)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$0 (Tier 1)	
methylprednisolone oral tablet therapy pack 4 mg	$0 (Tier 1)	
prednisolone oral solution 15 mg/5ml	$0 (Tier 1)	
prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) - Treatment Of Pituitary Gland Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
desmopressin ace spray refrig nasal solution 0.01 %	$0 (Tier 1)	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	$0 (Tier 1)	
desmopressin acetate spray nasal solution 0.01 %	$0 (Tier 1)	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	$0 (Tier 2)	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	$0 (Tier 2)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	$0 (Tier 2)	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	$0 (Tier 2)	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	$0 (Tier 2)	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	$0 (Tier 2)	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	$0 (Tier 2)	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	$0 (Tier 2)	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	$0 (Tier 2)	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	$0 (Tier 2)	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	$0 (Tier 2)	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	$0 (Tier 2)	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	$0 (Tier 2)	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) - For The Replacement Or Modification Of Sex Hormones		
Anabolic Steroids		
oxandrolone oral tablet 10 mg, 2.5 mg	$0 (Tier 1)	
Androgens		
danazol oral capsule 100 mg, 200 mg, 50 mg	$0 (Tier 1)	
methyltestosterone oral capsule 10 mg	$0 (Tier 1)	PA
testosterone cypionate injection solution 200 mg/ml	$0 (Tier 1)	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	$0 (Tier 1)	
testosterone enanthate intramuscular solution 200 mg/ml	$0 (Tier 1)	
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	$0 (Tier 1)	PA
testosterone transdermal solution 30 mg/act	$0 (Tier 1)	PA
Estrogens		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$0 (Tier 1)	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$0 (Tier 1)	
estradiol vaginal cream 0.1 mg/gm	$0 (Tier 1)	
estradiol vaginal tablet 10 mcg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	$0 (Tier 1)	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	$0 (Tier 2)	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	$0 (Tier 2)	
PREMARIN VAGINAL CREAM 0.625 MG/GM	$0 (Tier 2)	
YUVAFEM VAGINAL TABLET 10 MCG	$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	$0 (Tier 1)	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
alyacen 1/35 oral tablet 1-35 mg-mcg	$0 (Tier 1)	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0 (Tier 1)	
AMABELZ ORAL TABLET 0.5-0.1 MG	$0 (Tier 1)	
APRI ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	$0 (Tier 1)	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	$0 (Tier 1)	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	$0 (Tier 1)	
AYUNA ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	$0 (Tier 1)	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
briellyn oral tablet 0.4-35 mg-mcg	$0 (Tier 1)	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	$0 (Tier 2)	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	$0 (Tier 1)	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg	$0 (Tier 1)	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0 (Tier 1)	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	$0 (Tier 1)	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	$0 (Tier 1)	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	$0 (Tier 1)	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	$0 (Tier 1)	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0 (Tier 1)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0 (Tier 1)	
FALMINA ORAL TABLET 0.1-20 MG-MCG	$0 (Tier 1)	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	$0 (Tier 1)	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	$0 (Tier 1)	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0 (Tier 1)	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
INTROVALE ORAL TABLET 0.15-0.03 MG	$0 (Tier 1)	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
JINTELI ORAL TABLET 1-5 MG-MCG	$0 (Tier 1)	
JULEBER ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0 (Tier 1)	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	$0 (Tier 1)	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	$0 (Tier 1)	
KURVELO ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	$0 (Tier 1)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	$0 (Tier 1)	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	$0 (Tier 1)	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	$0 (Tier 1)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	$0 (Tier 1)	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	$0 (Tier 1)	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	$0 (Tier 1)	
LUTERA ORAL TABLET 0.1-20 MG-MCG	$0 (Tier 1)	
marlissa oral tablet 0.15-30 mg-mcg	$0 (Tier 1)	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Tier 1)	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
MILI ORAL TABLET 0.25-35 MG-MCG	$0 (Tier 1)	
MIMVEY ORAL TABLET 1-0.5 MG	$0 (Tier 1)	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0 (Tier 1)	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	$0 (Tier 1)	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0 (Tier 1)	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0 (Tier 1)	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (Tier 1)	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	$0 (Tier 1)	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	$0 (Tier 1)	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0 (Tier 1)	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	$0 (Tier 1)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0 (Tier 1)	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0 (Tier 1)	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	$0 (Tier 1)	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0 (Tier 1)	
OCELLA ORAL TABLET 3-0.03 MG	$0 (Tier 1)	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	$0 (Tier 1)	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
PREMPHASE ORAL TABLET 0.625-5 MG	$0 (Tier 2)	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	$0 (Tier 2)	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	$0 (Tier 1)	
SETLAKIN ORAL TABLET 0.15-0.03 MG	$0 (Tier 1)	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	$0 (Tier 1)	
SRONYX ORAL TABLET 0.1-20 MG-MCG	$0 (Tier 1)	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	$0 (Tier 1)	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Tier 1)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Tier 1)	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	$0 (Tier 1)	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Tier 1)	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Tier 1)	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	$0 (Tier 1)	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Tier 1)	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	$0 (Tier 1)	
VIENVA ORAL TABLET 0.1-20 MG-MCG	$0 (Tier 1)	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	$0 (Tier 1)	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	$0 (Tier 1)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	$0 (Tier 1)	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	$0 (Tier 1)	

Last Updated: 03/2024

You can find information on what the symbols and abbreviations in this table mean by going to page 10. Medications that are contained within a compound may require prior authorization.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0 (Tier 1)	
Progestins		
CAMILA ORAL TABLET 0.35 MG	$0 (Tier 1)	
DEBLITANE ORAL TABLET 0.35 MG	$0 (Tier 1)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	$0 (Tier 2)	
ECONTRA EZ TABLET 1.5 MG ORAL	$0 (Tier 3)	DP
ECONTRA ONE-STEP TABLET 1.5 MG ORAL	$0 (Tier 3)	DP
ERRIN ORAL TABLET 0.35 MG	$0 (Tier 1)	
INCASSIA ORAL TABLET 0.35 MG	$0 (Tier 1)	
levonorgestrel tablet 1.5 mg oral (otc)	$0 (Tier 3)	DP
LYZA ORAL TABLET 0.35 MG	$0 (Tier 1)	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	$0 (Tier 1)	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	$0 (Tier 1)	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml	$0 (Tier 1)	PA
megestrol acetate oral tablet 20 mg, 40 mg	$0 (Tier 1)	PA
MY CHOICE TABLET 1.5 MG ORAL	$0 (Tier 3)	DP
MY WAY TABLET 1.5 MG ORAL (OTC)	$0 (Tier 3)	DP
NEW DAY TABLET 1.5 MG ORAL	$0 (Tier 3)	DP
NORA-BE ORAL TABLET 0.35 MG	$0 (Tier 1)	
norethindrone acetate oral tablet 5 mg	$0 (Tier 1)	
norethindrone oral tablet 0.35 mg	$0 (Tier 1)	
NORLYROC ORAL TABLET 0.35 MG	$0 (Tier 1)	
OPCICON ONE-STEP TABLET 1.5 MG ORAL	$0 (Tier 3)	DP
OPTION 2 TABLET 1.5 MG ORAL	$0 (Tier 3)	DP
progesterone oral capsule 100 mg, 200 mg	$0 (Tier 1)	
SHAROBEL ORAL TABLET 0.35 MG	$0 (Tier 1)	
Selective Estrogen Receptor Modifying Agents		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUAVEE ORAL TABLET 0.45-20 MG	$0 (Tier 2)	
raloxifene hcl oral tablet 60 mg	$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) - Treatment Of Thyroid Conditions		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (Tier 2)	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (Tier 2)	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Tier 1)	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (Tier 2)	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	$0 (Tier 1)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (Tier 2)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (Tier 2)	
Hormonal Agents, Suppressant (Pituitary) - Treatment Of Or Modification Of Pituitary Hormone Secretion		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline oral tablet 0.5 mg	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	$0 (Tier 2)	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	$0 (Tier 2)	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	$0 (Tier 2)	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	$0 (Tier 2)	PA
leuprolide acetate (3 month) intramuscular injectable 22.5 mg	$0 (Tier 1)	PA
leuprolide acetate injection kit 1 mg/0.2ml	$0 (Tier 1)	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	$0 (Tier 2)	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	$0 (Tier 2)	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	$0 (Tier 2)	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	$0 (Tier 2)	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	$0 (Tier 2)	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	$0 (Tier 1)	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	$0 (Tier 1)	
ORGOVYX ORAL TABLET 120 MG	$0 (Tier 2)	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	$0 (Tier 2)	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	$0 (Tier 2)	PA
RECORLEV ORAL TABLET 150 MG	$0 (Tier 2)	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	$0 (Tier 2)	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0 (Tier 2)	PA
SYNAREL NASAL SOLUTION 2 MG/ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	$0 (Tier 2)	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	$0 (Tier 2)	PA
Hormonal Agents, Suppressant (Thyroid) - Treatment For Overactive Thyroid		
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	$0 (Tier 1)	
propylthiouracil oral tablet 50 mg	$0 (Tier 1)	
Immunological Agents - Medications That Alter The Immune System Including Vaccinations		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	$0 (Tier 2)	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	$0 (Tier 2)	PA
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	$0 (Tier 1)	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	$0 (Tier 2)	PA
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	$0 (Tier 2)	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	$0 (Tier 2)	B/D
GAMMAKED INJECTION SOLUTION 1 GM/10ML	$0 (Tier 2)	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	$0 (Tier 2)	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	$0 (Tier 2)	B/D

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	$0 (Tier 2)	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	$0 (Tier 2)	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	$0 (Tier 2)	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	$0 (Tier 2)	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	$0 (Tier 2)	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	$0 (Tier 2)	PA
CABLIVI INJECTION KIT 11 MG	$0 (Tier 2)	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	$0 (Tier 2)	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	$0 (Tier 2)	PA
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	$0 (Tier 2)	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	$0 (Tier 2)	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	$0 (Tier 2)	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	$0 (Tier 2)	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	$0 (Tier 2)	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML	$0 (Tier 2)	PA
FABHALTA ORAL CAPSULE 200 MG	$0 (Tier 2)	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	$0 (Tier 2)	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	$0 (Tier 2)	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	$0 (Tier 2)	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	$0 (Tier 2)	PA
LITFULO ORAL CAPSULE 50 MG	$0 (Tier 2)	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	$0 (Tier 2)	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	$0 (Tier 2)	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	$0 (Tier 2)	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	$0 (Tier 2)	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	$0 (Tier 2)	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	$0 (Tier 2)	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	$0 (Tier 2)	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	$0 (Tier 2)	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	$0 (Tier 2)	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	$0 (Tier 2)	PA
SOTYKTU ORAL TABLET 6 MG	$0 (Tier 2)	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	$0 (Tier 2)	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	$0 (Tier 2)	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	$0 (Tier 2)	PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	$0 (Tier 2)	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	$0 (Tier 2)	PA
XELJANZ ORAL SOLUTION 1 MG/ML	$0 (Tier 2)	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	$0 (Tier 2)	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	$0 (Tier 2)	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	$0 (Tier 2)	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	$0 (Tier 2)	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	$0 (Tier 2)	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	$0 (Tier 2)	PA
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	$0 (Tier 2)	B/D
azathioprine oral tablet 50 mg	$0 (Tier 1)	B/D
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	$0 (Tier 2)	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	$0 (Tier 2)	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	B/D
cyclosporine modified oral solution 100 mg/ml	$0 (Tier 1)	B/D
cyclosporine oral capsule 100 mg, 25 mg	$0 (Tier 1)	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	$0 (Tier 2)	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	$0 (Tier 2)	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	$0 (Tier 2)	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	$0 (Tier 2)	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	$0 (Tier 2)	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	$0 (Tier 2)	B/D
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	$0 (Tier 1)	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	$0 (Tier 1)	B/D
GENGRAF ORAL SOLUTION 100 MG/ML	$0 (Tier 1)	B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	$0 (Tier 2)	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	$0 (Tier 2)	PA
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	$0 (Tier 2)	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	$0 (Tier 2)	PA
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	$0 (Tier 2)	PA
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	$0 (Tier 2)	PA
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	$0 (Tier 2)	PA
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	$0 (Tier 2)	PA
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	$0 (Tier 2)	PA
leflunomide oral tablet 10 mg, 20 mg	$0 (Tier 1)	
LUPKYNIS ORAL CAPSULE 7.9 MG	$0 (Tier 2)	PA
methotrexate sodium (pf) injection solution 50 mg/2ml	$0 (Tier 1)	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	$0 (Tier 1)	
methotrexate sodium oral tablet 2.5 mg	$0 (Tier 1)	
mycophenolate mofetil oral capsule 250 mg	$0 (Tier 1)	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	$0 (Tier 1)	B/D
mycophenolate mofetil oral tablet 500 mg	$0 (Tier 1)	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	$0 (Tier 1)	B/D
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	$0 (Tier 1)	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	$0 (Tier 2)	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	$0 (Tier 2)	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	$0 (Tier 2)	B/D
REZUROCK ORAL TABLET 200 MG	$0 (Tier 2)	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	$0 (Tier 2)	B/D
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	$0 (Tier 2)	PA
sirolimus oral solution 1 mg/ml	$0 (Tier 1)	B/D
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$0 (Tier 1)	B/D
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	$0 (Tier 2)	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	$0 (Tier 2)	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	$0 (Tier 2)	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	$0 (Tier 2)	
bcg vaccine injection solution reconstituted 50 mg	$0 (Tier 2)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0 (Tier 2)	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	$0 (Tier 2)	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	$0 (Tier 2)	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	$0 (Tier 2)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	$0 (Tier 2)	
diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml	$0 (Tier 2)	B/D
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	$0 (Tier 2)	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	$0 (Tier 2)	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0 (Tier 2)	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	$0 (Tier 2)	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	$0 (Tier 2)	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	$0 (Tier 2)	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	$0 (Tier 2)	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	$0 (Tier 2)	
IPOL INJECTION INJECTABLE	$0 (Tier 2)	
IXIARO INTRAMUSCULAR SUSPENSION	$0 (Tier 2)	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	$0 (Tier 2)	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0 (Tier 2)	
MENACTRA INTRAMUSCULAR SOLUTION	$0 (Tier 2)	
MENQUADFI INTRAMUSCULAR SOLUTION	$0 (Tier 2)	
MENVEO INTRAMUSCULAR SOLUTION	$0 (Tier 2)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	$0 (Tier 2)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	$0 (Tier 2)	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0 (Tier 2)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	$0 (Tier 2)	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0 (Tier 2)	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0 (Tier 2)	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	$0 (Tier 2)	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0 (Tier 2)	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	$0 (Tier 2)	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0 (Tier 2)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0 (Tier 2)	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	$0 (Tier 2)	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	$0 (Tier 2)	B/D
ROTARIX ORAL SUSPENSION	$0 (Tier 2)	
ROTARIX ORAL SUSPENSION RECONSTITUTED	$0 (Tier 2)	
ROTATEQ ORAL SOLUTION	$0 (Tier 2)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0 (Tier 2)	QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	$0 (Tier 2)	B/D
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	$0 (Tier 2)	B/D
tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml	$0 (Tier 2)	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	$0 (Tier 2)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0 (Tier 2)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	$0 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	$0 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	$0 (Tier 2)	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	$0 (Tier 2)	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	$0 (Tier 2)	
VAXELIS INTRAMUSCULAR SUSPENSION	$0 (Tier 2)	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0 (Tier 2)	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	$0 (Tier 2)	
Inflammatory Bowel Disease Agents - Treatment Of Ulcerative Colitis Or Crohn's Disease		
Aminosalicylates		
balsalazide disodium oral capsule 750 mg	$0 (Tier 1)	
mesalamine oral capsule delayed release 400 mg	$0 (Tier 1)	
mesalamine oral tablet delayed release 1.2 gm	$0 (Tier 1)	
mesalamine rectal enema 4 gm	$0 (Tier 1)	
mesalamine rectal suppository 1000 mg	$0 (Tier 1)	
mesalamine-cleanser rectal kit 4 gm	$0 (Tier 1)	
sulfasalazine oral tablet 500 mg	$0 (Tier 1)	
sulfasalazine oral tablet delayed release 500 mg	$0 (Tier 1)	
Glucocorticoids		
budesonide er oral tablet extended release 24 hour 9 mg	$0 (Tier 1)	PA
budesonide oral capsule delayed release particles 3 mg	$0 (Tier 1)	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	$0 (Tier 1)	
dexamethasone oral elixir 0.5 mg/5ml	$0 (Tier 1)	
dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml	$0 (Tier 1)	
hydrocortisone rectal enema 100 mg/60ml	$0 (Tier 1)	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	$0 (Tier 1)	
prednisolone sodium phosphate oral solution 15 mg/5ml	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	$0 (Tier 1)	
prednisone oral solution 5 mg/5ml	$0 (Tier 1)	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0 (Tier 1)	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	$0 (Tier 1)	
Metabolic Bone Disease Agents - Treatment Of Bone Diseases Including Osteoporosis		
Metabolic Bone Disease Agents		
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	$0 (Tier 1)	
calcitonin (salmon) nasal solution 200 unit/act	$0 (Tier 1)	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$0 (Tier 1)	
calcitriol oral solution 1 mcg/ml	$0 (Tier 1)	
cinacalcet hcl oral tablet 30 mg, 60 mg	$0 (Tier 1)	QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	$0 (Tier 1)	QL (120 EA per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	$0 (Tier 1)	
ibandronate sodium oral tablet 150 mg	$0 (Tier 1)	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	$0 (Tier 2)	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$0 (Tier 1)	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	$0 (Tier 2)	PA
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	$0 (Tier 1)	
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml	$0 (Tier 2)	PA
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	$0 (Tier 2)	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	$0 (Tier 2)	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Ophthalmic Agents - Treatment Of Eye Conditions		
Ophthalmic Agents, Other		
artificial tears solution 0.5-0.6 % ophthalmic	$0 (Tier 3)	DP
atropine sulfate ophthalmic solution 1 %	$0 (Tier 1)	
bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.5 mg/0.1ml, 3 mg/0.12ml, 3.25 mg/0.13ml, 3.75 mg/0.15ml	$0 (Tier 1)	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	$0 (Tier 1)	
carboxymethylcellulose sod pf solution 0.5 % ophthalmic	$0 (Tier 3)	DP
carboxymethylcellulose sodium solution 0.5 % ophthalmic	$0 (Tier 3)	DP
cyclosporine ophthalmic emulsion 0.05 %	$0 (Tier 1)	QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	$0 (Tier 2)	PA
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	$0 (Tier 1)	
GENTEAL SEVERE GEL 0.3 % OPHTHALMIC	$0 (Tier 3)	DP
GENTEAL TEARS NIGHT-TIME OINTMENT OPHTHALMIC	$0 (Tier 3)	DP
gnp artificial tears solution 5-6 mg/ml ophthalmic	$0 (Tier 3)	DP
gnp lubricating plus eye drops solution 0.5 % ophthalmic	$0 (Tier 3)	DP
goodsense lubricating eye drop solution 0.5 % ophthalmic	$0 (Tier 3)	DP
lubricant eye drops pf solution 0.5 % ophthalmic	$0 (Tier 3)	DP
lubricant eye drops solution 0.5 % ophthalmic	$0 (Tier 3)	DP
lubricant eye nighttime ointment ophthalmic	$0 (Tier 3)	DP
lubricating plus eye drops solution 0.5 % ophthalmic	$0 (Tier 3)	DP
lubrifresh p.m. ointment ophthalmic	$0 (Tier 3)	DP
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	$0 (Tier 1)	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	$0 (Tier 1)	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	$0 (Tier 2)	PA
proparacaine hcl ophthalmic solution 0.5 %	$0 (Tier 1)	
REFRESH CELLUVISC GEL 1 % OPHTHALMIC	$0 (Tier 3)	DP
REFRESH LACRI-LUBE OINTMENT OPHTHALMIC	$0 (Tier 3)	DP
REFRESH LIQUIGEL GEL 1 % OPHTHALMIC	$0 (Tier 3)	DP
REFRESH PLUS SOLUTION 0.5 % OPHTHALMIC	$0 (Tier 3)	DP
REFRESH TEARS SOLUTION 0.5 % OPHTHALMIC	$0 (Tier 3)	DP
sm lubricating plus solution 0.5 % ophthalmic	$0 (Tier 3)	DP
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	$0 (Tier 1)	
SYSTANE NIGHTTIME OINTMENT OPHTHALMIC	$0 (Tier 3)	DP
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	$0 (Tier 1)	
Ophthalmic Anti-Allergy Agents		
ALAWAY CHILDRENS ALLERGY SOLUTION 0.035 % OPHTHALMIC	$0 (Tier 3)	DP
ALAWAY SOLUTION 0.035 % OPHTHALMIC	$0 (Tier 3)	DP
azelastine hcl ophthalmic solution 0.05 %	$0 (Tier 1)	
cromolyn sodium ophthalmic solution 4 %	$0 (Tier 1)	
eye itch relief solution 0.035 % ophthalmic	$0 (Tier 3)	DP
ketotifen fumarate solution 0.035 % ophthalmic	$0 (Tier 3)	DP
ZADITOR SOLUTION 0.035 % OPHTHALMIC	$0 (Tier 3)	DP
Ophthalmic Anti-Infectives		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	$0 (Tier 1)	
bacitracin ophthalmic ointment 500 unit/gm	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	$0 (Tier 1)	
ciprofloxacin hcl ophthalmic solution 0.3 %	$0 (Tier 1)	
erythromycin ophthalmic ointment 5 mg/gm	$0 (Tier 1)	
gentamicin sulfate ophthalmic solution 0.3 %	$0 (Tier 1)	
NATACYN OPHTHALMIC SUSPENSION 5 %	$0 (Tier 2)	
ofloxacin ophthalmic solution 0.3 %	$0 (Tier 1)	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	$0 (Tier 1)	
sulfacetamide sodium ophthalmic ointment 10 %	$0 (Tier 1)	
sulfacetamide sodium ophthalmic solution 10 %	$0 (Tier 1)	
tobramycin ophthalmic solution 0.3 %	$0 (Tier 1)	
Ophthalmic Anti-Inflammatories		
dexamethasone sodium phosphate ophthalmic solution 0.1 %	$0 (Tier 1)	
diclofenac sodium ophthalmic solution 0.1 %	$0 (Tier 1)	
difluprednate ophthalmic emulsion 0.05 %	$0 (Tier 1)	
fluorometholone ophthalmic suspension 0.1 %	$0 (Tier 1)	
flurbiprofen sodium ophthalmic solution 0.03 %	$0 (Tier 1)	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	$0 (Tier 1)	
prednisolone acetate ophthalmic suspension 1 %	$0 (Tier 1)	
prednisolone sodium phosphate ophthalmic solution 1 %	$0 (Tier 1)	
Ophthalmic Beta-Adrenergic Blocking Agents		
carteolol hcl ophthalmic solution 1 %	$0 (Tier 1)	
levobunolol hcl ophthalmic solution 0.5 %	$0 (Tier 1)	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	$0 (Tier 1)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour 500 mg	$0 (Tier 1)	
brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
brinzolamide ophthalmic suspension 1 %	$0 (Tier 1)	ST
dorzolamide hcl ophthalmic solution 2 %	$0 (Tier 1)	
methazolamide oral tablet 25 mg, 50 mg	$0 (Tier 1)	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	$0 (Tier 1)	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	$0 (Tier 2)	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	$0 (Tier 2)	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	$0 (Tier 2)	
Ophthalmic Prostaglandin And Prostamide Analogs		
latanoprost ophthalmic solution 0.005 %	$0 (Tier 1)	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	$0 (Tier 2)	
travoprost (bak free) ophthalmic solution 0.004 %	$0 (Tier 1)	
Otic Agents - Treatment Of Ear Conditions		
Otic Agents		
acetic acid otic solution 2 %	$0 (Tier 1)	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	$0 (Tier 1)	
hydrocortisone-acetic acid otic solution 1-2 %	$0 (Tier 1)	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	$0 (Tier 1)	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	$0 (Tier 1)	
ofloxacin otic solution 0.3 %	$0 (Tier 1)	
Respiratory Tract/ Pulmonary Agents - Treatment Of Breathing Conditions		
Antihistamines		
12hr allergy relief tablet 60 mg oral	$0 (Tier 3)	DP
24hr allergy relief tablet 180 mg oral	$0 (Tier 3)	DP
AHIST TABLET 25 MG ORAL	$0 (Tier 3)	DP
ALA-HIST IR TABLET 2 MG ORAL	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
all day allergy childrens solution 5 mg/5ml oral	$0 (Tier 3)	DP
all day allergy tablet 10 mg oral	$0 (Tier 3)	DP
aller-chlor tablet 4 mg oral	$0 (Tier 3)	DP
allergy childrens liquid 12.5 mg/5ml oral	$0 (Tier 3)	DP
allergy childrens solution 5 mg/5ml oral	$0 (Tier 3)	DP
allergy childrens suspension 30 mg/5ml oral	$0 (Tier 3)	DP
allergy rel child (loratadine) solution 5 mg/5ml oral	$0 (Tier 3)	DP
allergy relief (loratadine) tablet 10 mg oral	$0 (Tier 3)	DP
allergy relief capsule 25 mg oral	$0 (Tier 3)	DP
allergy relief cetirizine tablet 10 mg oral	$0 (Tier 3)	DP
allergy relief cetirizine tablet 5 mg oral	$0 (Tier 3)	DP
allergy relief childrens liquid 12.5 mg/5ml oral	$0 (Tier 3)	DP
allergy relief childrens solution 1 mg/ml oral	$0 (Tier 3)	DP
allergy relief tablet 10 mg oral	$0 (Tier 3)	DP
allergy relief tablet 180 mg oral	$0 (Tier 3)	DP
allergy relief tablet 25 mg oral	$0 (Tier 3)	DP
allergy relief tablet 4 mg oral	$0 (Tier 3)	DP
allergy relief/indoor/outdoor tablet 10 mg oral	$0 (Tier 3)	DP
allergy tablet 4 mg oral	$0 (Tier 3)	DP
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	$0 (Tier 1)	
BANOPHEN CAPSULE 25 MG ORAL	$0 (Tier 3)	DP
BANOPHEN CAPSULE 50 MG ORAL	$0 (Tier 3)	DP
BANOPHEN TABLET 25 MG ORAL	$0 (Tier 3)	DP
cetirizine hcl allergy child solution 5 mg/5ml oral (otc)	$0 (Tier 3)	DP
cetirizine hcl childrens alrgy solution 1 mg/ml oral	$0 (Tier 3)	DP
cetirizine hcl childrens solution 5 mg/5ml oral	$0 (Tier 3)	DP
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	$0 (Tier 1)	
cetirizine hcl tablet 10 mg oral	$0 (Tier 3)	DP
cetirizine hcl tablet 5 mg oral	$0 (Tier 3)	DP
cetirizine hcl tablet chewable 10 mg oral	$0 (Tier 3)	DP
cetirizine hcl tablet chewable 5 mg oral	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
childrens loratadine solution 5 mg/5ml oral	$0 (Tier 3)	DP
clemastine fumarate oral tablet 2.68 mg	$0 (Tier 1)	PA
complete allergy medicine capsule 25 mg oral	$0 (Tier 3)	DP
cyproheptadine hcl oral syrup 2 mg/5ml	$0 (Tier 1)	PA
cyproheptadine hcl oral tablet 4 mg	$0 (Tier 1)	PA
diphenhydramine hcl capsule 25 mg oral (otc)	$0 (Tier 3)	DP
diphenhydramine hcl capsule 50 mg oral (otc)	$0 (Tier 3)	DP
diphenhydramine hcl childrens liquid 12.5 mg/5ml oral	$0 (Tier 3)	DP
diphenhydramine hcl liquid 12.5 mg/5ml oral	$0 (Tier 3)	DP
diphenhydramine hcl tablet 25 mg oral	$0 (Tier 3)	DP
ed chlorped jr syrup 2 mg/5ml oral	$0 (Tier 3)	DP
fexofenadine hcl tablet 180 mg oral (otc)	$0 (Tier 3)	DP
fexofenadine hcl tablet 60 mg oral (otc)	$0 (Tier 3)	DP
gnp all day allergy childrens solution 1 mg/ml oral	$0 (Tier 3)	DP
gnp all day allergy childrens solution 5 mg/5ml oral	$0 (Tier 3)	DP
gnp all day allergy tablet 10 mg oral	$0 (Tier 3)	DP
gnp allergy relief capsule 25 mg oral	$0 (Tier 3)	DP
gnp allergy relief max st liquid 12.5 mg/5ml oral	$0 (Tier 3)	DP
gnp allergy relief tablet 180 mg oral	$0 (Tier 3)	DP
gnp allergy relief tablet 4 mg oral	$0 (Tier 3)	DP
gnp allergy tablet 25 mg oral	$0 (Tier 3)	DP
gnp childrens allergy liquid 12.5 mg/5ml oral	$0 (Tier 3)	DP
gnp loratadine childrens solution 5 mg/5ml oral	$0 (Tier 3)	DP
gnp loratadine solution 5 mg/5ml oral	$0 (Tier 3)	DP
gnp loratadine tablet 10 mg oral	$0 (Tier 3)	DP
gnp loratadine tablet dispersible 10 mg oral	$0 (Tier 3)	DP
goodsense all day allergy solution 5 mg/5ml oral	$0 (Tier 3)	DP
goodsense all day allergy tablet 10 mg oral	$0 (Tier 3)	DP
goodsense aller-ease tablet 180 mg oral	$0 (Tier 3)	DP
goodsense allergy relief tablet 10 mg oral	$0 (Tier 3)	DP
HISTEX PD LIQUID 0.938 MG/ML ORAL	$0 (Tier 3)	DP
HISTEX SYRUP 2.5 MG/5ML ORAL	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hm all day allergy childrens solution 5 mg/5ml oral	$0 (Tier 3)	DP
hm allergy relief (cetirizine) tablet 10 mg oral	$0 (Tier 3)	DP
hm allergy relief capsule 25 mg oral	$0 (Tier 3)	DP
hm allergy relief tablet 180 mg oral	$0 (Tier 3)	DP
hm allergy relief tablet 4 mg oral	$0 (Tier 3)	DP
hm allergy relief tablet 60 mg oral	$0 (Tier 3)	DP
hm cetirizine hcl tablet 10 mg oral	$0 (Tier 3)	DP
hm loratadine tablet 10 mg oral	$0 (Tier 3)	DP
hydroxyzine hcl oral syrup 10 mg/5ml	$0 (Tier 1)	PA
hydroxyzine hcl oral tablet 10 mg	$0 (Tier 1)	
hydroxyzine hcl oral tablet 25 mg, 50 mg	$0 (Tier 1)	PA
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	$0 (Tier 1)	
levocetirizine dihydrochloride oral tablet 5 mg	$0 (Tier 1)	
loratadine childrens solution 5 mg/5ml oral	$0 (Tier 3)	DP
loratadine tablet 10 mg oral	$0 (Tier 3)	DP
m-dryl liquid 12.5 mg/5ml oral	$0 (Tier 3)	DP
PEDIACLEAR PD CHILDRENS LIQUID 0.625 MG/ML ORAL	$0 (Tier 3)	DP
promethazine hcl oral solution 6.25 mg/5ml	$0 (Tier 1)	PA
qc allergy childrens liquid 12.5 mg/5ml oral	$0 (Tier 3)	DP
sm all day allergy childrens solution 5 mg/5ml oral	$0 (Tier 3)	DP
sm all day allergy tablet 10 mg oral	$0 (Tier 3)	DP
sm allergy 4 hour tablet 4 mg oral	$0 (Tier 3)	DP
sm allergy childrens solution 5 mg/5ml oral	$0 (Tier 3)	DP
sm allergy relief childrens liquid 12.5 mg/5ml oral	$0 (Tier 3)	DP
sm allergy relief tablet 25 mg oral	$0 (Tier 3)	DP
sm allergy relief tablet 60 mg oral	$0 (Tier 3)	DP
sm fexofenadine hcl tablet 180 mg oral	$0 (Tier 3)	DP
sm loratadine solution 5 mg/5ml oral	$0 (Tier 3)	DP
sm loratadine tablet 10 mg oral	$0 (Tier 3)	DP
triprolidine hcl liquid 0.938 mg/ml oral (otc)	$0 (Tier 3)	DP

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-Inflammatories, Inhaled Corticosteroids		
allergy relief suspension 50 mcg/act nasal	$0 (Tier 3)	DP
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	$0 (Tier 2)	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	$0 (Tier 1)	B/D
budesonide suspension 32 mcg/act nasal (otc)	$0 (Tier 3)	DP
flunisolide nasal solution 25 mcg/act (0.025%)	$0 (Tier 1)	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	$0 (Tier 1)	
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act	$0 (Tier 1)	
fluticasone propionate nasal suspension 50 mcg/act	$0 (Tier 1)	
fluticasone propionate suspension 50 mcg/act nasal (otc)	$0 (Tier 3)	DP
gnp budesonide nasal spray suspension 32 mcg/act nasal	$0 (Tier 3)	DP
hm allergy relief suspension 50 mcg/act nasal	$0 (Tier 3)	DP
mometasone furoate nasal suspension 50 mcg/act	$0 (Tier 1)	
qc allergy relief suspension 50 mcg/act nasal	$0 (Tier 3)	DP
sm allergy relief suspension 50 mcg/act nasal	$0 (Tier 3)	DP
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	$0 (Tier 2)	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	$0 (Tier 2)	
ipratropium bromide inhalation solution 0.02 %	$0 (Tier 1)	B/D
ipratropium bromide nasal solution 0.03 %, 0.06 %	$0 (Tier 1)	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tiotropium bromide monohydrate inhalation capsule 18 mcg	$0 (Tier 1)	
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)	$0 (Tier 1)	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	$0 (Tier 1)	B/D
albuterol sulfate oral syrup 2 mg/5ml	$0 (Tier 1)	
albuterol sulfate oral tablet 2 mg, 4 mg	$0 (Tier 1)	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	$0 (Tier 1)	QL (2 EA per 30 days)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	$0 (Tier 1)	B/D
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	$0 (Tier 1)	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	$0 (Tier 2)	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	$0 (Tier 2)	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	$0 (Tier 2)	
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	$0 (Tier 2)	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	$0 (Tier 2)	PA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	$0 (Tier 2)	PA
KALYDECO ORAL TABLET 150 MG	$0 (Tier 2)	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	$0 (Tier 2)	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	$0 (Tier 2)	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	$0 (Tier 2)	PA
tobramycin inhalation nebulization solution 300 mg/5ml	$0 (Tier 1)	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	$0 (Tier 2)	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	$0 (Tier 2)	PA
Mast Cell Stabilizers		
cromolyn sodium aerosol solution 5.2 mg/act nasal	$0 (Tier 3)	DP
cromolyn sodium inhalation nebulization solution 20 mg/2ml	$0 (Tier 1)	B/D
cromolyn sodium oral concentrate 100 mg/5ml	$0 (Tier 1)	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast oral tablet 250 mcg, 500 mcg	$0 (Tier 1)	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	$0 (Tier 1)	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	$0 (Tier 1)	
theophylline oral elixir 80 mg/15ml	$0 (Tier 1)	
theophylline oral solution 80 mg/15ml	$0 (Tier 1)	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$0 (Tier 2)	PA
ambrisentan oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA
bosentan oral tablet 125 mg, 62.5 mg	$0 (Tier 1)	PA
sildenafil citrate oral suspension reconstituted 10 mg/ml	$0 (Tier 1)	PA
sildenafil citrate oral tablet 20 mg	$0 (Tier 1)	PA
tadalafil (pah) oral tablet 20 mg	$0 (Tier 1)	PA
TADLIQ ORAL SUSPENSION 20 MG/5ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	$0 (Tier 2)	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	$0 (Tier 2)	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	$0 (Tier 2)	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	$0 (Tier 2)	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	$0 (Tier 2)	PA
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	$0 (Tier 2)	PA
pirfenidone oral capsule 267 mg	$0 (Tier 1)	PA
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	$0 (Tier 1)	PA
Respiratory Tract Agents, Other		
acetylcysteine inhalation solution 10 %, 20 %	$0 (Tier 1)	B/D
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	$0 (Tier 2)	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	$0 (Tier 2)	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	$0 (Tier 2)	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	$0 (Tier 2)	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	$0 (Tier 2)	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	$0 (Tier 2)	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	$0 (Tier 2)	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	$0 (Tier 2)	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	$0 (Tier 2)	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	$0 (Tier 2)	PA
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	$0 (Tier 1)	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	$0 (Tier 1)	B/D
montelukast sodium oral packet 4 mg	$0 (Tier 1)	
montelukast sodium oral tablet 10 mg	$0 (Tier 1)	
montelukast sodium oral tablet chewable 4 mg, 5 mg	$0 (Tier 1)	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	$0 (Tier 2)	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	$0 (Tier 2)	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	$0 (Tier 2)	PA
promethazine vc oral syrup 6.25-5 mg/5ml	$0 (Tier 1)	PA
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	$0 (Tier 1)	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	$0 (Tier 2)	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	$0 (Tier 2)	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	$0 (Tier 1)	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	$0 (Tier 2)	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	$0 (Tier 2)	PA
Skeletal Muscle Relaxants - Treatment Of Muscle Tightness		
Skeletal Muscle Relaxants		
carisoprodol oral tablet 250 mg, 350 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
chlorzoxazone oral tablet 500 mg	$0 (Tier 1)	PA; QL (180 EA per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
metaxalone oral tablet 800 mg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
methocarbamol oral tablet 500 mg, 750 mg	$0 (Tier 1)	PA
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	$0 (Tier 1)	PA
Sleep Disorder Agents - Treatment Of Insomnia		
Sleep Promoting Agents		
doxepin hcl oral tablet 3 mg, 6 mg	$0 (Tier 1)	QL (30 EA per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	$0 (Tier 2)	PA
ramelteon oral tablet 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)
tasimelteon oral capsule 20 mg	$0 (Tier 1)	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	$0 (Tier 1)	PA
modafinil oral tablet 100 mg, 200 mg	$0 (Tier 1)	PA
sodium oxybate oral solution 500 mg/ml	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XYREM ORAL SOLUTION 500 MG/ML	$0 (Tier 2)	PA
XYWAV ORAL SOLUTION 500 MG/ML	$0 (Tier 2)	PA

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