



Upper Peninsula Health Plan (UPHP) MI Health Link
(Medicare – Medicaid Plan)
2024 Formulary
(List of Covered Drugs)

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

If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.



Upper Peninsula Health Plan (UPHP) MI Health Link (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 are covered by Upper Peninsula Health Plan (UPHP) MI Health Link. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UPHP MI Health Link. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

No changes made since 12/01/2024.

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, contact UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. For more information visit www.uphp.com/medicare/uphp-mi-health-link.



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A. Disclaimers

This is a list of drugs that members can get in UPHP MI Health Link.

- ❖ Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.
- ❖ You can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format.
- ❖ The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year. You can always check UPHP MI Health Link's up-to-date *List of Covered Drugs* online at www.uphp.com/medicare/uphp-mi-health-link.
- ❖ Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have UPHP MI Health Link pay for your services. For more information, call UPHP MI Health Link Customer Service or read the UPHP MI Health Link *Member Handbook*.

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 12 are the drugs covered by UPHP MI Health Link. 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.”

- UPHP MI Health Link 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**

If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.



- you fill the prescription at a UPHP MI Health Link network pharmacy.
- UPHP MI Health Link may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at www.uphp.com/medicare/uphp-mi-health-link. If you need help, ask your Care Coordinator or call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time.

B2. Does the Drug List ever change?

Yes, and UPHP MI Health Link 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 UPHP MI Health Link before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

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

- You can always check UPHP MI Health Link’s up to date Drug List online at www.uphp.com/medicare/uphp-mi-health-link.
- You can also call UPHP Customer Service to check the current Drug List at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time.

If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.



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 or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know what to do.

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. They can help you decide:

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



If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.

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 UPHP MI Health Link before you fill your prescription. If you don't get approval, UPHP MI Health Link may not cover the drug.
- **Quantity limits:** Sometimes UPHP MI Health Link limits the amount of a drug you can get.
- **Step therapy:** Sometimes UPHP MI Health Link 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 12-184. You can also get more information by visiting our website at www.uphp.com/medicare/uphp-mi-health-link. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs on page 12 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if UPHP MI Health Link changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

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

If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.



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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find the index starting on page 185. The section provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page 12. 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 find your drug on the Drug List, call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time and ask about it. If you learn that UPHP MI Health Link will not cover the drug, you can do one of these things:

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

B9. What if I am a new UPHP MI Health Link member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UPHP MI Health Link. 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**

If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.



- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by UPHP MI Health Link, **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 UPHP MI Health Link member.
- This is in addition to the temporary supply during the first 90 days you are a member of UPHP MI Health Link.

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

Yes. You can ask UPHP MI Health Link 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, UPHP MI Health Link 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 UPHP Customer Service. A UPHP Customer Service 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. You, your representative, or your doctor (or other prescriber) can send us the prescriber supporting statement. For fastest service we recommend faxing the statement to 866-391-6730. You can also mail the statement:

Magellan Rx Management
P.O. Box 64806
St. Paul, MN 55164-0811

If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.



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).

UPHP MI Health Link covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." UPHP MI Health Link covers some OTC drugs when they are written as prescriptions by your provider.

You can read the UPHP MI Health Link Drug List to see what OTC drugs are covered.

B15. What is my copay?

As a UPHP MI Health Link member, you have no copays for prescription and OTC drugs as long as you follow UPHP MI Health Link's rules.

B16. What are drug tiers?

Tiers are groups of drugs. Tier 1 and Tier 2 may include OTC drugs.

Drug Tier	Type of Drug	Copay Amount
Tier 1	Generic drugs	(\$0)
Tier 2	Brand drugs	(\$0)

All tiers have (\$0) copay.

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by UPHP MI Health Link. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 185. The index alphabetically lists all drugs covered by UPHP MI Health Link.

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



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The information in the necessary actions, restrictions, or limits on use column tells you if UPHP MI Health Link has any rules for covering your drug.

Note: The * 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 UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. 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.

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

* = This indicates the drug is not a Medicare Part D drug however is covered under your UPHP MI Health Link plan.

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug. There are also codes that show if a PA is required because the medication may be covered under Medicare Part B, or if a medication is only available for new starts only.

ST = Step therapy: you must try another drug before you can get this one.

QL = Quantity Limit: There is a limit to how much of a medication you can receive.

QLC = This medication is subject to Opioid Safety Edits



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UPHP MI HEALTH LINK (List of Covered Drugs)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Analgesics		
<i>8 hour acetaminophen 8 hour er 650 mg, gnp 8hr er 650mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>8 hour pain relief ft 8 hour rlf er 650 mg, gnp 8 hour relief 650 mg, ra 8 hour relief 650 mg, sm 8 hour relief 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>8hr arthritis pain arthritis er 650 mg, gnp arthrit er 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>8hr arthritis pain relief cvs arthrit er 650 mg, eq arthritis er 650mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acetaminophen 120 mg suppos, 160 mg/5 ml cup, 160 mg/5 ml liq, 160 mg/5 ml sol, 325 mg gelcap, 325 mg tablet, 325 mg/10.15 ml, cvs 325 mg gelcp, eq 325 mg tab, gnp 325 mg gelcp, ra 325 mg tablet, 650 mg suppos, 650 mg/20.3 ml, 650mg/20.3ml cup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acetaminophen 500 mg caplet, 500 mg gelcap, 500 mg tablet, cvs 500 mg cplt, cvs 500 mg gelcp, cvs 500 mg tab, eq 500 mg caplet, eq 500 mg gelcap, eq 500 mg tablet, eq 500 mg cplt, eq 500 mg gelcp, eq 500 mg tab, gnp 500 mg tab, ra 500 mg caplet, ra 500 mg gelcap, ra 500 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>acetaminophen 8 hour qc -hr 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acetaminophen er er 650 mg caplet, er 650 mg tablet, ra er 650 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>adult aspirin regimen ec 81 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>arthritis pain eq er 650 mg, gs er 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>arthritis pain relief arthritis er 650 mg caplt, arthritis relf er 650 mg, cvs arthrit rlf er 650 mg, eql arthrit rlf er 650 mg, gnp arthrit rlf er 650 mg, qc arthritis er 650 mg, ra arthritis er 650 mg, sm arthrit rlf er 650 mg, sm arthritis er 650 mg, sm arthritis relf er 650</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>arthritis pain reliever er 650 mg caplt, sm er 650 mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aspirin 81 mg chewable tablet, cvs 81 mg chewable tab, 325 mg tablet, cvs 325 mg caplet, cvs 325 mg tablet, eq 81 mg chewable tab, eq 325 mg tablet, eql 81 mg chewable tab, gnp 81 mg chewable tab, 300 mg suppository, eql 325 mg tablet, gnp 325 mg tablet, gs 81 mg chewable tab, gs 325 mg tablet, qc 81 mg chewable tab, qc 325 mg tablet, ra 81 mg chewable tab, ra 325 mg tablet, sb 325 mg tablet, sm 81 mg chewable tab, sm 325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aspirin ec cvs ec 81 mg tablet, cvs ec 325 mg tablet, ec 81 mg tablet, ec 325 mg caplet, ec 325 mg tablet, eq ec 81 mg tablet, eq ec 325 mg tablet, eql ec 81 mg tablet, eql ec 325 mg tablet, gnp ec 81 mg tablet, gnp ec 325 mg tablet, gs ec 81 mg tablet, gs ec 325 mg tablet, qc ec 81 mg tablet, qc ec 325 mg tablet, ra ec 81 mg tablet, ra ec 325 mg tablet, sm ec 81 mg tablet, sm ec 325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aspirin regimen 81 mg ec tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>buffered aspirin 325 mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>butalbital-acetaminophen -acetaminophn 50-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen-caffe --50-300-40, --50-325-40</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine --cp</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>children's acetaminophen acetaminophen 160 mg/5 ml, eql acetaminophn 160 mg/5</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's aspirin 81 mg chew tab, 81 mg tab chew, sm 81 mg chw tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>children's mapap 80 mg tab chw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's pain relief 160 mg/5 ml sus, cvs 160 mg/5 ml, qc 160 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's pain reliever sm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's pain-fever child -160 mg/5 ml, cvs child -160 mg/5, eq chld -160 mg/5 ml, gnp child -160 mg/5, gs child -160 mg/5ml, gs child -160 mg/5ml, sm chld -160 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ed-apap -160 mg/5 ml liquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ESGIC 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FEVERALL 80 MG, 120 MG, 325 MG, 650 MG	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infant pain relief gnp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infant pain-fever -160 mg/5 ml, gnp -160 mg/5</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' acetaminophen 160 mg/5 ml, eql 160 mg/5</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' pain relief cvs infnt rlf 160 mg/5 ml, gnp infnt rlf 160 mg/5 ml, infant relief 160 mg/5 ml, qc infant rlf 160 mg/5 ml, qc infnt rlf 160 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' pain reliever sm rlf 160 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' pain-fever -160 mg/5 ml, cvs -160 mg/5, eq -160 mg/5, gs -160 mg/5</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>infants' pain-fever infants -160 mg/5 ml, qc infant -160 mg/5, sm infant -160 mg/5</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>m-pap -160 g/5 l liquid</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>mapap 500 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mapap arthritis pain er 650 mg cplt</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine lozenge 4 mg, cvs 4 mg, eq 4 mg, eql 4 mg, gnp 4 mg, gs 4 mg, ra 4 mg, sm 4 mg, sw 4 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>non-aspirin -325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>non-aspirin extra strength -500 mg caplet, -500 mg tablet, 500 mg caplet, cvs -500 mg caplet, cvs -500 mg geltab, mb -500 mg tablet, ra -500 mg caplet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>non-aspirin pain relief -500 mg caplet, -500 mg gelcap, -500 mg tablet, -pain relief tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pain relief 325 mg tablet, cvs 325 mg tablet, 500 mg caplet, 500 mg tablet, er 650 mg caplet, ft 325 mg tablet, ft 500 mg gelcap, ft 500 mg tablet, gnp 325 mg tablet, gnp 500 mg gelcap, gnp er 650 mg cplt, gs 325 mg tablet, gs 500 mg caplet, gs 500 mg tablet, gs er 650 mg cplt, qc 325 mg tablet, 500 mg gelcap, qc 500 mg caplet, sm 500 mg gelcap, sw 500 mg gelcap</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pain relief extra strength cvs 500 mg caplet, cvs 500 mg tablet, gnp 500 mg caplet, gnp 500 mg gelcap, sm 500 mg gelcap</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pain reliever 325 mg tablet, 500 mg tablet, cvs 500 mg cplt, eq 325 mg tablet, eq 500 mg caplet, er 650 mg caplet, gnp 325 mg tab, 500 mg caplet, 500 mg gelcap, gnp 500 mg caplt, gnp 500 mg tab, sm 500 mg caplet, sm 500 mg gelcap, sm 500 mg tablet, sm er 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pain reliever sm 325 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>pharbetol 325 mg tablet, 500 mg caplet, 500 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>silapap 160 mg/5 ml liquid</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>st. joseph aspirin 81 mg chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tencon 50-325 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>tension headache caplet, cvs gelcap, sm caplet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tri-buffered aspirin -325 mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ZEBUTAL 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Nonsteroidal Anti-inflammatory Drugs

<i>all day pain relief cvs pain rlf 220 mg tb, gnp pain rlf 220 mg tb, pain relief 220 mg tab, pain rlf 220 mg caplet, sm relief 220 mg caplt, sm relief 220 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>all day relief 220 mg caplet, 220 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ARTHROTEC 50 MG-200 MCG TAB	\$0 (Tier 2)	QL (120 PER 30 DAYS)
ARTHROTEC 75 MG-200 MCG TAB	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>cataflam 50 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
CELEBREX 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>celecoxib 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>children's ibuprofen child ibuprofen 100mg/5ml syrg, child ibuprofen 200mg/10ml cup, children ibuprof 100mg/5ml cup, children ibuprofen 100 mg/5 ml, cvs chld ibuprofen 100 mg/5 ml, eq child ibuprofen 100 mg/5 ml, eql child ibuprofen 100 mg/5ml, eql chld ibuprofen 100 mg/5 ml, ft child ibuprofen 100 mg/5 ml, gnp chld ibuprofen 100 mg/5 ml, gs child ibuprofen 100 mg/5 ml, qc child ibuprofen 100 mg/5 ml, ra child ibuprofen 100 mg/5 ml, sm child ibuprofen 100 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DAYPRO 600 MG CAPLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	\$0 (Tier 1)	
<i>diclofenac sodium dr 25 mg tab, ec 25 mg tab</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>diclofenac sodium dr 50 mg tab, ec 50 mg tab</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium dr 75 mg tab, ec 75 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>diclofenac sodium er 100 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -50-0.2 mg</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diclofenac sodium-misoprostol -75-0.2 mg, -75-0.2 tb</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ec-naproxen -dr 375 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ec-naproxen -dr 500 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>etodolac 400 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>etodolac er er 400 mg tablet, er 500 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
FELDENE 10 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ibuprofen 100 mg/5 ml susp, cvs 100 mg chew tab, cvs 200 mg tablet, eq 200 mg tablet, eql jr 100 mg tb chw, gnp 200 mg caplet, gnp 200 mg mini sfgl, gs 100 mg chew tab, ra 100 mg/5 ml susp, 200 mg caplet, 200 mg capsule, 200 mg softgel, cvs 200 mg caplet, cvs 200 mg capsule, cvs 200 mg softgel, cvs jr str 100 mg tb, eq 200 mg caplet, eq 200 mg softgel, eq jr str 100 mg tab, eql 200 mg caplet, eql 200 mg softgel, eql 200 mg tablet, gnp 100 mg chew tab, gnp 200 mg softgel, gnp 200 mg tablet, gnp jr str 100 mg tb, gs 200 mg caplet, gs 200 mg liquid gel, gs 200 mg softgel, gs 200 mg tablet, jr str 100 mg chew, jr str 100 mg tb chw, mb 200 mg tablet, qc 200 mg caplet, qc 200 mg mini sfgl, qc 200 mg softgel, qc 200 mg tablet, ra 200 mg caplet, ra 200 mg liquid gel, ra 200 mg softgel, ra 200 mg tablet, ra jr str 100 mg chw, sm 100 mg/5 ml susp, sm 200 mg caplet, sm 200 mg softgel, sm 200 mg tablet, sm ib 200 mg caplet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ibuprofen 200 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>ibuprofen 400 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ibuprofen ib qc 200 mg caplet, qc 200 mg tablet, sm 100 mg chew tb, sm 200 mg caplet, sm 200 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>indomethacin 25 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>infant's ibuprofen cvs infant susp drop, gnp inf 50 mg/1.25ml, gs inf 50 mg/1.25 ml, infant 50 mg/1.25 ml, ra inf 50 mg/1.25 ml, sm inf 50 mg/1.25 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants ibuprofen eql inf 50 mg/1.25ml, infant 50 mg/1.25 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' ibuprofen cvs inf 50 mg/1.25ml, eq inf 50 mg/1.25 ml, infant 50 mg/1.25 ml, qc inf 50 mg/1.25 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mediproxen 220 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>meloxicam 15 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	\$0 (Tier 1)	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>naproxen 375 mg tablet, dr 375 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>naproxen 500 mg kit, 500 mg tablet, dr 500 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>naproxen sodium cvs sod 220 mg caplet, cvs sod 220 mg tablet, cvs sodium 220 mg cap, eq sod 220 mg caplet, eq sod 220 mg tablet, eq sodium 220 mg cap, eql sod 220 mg caplet, eql sod 220 mg tablet, eql sodium 220 mg cap, gnp sod 220 mg caplet, gnp sod 220 mg tablet, gnp sodium 220 mg cap, gs sod 220 mg caplet, gs sod 220 mg tablet, qc sod 220 mg caplet, qc sod 220 mg tablet, ra sod 220 mg tablet, ra sodium 220 mg cap, sm sod 220 mg caplet, sm sod 220 mg tablet, sm sodium 220 mg cap, sm sodium 220 mg tab, sodium 220 mg caplet, sodium 220 mg capsule, sodium 220 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oxaprozin 600 mg caplet, 600 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>sulindac 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tension headache caplet, cvs gelcap, sm caplet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Opioid Analgesics, Long-acting		
BELBUCA 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>buprenorphine 5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch</i>	\$0 (Tier 1)	PA, QL (4 PER 28 DAYS), QLC (Subject to Opioid Safety Edits)
BUTRANS 5 MCG/HR PATCH, 7.5 MCG/HR PATCH, 10 MCG/HR PATCH, 15 MCG/HR PATCH, 20 MCG/HR PATCH	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS), QLC (Subject to Opioid Safety Edits)
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 37.5 mcg/hr patch, 50 mcg/hr patch, 62.5 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch</i>	\$0 (Tier 1)	PA, QL (15 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone bitartrate er er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>levorphanol tartrate 2 mg tablet, 3 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>methadone hcl 10 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>methadone hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate er er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl er er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine -#2 tablet, -#3 tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>acetaminophen-codeine -#4 tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>acetaminophen-codeine acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>butorphanol tartrate 1 mg/ml vial, 2 mg/ml vial, 4 mg/2 ml vial</i>	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
<i>butorphanol tartrate 10 mg/ml spray</i>	\$0 (Tier 1)	QL (48 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>codeine sulfate 15 mg tablet, 30 mg tablet, 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
DURAMORPH 5 MG/10 ML AMPUL, 10 MG/10 ML AMPUL	\$0 (Tier 2)	PA, QLC (Subject to Opioid Safety Edits)
<i>endocet 10-325 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>endocet 2.5-325 mg tablet, 5-325 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>endocet 7.5-325 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>fentanyl citrate cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-acetaminophen -10-300 mg, -10-325 mg, -7.5-300, -7.5-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-acetaminophen -5-300 mg, -5-325 mg</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-acetaminophen -acetamin 2.5-108/5, -acetamin 5-217/10, -acetamn 7.5-325/15</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-ibuprofen -5-200 mg, -10-200, -7.5-200</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl 1 mg/ml solution, 5 mg/5 ml soln</i>	\$0 (Tier 1)	QL (1440 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl 2 mg/ml carpuct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl</i>	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 10 mg/5 ml cup, 10 mg/5 ml soln</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>morphine sulfate 100 mg/5 ml conc</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 20 mg/5 ml soln</i>	\$0 (Tier 1)	QL (1350 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 5 mg/10 ml vial, 10 mg/10 ml vial</i>	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate ir 15 mg tab</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate ir 30 mg tab</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl (ir) 5 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone-acetaminophen -10-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone-acetaminophen -acetaminophen 5-325, -acetaminophn 2.5-325</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone-acetaminophen -acetaminophn 7.5-325</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
ROXICODONE 15 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl 50 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl-acetaminophen -acetaminophn 37.5-325</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocan 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>glydo 2% jelly syringe</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	\$0 (Tier 1)	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lidocaine hcl 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% ampul, 1% vial</i>	\$0 (Tier 1)	
<i>lidocaine hcl 2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
lidocaine hcl laryngotracheal 4% solution	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous 2% 15 ml cup, 2% soln</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine -cream</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>lidocan iii 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
LIDODERM 5% PATCH	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	\$0 (Tier 2)	
XYLOCAINE-MPF -1% AMPUL, -1% VIAL	\$0 (Tier 2)	
ZTLIDO 1.8% TOPICAL SYSTEM	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

<i>acamprosate calcium dr 333 mg tab</i>	\$0 (Tier 1)	
<i>disulfiram 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	

Opioid Dependence

<i>buprenorphine hcl 2 mg tablet, 8 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone -2-fm, -2-tb</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>buprenorphine-naloxone -4-1mg film, -8-2mg film, -12-3mg flm</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>buprenorphine-naloxone -8-2 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>naltrexone hcl 50 mg tablet</i>	\$0 (Tier 1)	
SUBLOCADE 100 MG/0.5 ML SYRING, 300 MG/1.5 ML SYRING	\$0 (Tier 2)	
SUBOXONE 2 MG-0.5 MG SL FILM	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SUBOXONE 4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIVITROL 380 MG VIAL, 380 MG VIAL-DILUENT	\$0 (Tier 2)	
Opioid Reversal Agents		
KLOXXADO 8 MG NASAL SPRAY	\$0 (Tier 2)	
<i>naloxone hcl 0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial, hcl 4 mg nasal spray</i>	\$0 (Tier 1)	
NARCAN 4 MG NASAL SPRAY	\$0 (Tier 2)	
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	\$0 (Tier 1)	
NICODERM CQ NICODERM CQ 7 MG/24HR PATCH, NICODERM CQ 14 MG/24HR PATCH, NICODERM CQ 21 MG/24HR PATCH	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NICORETTE 2 MG CHEWING GUM, 2 MG LOZENGE, 2 MG MINI LOZENGE, 4 MG CHEWING GUM, 4 MG LOZENGE, 4 MG MINI LOZENGE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine gum 2 mg, cvs 2 mg, cvs 4 mg, eq 2 mg, eq 4 mg, eql 2 mg, gnp 2 mg, gs 2 mg, 4 mg, eql 4 mg, gnp 4 mg, gs 4 mg, ra 2 mg, ra 4 mg, sm 2 mg, sm 4 mg, sw 2 mg, sw 4 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine lozenge 2 mg, 2 mg mini, cvs 2 mg, cvs 2 mg mini, cvs 4 mg, cvs 4 mg mini, eq 2 mg, eq 2 mg mini, eq 4 mg, eql 2 mg, gnp 2 mg, gnp 2 mg mini, 4 mg, 4 mg mini, eql 4 mg, gnp 4 mg, gnp 4 mg mini, gs 2 mg, gs 2 mg mini, gs 4 mg, gs 4 mg mini, ra 2 mg, ra 2 mg mini, ra 4 mg, ra 4 mg mini, sm 2 mg, sm 4 mg, sw 2 mg, sw 4 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine patch 14 mg/24hr patch, cvs 14 mg/24hr patch, eq 14 mg/24hr patch, gnp 14 mg/24hr patch, ra 14 mg/24hr patch, sm 14 mg/24hr patch</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nicotine patch 7 mg/24hr patch, cvs 7 mg/24hr patch, 21 mg/24hr patch, cvs 21 mg/24hr patch, eq 7 mg/24hr patch, eq 21 mg/24hr patch, gnp 7 mg/24hr patch, gnp 21 mg/24hr patch, ra 7 mg/24hr patch, ra 21 mg/24hr patch, sm 7 mg/24hr patch, sm 21 mg/24hr patch, transdermal system</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NICOTROL CARTRIDGE INHALER	\$0 (Tier 2)	
NICOTROL NS 10 MG/ML SPRAY	\$0 (Tier 2)	
<i>varenicline tartrate 0.5 mg tablet, apo-0.5 mg tablet, 1 mg cont month bx, 1 mg tablet, apo-1 mg tablet, starting month box</i>	\$0 (Tier 1)	

Anti-Obesity Agents

Anti-Obesity Agents, Other

ADIPEX-P ADIPEX-P 37.5 MG CAPSULE, ADIPEX-P 37.5 MG TABLET	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>benzphetamine hcl 50 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
CONTRAVE ER 8-90 MG TABLET	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>diethylpropion hcl 25 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>diethylpropion hcl er 75 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>orlistat 120 mg capsule</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>phendimetrazine tartrate 35 mg tablet</i>	\$0 (Tier 2)	PA, * (Medicaid Benefit Drug), *
<i>phentermine hcl 15 mg capsule, 30 mg capsule</i>	\$0 (Tier 2)	PA, * (Medicaid Benefit Drug), *
<i>phentermine hcl 37.5 mg capsule, 37.5 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
QSYMIA 3.75 MG-23 MG CAPSULE, 7.5 MG-46 MG CAPSULE, 11.25 MG-69 MG CAPSULE, 15 MG-92 MG CAPSULE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SAXENDA 18 MG/3 ML PEN	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
WEGOVY 0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN, 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XENICAL 120 MG CAPSULE	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *

Antibacterials

Aminoglycosides

<i>amikacin sulfate 1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vial</i>	\$0 (Tier 1)
<i>gentamicin sulfate in ns iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml</i>	\$0 (Tier 1)
<i>gentamicin sulfate ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial</i>	\$0 (Tier 1)
HUMATIN 250 MG CAPSULE	\$0 (Tier 2)
<i>neomycin sulfate 500 mg tablet</i>	\$0 (Tier 1)
<i>paromomycin sulfate 250 mg capsule</i>	\$0 (Tier 1)
<i>streptomycin sulfate 1 gm vial</i>	\$0 (Tier 1)
<i>tobramycin sulfate 1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial</i>	\$0 (Tier 1)

Antibacterials, Other

AZACTAM 1 GM VIAL, 2 GM VIAL	\$0 (Tier 2)
<i>aztreonam 1 gm vial, 2 gm vial</i>	\$0 (Tier 1)
<i>chloramphenicol sod succinate 1 gm vial</i>	\$0 (Tier 1)
CLEOCIN 2% VAGINAL CREAM	\$0 (Tier 2)
CLEOCIN HCL 75 MG CAPSULE, 150 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)
CLEOCIN PHOSPHATE 9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN	\$0 (Tier 2)
CLEOCIN T 1% LOION	\$0 (Tier 2)
<i>clindacin etz 1% pledget</i>	\$0 (Tier 1)
<i>clindacin p 1% ledgets</i>	\$0 (Tier 1)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clindamycin (pediatric) (pedi) 75 mg/5 ml</i>	\$0 (Tier 1)	
<i>clindamycin hcl 75 mg capsule, 150 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<i>clindamycin phosphate ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion, phosphate 1% gel</i>	\$0 (Tier 1)	
<i>clindamycin phosphate-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)	
<i>clindamycin-0.9% nacl 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)	
<i>colistimethate 150 mg vial</i>	\$0 (Tier 1)	
CUBICIN 500 MG VIAL	\$0 (Tier 2)	
CUBICIN RF 500 MG VIAL	\$0 (Tier 2)	
DALVANCE 500 MG VIAL	\$0 (Tier 2)	
<i>daptomycin 500 mg vial</i>	\$0 (Tier 1)	
FLAGYL 375 CAPSULE	\$0 (Tier 2)	
IMPAVIDO 50 MG CAPSULE	\$0 (Tier 2)	
<i>linezolid 100 mg/5 ml susp, 600 mg tablet</i>	\$0 (Tier 1)	PA
<i>linezolid-0.9% nacl 600mg/300ml-0.9%nacl</i>	\$0 (Tier 1)	
<i>linezolid-d5w 600 mg/300 ml</i>	\$0 (Tier 1)	
<i>methenamine hippurate 1 gm tablet</i>	\$0 (Tier 1)	
METRO IV 500 MG/100 ML	\$0 (Tier 2)	
<i>metronidazole vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin b -40 mg/ml amp, -40 mg/ml vl</i>	\$0 (Tier 1)	
<i>nitrofurantoin 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	
<i>nitrofurantoin mono-macro -mcr 100 mg</i>	\$0 (Tier 1)	
SIVEXTRO 200 MG TABLET	\$0 (Tier 2)	PA
SIVEXTRO 200 MG VIAL	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tigecycline 50 mg vial</i>	\$0 (Tier 1)	
<i>trimethoprim 100 mg tablet</i>	\$0 (Tier 1)	
TYGACIL 50 MG VIAL	\$0 (Tier 2)	
<i>vancomycin 750 mg/150 ml bag</i>	\$0 (Tier 1)	
<i>vancomycin hcl 1 gm add-van vial, 1 gm vial, 1 gram/200 ml bag, hcl 1g/200 ml bag, 1.25 gm/250 ml bag, hcl 1.25 gram vial, 1.5 gram/300 ml bag, hcl 1.5 gram vial, 1.75 gm/350 ml bag, 2 gram/400 ml bag, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 500 mg/100 ml bag, 750 mg add-van vial, 750 mg/150 ml bag, hcl 750 mg vial</i>	\$0 (Tier 1)	
<i>vancomycin hcl 125 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>vancomycin hcl-0.9% nacl vanco 500 mg/100 ml, vanco 750 mg/150 ml, vancomycin 1 g/200ml</i>	\$0 (Tier 1)	
<i>vancomycin hcl-d5w 1.25 gram/250ml, 1.5 gram/300 ml, -500 mg/100 ml</i>	\$0 (Tier 1)	
VANDAZOLE VAGINAL 0.75% GEL	\$0 (Tier 2)	
ZYVOX 100 MG/5 ML SUSPENSION, 600 MG TABLET	\$0 (Tier 2)	PA
ZYVOX 200 MG/100 ML, 600 MG/300 ML	\$0 (Tier 2)	
Beta-lactam, Cephalosporins		
<i>cefaclor 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
<i>cefadroxil 1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp</i>	\$0 (Tier 1)	
<i>cefazolin sodium 1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial</i>	\$0 (Tier 1)	
<i>cefazolin sodium-dextrose 1 g/50 ml, 2 g/50 ml</i>	\$0 (Tier 1)	
<i>cefdinir 125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefepime 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefepime hcl 1 gm vial, 2 gram vial</i>	\$0 (Tier 1)	
<i>cefepime-dextrose -1 gm/50 ml, -2 gm/50 ml</i>	\$0 (Tier 1)	
<i>cefixime 400 mg capsule</i>	\$0 (Tier 1)	
<i>cefoxitin 1 gm vial, 2 gm vial, 10 gm vial</i>	\$0 (Tier 1)	
<i>cefoxitin sodium 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil 50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet</i>	\$0 (Tier 1)	
<i>cefprozil 125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet</i>	\$0 (Tier 1)	
<i>ceftazidime 1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial</i>	\$0 (Tier 1)	
<i>ceftriaxone 1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial</i>	\$0 (Tier 1)	
<i>cefuroxime 250 mg tab, 500 mg tab</i>	\$0 (Tier 1)	
<i>cefuroxime sodium 1.5 gm vial, 750 mg vial</i>	\$0 (Tier 1)	
<i>cephalexin 125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule</i>	\$0 (Tier 1)	
SUPRAX 100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE	\$0 (Tier 2)	
<i>tazicef 1 gm add-vantage vial, 1 gram vial, 2 gm add-vantage vial, 2 gram vial, 6 gram vial</i>	\$0 (Tier 1)	
TEFLARO 400 MG VIAL, 600 MG VIAL	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Beta-lactam, Penicillins		
<i>amoxicillin 125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet</i>	\$0 (Tier 1)	
<i>amoxicillin-clavulanate pot er -1,000-62.5 mg tab</i>	\$0 (Tier 1)	
<i>amoxicillin-clavulanate potass -200-28.5 mg tab chew, -200-28.5 mg/5 ml sus, -250-125 mg tablet, -250-62.5 mg/5 ml sus, -400-57 mg tab chew, -400-57 mg/5 ml susp, -500-125 mg tablet, -600-42.9 mg/5 ml sus, -875-125 mg tablet</i>	\$0 (Tier 1)	
<i>ampicillin sodium 1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial</i>	\$0 (Tier 1)	
<i>ampicillin trihydrate 500 mg capsule</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam -sulb 3 gm add vial, -sulbactam 3 gm vial</i>	\$0 (Tier 1)	
AUGMENTIN 500-125 TABLET	\$0 (Tier 2)	
BICILLIN L-A L-600,000 UNIT/ML, L-1,200,000 UNITS, L-2,400,000 UNITS	\$0 (Tier 2)	
<i>dicloxacillin sodium 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
EXTENCILLINE 1,200,000 UNIT VL, 2,400,000 UNIT VL	\$0 (Tier 2)	
<i>lentocilin s 1,200,000 unit</i>	\$0 (Tier 1)	
<i>nafcillin 1 gm/ 50 ml, 2 gm/ 100 ml</i>	\$0 (Tier 1)	
<i>nafcillin sodium 1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial</i>	\$0 (Tier 1)	
<i>penicillin g potassium 5 million, 20 million</i>	\$0 (Tier 1)	
<i>penicillin g sodium na 5 million unit</i>	\$0 (Tier 1)	
<i>penicillin gk-iso-osm dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>penicillin v potassium 125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet</i>	\$0 (Tier 1)	
<i>pfizerpen 5 million vial, 20 million vial</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam -tazo 2.25 gm add vl, -tazo 3.375 gm add vl, -tazo 4.5 gm add vial, -tazobact 2.25 gm vl, -tazobact 3.375 gm vl, -tazobact 4.5 gm vial</i>	\$0 (Tier 1)	
ZOSYN 2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG	\$0 (Tier 2)	
Carbapenems		
<i>ertapenem 1 gram vial</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin sodium -250 mg, -500 mg</i>	\$0 (Tier 1)	
INVANZ 1 GM VIAL	\$0 (Tier 2)	
<i>meropenem 1 gm vial, 500 mg vial</i>	\$0 (Tier 1)	
<i>meropenem-0.9% nacl -0.9% 1 gram/50, -0.9% 500 mg/50</i>	\$0 (Tier 1)	
Macrolides		
<i>azithromycin 1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial</i>	\$0 (Tier 1)	
<i>clarithromycin 125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet</i>	\$0 (Tier 1)	
<i>clarithromycin er 500 mg tab</i>	\$0 (Tier 1)	
DIFICID 200 MG TABLET	\$0 (Tier 2)	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	\$0 (Tier 2)	QL (136 PER 10 OVER TIME)
E.E.S. 200 MG/5 ML SUSPENSION	\$0 (Tier 2)	
<i>ery 2% pads</i>	\$0 (Tier 1)	
ERY-TAB -TAB DR 250 MG TABLET, -TAB DR 333 MG TABLET, -TAB DR 500 MG TABLET	\$0 (Tier 2)	
ERYPED 200 MG/5 ML SUSPENSION	\$0 (Tier 2)	
ERYPED 400 MG/5 ML SUSPENSION	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERYTHROCIN LACTOBIONATE 500 MG ADDVAN VIAL, LACT 500 MG VIAL	\$0 (Tier 2)	
ERYTHROCIN STEARATE 250 MG TABLET	\$0 (Tier 2)	
<i>erythromycin 2% solution, 250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	
<i>erythromycin lactobionate 500 mg vial</i>	\$0 (Tier 1)	
ZITHROMAX 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL	\$0 (Tier 2)	
ZITHROMAX TRI-PAK -500 MG TAB	\$0 (Tier 2)	
Quinolones		
CIPRO 5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	
<i>ciprofloxacin 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	\$0 (Tier 1)	
<i>ciprofloxacin-d5w 200 mg/100ml, 400 mg/200ml</i>	\$0 (Tier 1)	
<i>levofloxacin 25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial</i>	\$0 (Tier 1)	
<i>levofloxacin-d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	
<i>moxifloxacin 400 mg/250 ml bag</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl 400 mg tablet</i>	\$0 (Tier 1)	
<i>ofloxacin 400 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Sulfonamides

BACTRIM 400-80 MG TABLET	\$0 (Tier 2)	
BACTRIM DS TABLET	\$0 (Tier 2)	
<i>sulfadiazine 500 mg tablet</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim -20 ml cup, -ds tablet, -iv vial, -ss tablet, -susp</i>	\$0 (Tier 1)	

Tetracyclines

<i>avidoxy 100 mg tablet</i>	\$0 (Tier 1)	
<i>demeclocycline hcl 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
<i>doxy 100 mg vial</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet</i>	\$0 (Tier 1)	
<i>minocycline hcl 50 mg capsule, hcl 50 mg tablet, 75 mg capsule, hcl 75 mg tablet, 100 mg capsule, hcl 100 mg tablet</i>	\$0 (Tier 1)	
<i>mondoxyne nl 100 mg capsule</i>	\$0 (Tier 1)	
NUZYRA 100 MG VIAL, 150 MG TABLET	\$0 (Tier 2)	
<i>tetracycline hcl 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
VIBRAMYCIN 100 MG CAPSULE	\$0 (Tier 2)	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT 10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 50 MG/5 ML VIAL, 75 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DEPAKOTE DR 125 MG TABLET, DR 250 MG TABLET, DR 500 MG TABLET	\$0 (Tier 2)	
DEPAKOTE ER ER 250 MG TABLET, ER 500 MG TABLET	\$0 (Tier 2)	
DEPAKOTE SPRINKLE DR 125 MG CP	\$0 (Tier 2)	
DIACOMIT 250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET	\$0 (Tier 2)	
<i>divalproex sodium dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab</i>	\$0 (Tier 1)	
<i>divalproex sodium er er 250 mg tab, er 500 mg tab</i>	\$0 (Tier 1)	
EPIDIOLEX 100 MG/ML SOLN PACK, 100 MG/ML SOLUTION	\$0 (Tier 2)	PA
EPRONTIA 25 MG/ML SOLUTION	\$0 (Tier 2)	
<i>felbamate 400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup</i>	\$0 (Tier 1)	
FINTEPLA 2.2 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	
KEPPRA 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET	\$0 (Tier 2)	
LAMICTAL (BLUE) TAB START KIT	\$0 (Tier 2)	
LAMICTAL 5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	
<i>lamotrigine (blue) tab start kit</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lamotrigine 5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>lamotrigine er er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	\$0 (Tier 1)	
<i>levetiracetam 100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup</i>	\$0 (Tier 1)	
<i>levetiracetam er er 500 mg tablet, er 750 mg tablet</i>	\$0 (Tier 1)	
<i>levetiracetam-nacl -500 mg/100, -1,000mg/100, -1,500mg/100</i>	\$0 (Tier 1)	
<i>roweepra 500 mg tablet</i>	\$0 (Tier 1)	
SPRITAM 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET	\$0 (Tier 2)	
<i>subvenite (blue) tab start kit</i>	\$0 (Tier 1)	
<i>subvenite 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>topiramate 15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>valproate sodium 500 mg/5 ml vl</i>	\$0 (Tier 1)	
<i>valproic acid 250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol</i>	\$0 (Tier 1)	
XCOPRI 12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK	\$0 (Tier 2)	

Calcium Channel Modifying Agents

CELONTIN 300 MG CAPSULE	\$0 (Tier 2)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ethosuximide 250 mg capsule, 250 mg/5 ml soln</i>	\$0 (Tier 1)	
LYRICA 20 MG/ML ORAL SOLUTION	\$0 (Tier 2)	QL (900 PER 30 DAYS)
LYRICA 225 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYRICA 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>methsuximide 300 mg capsule</i>	\$0 (Tier 1)	
<i>pregabalin 20 mg/ml solution</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)
<i>pregabalin 225 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>pregabalin 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	\$0 (Tier 2)	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)
<i>diazepam 2.5mg gel(2pk), 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk)</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	\$0 (Tier 1)	QL (1080 PER 30 DAYS)
<i>gabapentin 250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup</i>	\$0 (Tier 1)	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
GABITRIL 2 MG TABLET, 4 MG TABLET, 12 MG TABLET, 16 MG TABLET	\$0 (Tier 2)	
LIBERVANT 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM	\$0 (Tier 2)	QL (10 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MYSOLINE 50 MG TABLET, 250 MG TABLET	\$0 (Tier 2)	
NAYZILAM 5 MG NASAL SPRAY	\$0 (Tier 2)	QL (10 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	\$0 (Tier 2)	QL (1080 PER 30 DAYS)
NEURONTIN 250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION	\$0 (Tier 2)	QL (2160 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	\$0 (Tier 2)	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	\$0 (Tier 2)	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	\$0 (Tier 2)	QL (135 PER 30 DAYS)
ONFI 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (480 PER 30 DAYS)
<i>phenobarbital 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>phenobarbital sodium 65 mg/ml vial, 130 mg/ml vial</i>	\$0 (Tier 1)	
<i>primidone 50 mg tablet, 125 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	
SABRIL 500 MG POWDER PACKET, 500 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM, 20 MG FILM	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl 2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet</i>	\$0 (Tier 1)	
VALTOCO 5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY	\$0 (Tier 2)	QL (10 PER 30 DAYS)
<i>vigabatrin 500 mg powder packet, 500 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>vigadrone 500 mg powder packet, 500 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIGAFYDE 100 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (750 PER 30 DAYS)
<i>vigpoder 500 mg powder packet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	\$0 (Tier 2)	
Sodium Channel Agents		
APTIOM 200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET	\$0 (Tier 2)	
BANZEL 40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
<i>carbamazepine 100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup</i>	\$0 (Tier 1)	
<i>carbamazepine er er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet</i>	\$0 (Tier 1)	
CARBATROL ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE	\$0 (Tier 2)	
DILANTIN 30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE	\$0 (Tier 2)	
DILANTIN-125 MG/5 ML SUSP	\$0 (Tier 2)	
<i>epitol 200 mg tablet</i>	\$0 (Tier 1)	
<i>fosphenytoin sodium 100 mg pe/2 ml vl, 500 mg pe/10 ml</i>	\$0 (Tier 1)	
<i>lacosamide 10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup, 200 mg/20 ml vial</i>	\$0 (Tier 1)	
<i>oxcarbazepine 150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet</i>	\$0 (Tier 1)	
PHENYTEK 200 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	
<i>phenytoin 50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	\$0 (Tier 1)	
<i>rufinamide 40 mg/ml suspension, 200 mg tablet, 400 mg tablet</i>	\$0 (Tier 1)	
TEGRETOL 100 MG/5 ML SUSP, 200 MG TABLET	\$0 (Tier 2)	
TEGRETOL XR 100 MG TABLET, 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
TRILEPTAL 150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET	\$0 (Tier 2)	
VIMPAT 10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 200 MG/20 ML VIAL	\$0 (Tier 2)	
ZONEGRAN 25 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	
ZONISADE 100 MG/5 ML ORAL SUSP	\$0 (Tier 2)	
<i>zonisamide 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	\$0 (Tier 1)	

Antidementia Agents

Cholinesterase Inhibitors

ADLARITY 5 MG/DAY PATCH, 10MG/DAY PATCH	\$0 (Tier 2)	
ARICEPT 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
<i>donepezil hcl 5 mg tablet, 10 mg tablet, 23 mg tablet</i>	\$0 (Tier 1)	
<i>donepezil hcl odt odt 5 mg tablet, odt 10 mg tablet</i>	\$0 (Tier 1)	
EXELON 4.6 MG/24HR PATCH, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>galantamine er er 8 mg capsule, er 16 mg capsule, er 24 mg capsule</i>	\$0 (Tier 1)	
<i>galantamine hbr 4 mg tablet, 8 mg tablet, 12 mg tablet</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide 4 mg/ml oral soln</i>	\$0 (Tier 1)	
<i>rivastigmine 1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch</i>	\$0 (Tier 1)	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl er er 7 mg capsule, er 14 mg capsule, er 21 mg capsule, er 28 mg capsule</i>	\$0 (Tier 1)	PA
<i>memantine hcl hcl 2 mg/ml solution, 5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet</i>	\$0 (Tier 1)	PA
NAMENDA 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET	\$0 (Tier 2)	PA

Antidepressants

Antidepressants, Other

AUVELITY ER 45-105 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>bupropion xl hcl 150 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>bupropion xl hcl 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>mirtazapine 7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
REMERON 15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REMERON 15 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	\$0 (Tier 2)	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR 100 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
WELLBUTRIN SR SR 150 MG TABLET, SR 200 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ZURZUVAE 20 MG CAPSULE, 25 MG CAPSULE	\$0 (Tier 2)	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	\$0 (Tier 2)	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

EMSAM 6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
MARPLAN 10 MG TABLET	\$0 (Tier 2)	
NARDIL 15 MG TABLET	\$0 (Tier 2)	
PARNATE 10 MG TABLET	\$0 (Tier 2)	
<i>phenelzine sulfate 15 mg tab</i>	\$0 (Tier 1)	
<i>tranylcypromine sulfate 10 mg tab</i>	\$0 (Tier 1)	

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito

CELEXA 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>citalopram hbr 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>citalopram hbr 10 mg/5 ml soln, 20 mg/10 ml cup</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CYMBALTA 20 MG CAPSULE, 60 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CYMBALTA 30 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er er 25 mg, er 50 mg, er 100mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE 30 MG CAP	\$0 (Tier 2)	QL (90 PER 30 DAYS)
DRIZALMA SPRINKLE DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 20 mg cap, dr 60 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	\$0 (Tier 2)	QL (28 PER 28 DAYS)
FETZIMA ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fluoxetine dr 90 mg capsule</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>fluoxetine hcl 10 mg capsule, 10 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule, 20 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5 ml soln cup, 20 mg/5 ml solution</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
LEXAPRO 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
LEXAPRO 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
<i>nefazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>paroxetine cr 12.5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine cr 25 mg tablet, 37.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine er er 25 mg tablet, er 37.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
PAXIL 10 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	\$0 (Tier 2)	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PRISTIQ ER 25 MG TABLET, ER 50 MG TABLET, ER 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml oral conc</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>sertraline hcl 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>trazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
TRINTELLIX 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er 112.5 mg tb</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>venlafaxine hcl 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>venlafaxine hcl er 75 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
VIIORYD 10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>vilazodone hcl 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ZOLOFT 100 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	\$0 (Tier 2)	QL (300 PER 30 DAYS)
ZOLOFT 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)

Tricyclics

<i>amitriptyline hcl 10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab</i>	\$0 (Tier 1)	
<i>amoxapine 25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet</i>	\$0 (Tier 1)	
<i>clomipramine hcl 25 mg capsule, 50 mg capsule, 75 mg capsule</i>	\$0 (Tier 1)	
<i>desipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet</i>	\$0 (Tier 1)	
<i>doxepin hcl 10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule</i>	\$0 (Tier 1)	
<i>imipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
NORPRAMIN 10 MG TABLET, 25 MG TABLET	\$0 (Tier 2)	
<i>nortriptyline hcl 10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap</i>	\$0 (Tier 1)	
<i>protriptyline hcl 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cp</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl 10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml vial, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 50 mg/2 ml vial, 100 mg tablet, 100 mg/ml conc, 200 mg tablet</i>	\$0 (Tier 1)	PA
<i>compro 25 mg suppository</i>	\$0 (Tier 1)	
<i>meclizine hcl 12.5 mg tablet, 25 mg tablet</i>	\$0 (Tier 1)	
<i>perphenazine 2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet</i>	\$0 (Tier 1)	PA
<i>prochlorperazine 25 mg supp</i>	\$0 (Tier 1)	
<i>prochlorperazine edisylate 10 mg/2 ml vl</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate 5 mg tablet, 10 mg tab</i>	\$0 (Tier 1)	
<i>promethazine hcl 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	PA
<i>promethegan 12.5 mg suppos, 25 mg suppository</i>	\$0 (Tier 1)	PA
<i>scopolamine 1 mg/3 day patch</i>	\$0 (Tier 1)	PA

Emetogenic Therapy Adjuncts

<i>aprepitant 40 mg capsule, 80 mg capsule, 125 mg capsule, 125-80-80 mg pack</i>	\$0 (Tier 1)	PA
<i>dronabinol 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA
EMEND 80 MG CAPSULE, TRIPACK	\$0 (Tier 2)	PA
<i>fosaprepitant dimeglumine 150 mg vial</i>	\$0 (Tier 1)	
<i>granisetron hcl 1 mg tablet</i>	\$0 (Tier 1)	PA
<i>granisetron hcl 1 mg/ml vial, 4 mg/4 ml vial</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ondansetron hcl 4 mg/2 ml isecure, 4 mg/5 ml soln cup, 4 mg/5 ml solution, hcl 4 mg tablet, hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, hcl 8 mg tablet, hcl 24 mg tablet, 40 mg/20 ml vial</i>	\$0 (Tier 1)	
<i>ondansetron odt odt 4 mg tablet, odt 8 mg tablet</i>	\$0 (Tier 1)	
<i>palonosetron hcl 0.25 mg/2 ml vial, 0.25 mg/5 ml vial, hcl 0.25 mg/5 ml</i>	\$0 (Tier 1)	
Antifungals		
<i>3 day vaginal qc 4% cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
3-DAY VAGINAL CREAM 3-DAY VAGINAL CREAM, CVS 3-DAY VAGINAL CREAM, SM 3-DAY VAGINAL CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
AMBISOME 50 MG VIAL	\$0 (Tier 2)	PA
<i>amphotericin b 50 mg vial</i>	\$0 (Tier 1)	PA
<i>amphotericin b liposome 50 mg</i>	\$0 (Tier 1)	PA
<i>antifungal 1% topical, eq 1% top, sm 1% topical</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>antifungal cream 1%, cvs 1%, eq 1%, ft 1%, qc 1%, ra 1%, sm 1%</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>athlete's foot athlete's 1% foot cream, athlete's foot 1% cream, athletes foot 1% cream, cvs athlete's foot 1% cream, eq athlete's foot 1% cream, eq athlete's foot 1% cream, sm athlete's 1% foot cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>athlete's foot ft 1%, gnp 1%</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>baza antifungal 2% cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
CANCIDAS IV 50 MG VIAL, IV 70 MG VIAL	\$0 (Tier 2)	
<i>caspofungin acetate 50 mg vial, 70 mg vial</i>	\$0 (Tier 1)	
<i>ciclodan 8% solution</i>	\$0 (Tier 1)	QL (6.6 PER 30 DAYS)
<i>ciclopirox 0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ciclopirox 8% solution</i>	\$0 (Tier 1)	QL (6.6 PER 30 DAYS)
<i>clotrimazole 1% solution, 10 mg lozenge, 10 mg troche</i>	\$0 (Tier 1)	
<i>clotrimazole 1% top grx, 1% topical, cvs 1% top, qc 1% top, sm 1% top, tm-1% top</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>clotrimazole 1% vaginal, qc 1% vag, ra 1% vag, sm 1% vag</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>clotrimazole-3 gnp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
CRESEMBA 74.5 MG CAPSULE, 186 MG CAPSULE, 372 MG VIAL	\$0 (Tier 2)	PA
DIFLUCAN 10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	
<i>econazole nitrate 1% cream</i>	\$0 (Tier 1)	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>fluconazole-nacl -200 mg/100 ml, -400 mg/200 ml</i>	\$0 (Tier 1)	
<i>flucytosine 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
FUNGOID TINCTURE 2%	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>griseofulvin 125 mg/5 ml susp, micro 500 mg tab</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	\$0 (Tier 1)	
<i>itraconazole 100 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ketoconazole 2% cream, 2% shampoo, 200 mg tablet</i>	\$0 (Tier 1)	
<i>klayesta 100,000 unit/gm powd</i>	\$0 (Tier 1)	
LAMISIL AT 1% CREAM	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>lamisil at 1% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
LOPROX 1% SHAMPOO	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>micafungin 50 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
<i>micafungin-0.9% nacl 50 mg/50ml-0.9%nacl</i>	\$0 (Tier 1)	
<i>miconazole 1 1 combination, cvs 1 combo, eq 1 combo, eql 1 combo, gnp 1 combo</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>miconazole 3 3, cvs 3, gnp 3, gs 3, ra 3, sm 3</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>miconazole 7 7 100 mg vag supp, sm 7 100 mg vag sup, sm 7 cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>miconazole 7 7, cvs 7, eq 7, eql 7, gnp 7, gs 7, ra 7</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>miconazole nitrate 2% topical, sm 2% topical, sm 2% vaginal</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>miconazole nitrate 2%, eq 2%</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>miconazole-7 -cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>miconazole-7 qc -cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>micotrin ac 1% topical cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>mycozyl ac 1% topical cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
NOXAFIL 40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP, 300 MG/16.7 ML VIAL	\$0 (Tier 2)	PA
<i>nyamyc 100,000 unit/gm powder</i>	\$0 (Tier 1)	
<i>nystatin 100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus</i>	\$0 (Tier 1)	
<i>nystop 100,000 unit/gm powder</i>	\$0 (Tier 1)	
<i>posaconazole dr 100 mg tablet, 200 mg/5 ml susp, 300 mg/16.7 ml vl</i>	\$0 (Tier 1)	PA
SPORANOX 100 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>terbinafine 1%, eq 1%, gnp 1%</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>terbinafine hcl 250 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>terconazole 0.4% cream, 0.8% cream, 80 mg suppository</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tioconazole-1 -1 6.5% ointment, cvs -1 6.5% ointmnt, eq -1 6.5% ointment, eql -1 6.5% oint, gnp -1 6.5% oint, ra -1 6.5% oint, sm -1 6.5% ointment</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tolnaftate 1% cream, 1% powder, af 1% cream, gnp 1% cream, qc 1% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
VFEND IV 200 MG VIAL	\$0 (Tier 2)	PA
<i>voriconazole 40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial</i>	\$0 (Tier 1)	PA

Antigout Agents

<i>allopurinol 100 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
<i>allopurinol sodium 500 mg vial</i>	\$0 (Tier 1)	
ALOPRIM 500 MG VIAL	\$0 (Tier 2)	
<i>colchicine 0.6 mg tablet</i>	\$0 (Tier 1)	
COLCRYS 0.6 MG TABLET	\$0 (Tier 2)	
<i>probenecid 500 mg tablet</i>	\$0 (Tier 1)	
<i>probenecid-colchicine -tablet</i>	\$0 (Tier 1)	
ZYLOPRIM 100 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	

Antimigraine Agents

AIMOVIG AUTOINJECTOR 140 MG/ML	\$0 (Tier 2)	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml spry</i>	\$0 (Tier 1)	PA, QL (8 PER 28 DAYS)
EMGALITY PEN 120 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE 100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)	\$0 (Tier 2)	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
<i>ergotamine-caffeine -1-100mg tb</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MIGRANAL NASAL SPRAY	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)
NURTEC ODT 75 MG TABLET	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)
UBRELVY 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
IMITREX 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
IMITREX 4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT	\$0 (Tier 2)	ST, QL (6 PER 30 DAYS)
IMITREX 5 MG SPRAY, 20 MG SPRAY	\$0 (Tier 2)	ST, QL (12 PER 30 DAYS)
IMITREX 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT	\$0 (Tier 2)	QL (6 PER 30 DAYS)
MAXALT 10 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl 1 mg tablet, 2.5 mg tablet</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>rizatriptan 5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>sumatriptan 5 mg, 20 mg</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)
<i>sumatriptan succinate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>sumatriptan succinate 4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj</i>	\$0 (Tier 1)	QL (6 PER 30 DAYS)
<i>sumatriptan succinate 6 mg/0.5 ml vial</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
<i>zolmitriptan odt 2.5 mg odt, 5 mg odt</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

MESTINON 60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN	\$0 (Tier 2)	
<i>pyridostigmine bromide 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>pyridostigmine bromide er 180 mg tab</i>	\$0 (Tier 1)	
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Antimycobacterials

Antimycobacterials, Other

<i>dapsone 25 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
MYCOBUTIN 150 MG CAPSULE	\$0 (Tier 2)	
<i>rifabutin 150 mg capsule</i>	\$0 (Tier 1)	

Antituberculars

<i>cycloserine 250 mg capsule</i>	\$0 (Tier 1)	
<i>ethambutol hcl 100 mg tablet, 400 mg tablet</i>	\$0 (Tier 1)	
<i>isoniazid 50 mg/5 ml solution, 100 mg tablet, 100 mg/ml vial, 300 mg tablet</i>	\$0 (Tier 1)	
PRIFTIN 150 MG TABLET	\$0 (Tier 2)	
<i>pyrazinamide 500 mg tablet</i>	\$0 (Tier 1)	
RIFADIN IV 600 MG VIAL	\$0 (Tier 2)	
<i>rifampin 150 mg capsule, 300 mg capsule, iv 600 mg vial</i>	\$0 (Tier 1)	
SIRTURO 20 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
TRECTOR 250 MG TABLET	\$0 (Tier 2)	

Antineoplastics

Alkylating Agents

<i>busulfan 60 mg/10 ml vial</i>	\$0 (Tier 1)	
<i>cyclophosphamide 1 gm vial, 1 gm/2 ml vl, 2 gm vial, 2 gm/4 ml vl, 500 mg vial, 500 mg/ml vl</i>	\$0 (Tier 1)	
<i>cyclophosphamide 25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cyclophosphamide cyclophosphamide 1 gm/5 ml vial, cyclophosphamide 2 gm/10 ml vial, cyclophosphamide 1 gm/5 ml vial, cyclophosphamide 500 mg/2.5 ml, cyclophosphamide 500 mg/2.5 ml</i>	\$0 (Tier 2)	
EVOMELA 50 MG VIAL	\$0 (Tier 2)	
GLEOSTINE 10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	
LEUKERAN 2 MG TABLET	\$0 (Tier 2)	
MATULANE 50 MG CAPSULE	\$0 (Tier 2)	PA
<i>melfalan hcl 50 mg vial w-diluent, hcl 50 mg vial</i>	\$0 (Tier 1)	
TEMODAR 100 MG VIAL	\$0 (Tier 2)	
VALCHLOR 0.016% GEL	\$0 (Tier 2)	
YONDELIS 1 MG VIAL	\$0 (Tier 2)	PA
ZEPZELCA 4 MG VIAL	\$0 (Tier 2)	PA

Antiandrogens

<i>abiraterone acetate 250 mg tab</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>bicalutamide 50 mg tablet</i>	\$0 (Tier 1)	
CASODEX 50 MG TABLET	\$0 (Tier 2)	
ERLEADA 240 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
EULEXIN 125 MG CAPSULE	\$0 (Tier 2)	
NILANDRON 150 MG TABLET	\$0 (Tier 2)	
<i>nilutamide 150 mg tablet</i>	\$0 (Tier 1)	
NUBEQA 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XTANDI 40 MG CAPSULE, 40 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
YONSA 125 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Antiangiogenic Agents		
<i>lenalidomide 15 mg capsule, 20 mg capsule, 25 mg capsule</i>	\$0 (Tier 1)	PA, QL (21 PER 28 DAYS)
<i>lenalidomide 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
POMALYST 1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
REVLIMID 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
REVLIMID 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
THALOMID 150 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
THALOMID 50 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZALTRAP 100 MG/4 ML VIAL, 200 MG/8 ML VIAL	\$0 (Tier 2)	PA
Antiestrogens/Modifiers		
EMCYT 140 MG CAPSULE	\$0 (Tier 2)	
FARESTON 60 MG TABLET	\$0 (Tier 2)	
FASLODEX 250 MG/5 ML SYRINGE	\$0 (Tier 2)	PA
<i>fulvestrant 250 mg/5 ml syringe</i>	\$0 (Tier 1)	PA
ORSERDU 345 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SOLTAMOX 20 MG/10 ML SOLN	\$0 (Tier 2)	
<i>tamoxifen citrate 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
<i>toremifene citrate 60 mg tab</i>	\$0 (Tier 1)	
Antimetabolites		
<i>fluorouracil 1 gram/20 ml vial, 2.5 gram/50 ml vial, 5 gram/100 ml vial, 500 mg/10 ml vial</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FOLOTYN 20 MG/ML VIAL, 40 MG/2 ML VIAL	\$0 (Tier 2)	PA
HYDREA 500 MG CAPSULE	\$0 (Tier 2)	
<i>hydroxyurea 500 mg capsule</i>	\$0 (Tier 1)	
<i>mercaptopurine 50 mg tablet</i>	\$0 (Tier 1)	
PURIXAN 20 MG/ML ORAL SUSP	\$0 (Tier 2)	
TABLOID 40 MG TABLET	\$0 (Tier 2)	
Antineoplastics, Other		
ABRAXANE 100 MG VIAL	\$0 (Tier 2)	PA
<i>adriamycin 10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg/25 ml vial, 200 mg/100 ml vial</i>	\$0 (Tier 1)	PA
ADRIAMYCIN 50 MG VIAL	\$0 (Tier 2)	PA
ALIMTA 100 MG VIAL, 500 MG VIAL	\$0 (Tier 2)	PA
ARRANON 250 MG/50 ML VIAL	\$0 (Tier 2)	PA
<i>arsenic trioxide 10 mg/10ml, 12 mg/6 ml</i>	\$0 (Tier 1)	
ASPARLAS 3,750 UNIT/5 ML VIAL	\$0 (Tier 2)	
<i>azacitidine 100 mg vial</i>	\$0 (Tier 1)	
<i>bendamustine hcl 25 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
BENDEKA 100 MG/4 ML VIAL	\$0 (Tier 2)	
BICNU 100 MG VIAL	\$0 (Tier 2)	
<i>bleomycin sulfate 15 vial, 30 vial</i>	\$0 (Tier 1)	PA
BLINCYTO 35MCG VL W-STABILIZER	\$0 (Tier 2)	PA
<i>carboplatin 50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial</i>	\$0 (Tier 1)	
<i>carmustine 100 mg vial</i>	\$0 (Tier 1)	
<i>cisplatin 50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial</i>	\$0 (Tier 1)	
<i>cladribine 10 mg/10 ml vial</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clofarabine 20 mg/20 ml vial</i>	\$0 (Tier 1)	
CLOLAR 20 MG/20 ML VIAL	\$0 (Tier 2)	
COSMEGEN 500 MCG VIAL	\$0 (Tier 2)	
<i>cytarabine 2 g/20 ml vial, 20 mg/ml vial, 100 mg/5 ml vial</i>	\$0 (Tier 1)	PA
<i>dacarbazine 100 mg vial, 200 mg vial</i>	\$0 (Tier 1)	
<i>dactinomycin 500 mcg vial</i>	\$0 (Tier 1)	
<i>daunorubicin hcl 20 mg/4 ml vial, 50 mg/10 ml vial</i>	\$0 (Tier 1)	
<i>decitabine 50 mg vial</i>	\$0 (Tier 1)	
<i>docetaxel 20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial</i>	\$0 (Tier 1)	
<i>doxorubicin hcl 10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial</i>	\$0 (Tier 1)	PA
<i>doxorubicin hcl liposome 20mg/10ml, 50mg/25ml</i>	\$0 (Tier 1)	PA
<i>eribulin mesylate 1 mg/2 ml vl</i>	\$0 (Tier 1)	PA
<i>fludarabine phosphate 50 mg vial, 50 mg/2 ml vial</i>	\$0 (Tier 1)	
<i>gemcitabine hcl 1 gram/26.3 ml vl, hcl 1 gram vial, 2 gram/52.6 ml vl, hcl 2 gram vial, 200 mg/5.26 ml vl, hcl 200 mg vial</i>	\$0 (Tier 1)	
HALAVEN 1 MG/2 ML VIAL	\$0 (Tier 2)	PA
<i>idarubicin hcl 5 mg/5 ml vial, 10 mg/10 ml vl, 20 mg/20 ml vl</i>	\$0 (Tier 1)	
IFEX 3 GM VIAL	\$0 (Tier 2)	
<i>ifosfamide 1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial</i>	\$0 (Tier 1)	
IMLYGIC 1 MILLION PFU/ML VIAL, 100 MILLION PFU/ML VL	\$0 (Tier 2)	
INQOVI 35 MG-100 MG TABLET	\$0 (Tier 2)	PA, QL (5 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ISTODAX 10 MG KIT, 10 MG VIAL	\$0 (Tier 2)	PA
IXEMPRA 15 MG KIT, 15 MG VIAL, 45 MG KIT, 45 MG VIAL	\$0 (Tier 2)	
<i>kemoplat 50 mg/50 ml vial</i>	\$0 (Tier 1)	
KISQALI FEMARA CO-PACK 200 MG	\$0 (Tier 2)	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	\$0 (Tier 2)	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	\$0 (Tier 2)	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium cal 100 mg/10 ml vl, cal 500 mg/50 ml vl, calcium 5 mg tab, calcium 10 mg tab, calcium 15 mg tab, calcium 25 mg tab, calcium 50 mg vial, calcium 100 mg vial, calcium 200 mg vial, calcium 350 mg vial, calcium 500 mg vial</i>	\$0 (Tier 1)	
LONSURF 15 MG-6.14 MG TABLET	\$0 (Tier 2)	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	\$0 (Tier 2)	PA, QL (80 PER 28 DAYS)
<i>mitomycin 5 mg vial, 20 mg vial, 40 mg vial</i>	\$0 (Tier 1)	
<i>mitoxantrone hcl 20 mg/10 ml vial, 25 mg/12.5 ml vl, 30 mg/15 ml vial</i>	\$0 (Tier 1)	
MUTAMYCIN 5 MG VIAL, 20 MG VIAL, 40 MG VIAL	\$0 (Tier 2)	
<i>nelarabine 250 mg/50 ml vial</i>	\$0 (Tier 1)	PA
NINLARO 2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
NIPENT 10 MG VIAL	\$0 (Tier 2)	
ONCASPAR 3,750 UNIT/5 ML VIAL	\$0 (Tier 2)	
ONUREG 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (14 PER 28 DAYS)
<i>oxaliplatin 50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial</i>	\$0 (Tier 1)	
<i>paclitaxel 30 mg/5 ml vial, 100 mg/16.7 ml vial, 150 mg/25 ml vial, 300 mg/50 ml vial</i>	\$0 (Tier 1)	
<i>paraplatin 50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial, 1,000 mg/100 ml vl</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pemetrexed 100 mg vial, 500 mg vial</i>	\$0 (Tier 1)	PA
<i>pemetrexed disodium 1 gm vial, 1 gm/40 ml, 100 mg vl, 100 mg/4ml, 500 mg vl, 500mg/20ml, 750 mg vl</i>	\$0 (Tier 1)	PA
<i>romidepsin 10 mg kit, 10 mg vial</i>	\$0 (Tier 1)	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	\$0 (Tier 2)	PA
RYLAZE 10 MG/0.5 ML VIAL	\$0 (Tier 2)	
SYNRIBO 3.5 MG/ML VIAL	\$0 (Tier 2)	PA
<i>thiotepa 15 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
TREANDA 25 MG VIAL, 100 MG VIAL	\$0 (Tier 2)	
TRISENOX 12 MG/6 ML VIAL	\$0 (Tier 2)	
<i>vinblastine sulfate 1 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>vincasar pfs 1 mg/ml vial, 2 mg/2 ml vial</i>	\$0 (Tier 1)	PA
<i>vincristine sulfate 1 mg/ml vial, 2 mg/2 ml vial</i>	\$0 (Tier 1)	PA
<i>vinorelbine tartrate 10 mg/ml vial, 50 mg/5 ml vial</i>	\$0 (Tier 1)	
VYXEOS 44 MG-100 MG VIAL	\$0 (Tier 2)	PA
WELIREG 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
XPOVIO 40 MG TWICE, 80 MG ONCE, 100 MG ONCE	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)
XPOVIO 40 MG, 60 MG	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (32 PER 28 DAYS)
ZANOSAR 1 GM POWDER VIAL	\$0 (Tier 2)	
ZOLINZA 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole 1 mg tablet</i>	\$0 (Tier 1)	
ARIMIDEX 1 MG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AROMASIN 25 MG TABLET	\$0 (Tier 2)	
<i>exemestane 25 mg tablet</i>	\$0 (Tier 1)	
FEMARA 2.5 MG TABLET	\$0 (Tier 2)	
<i>letrozole 2.5 mg tablet</i>	\$0 (Tier 1)	
Enzyme Inhibitors		
ETOPOPHOS 100 MG VIAL	\$0 (Tier 2)	
<i>etoposide 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial</i>	\$0 (Tier 1)	
<i>irinotecan hcl 40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl</i>	\$0 (Tier 1)	
IWILFIN 192 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ONIVYDE 43 MG/10 ML VIAL	\$0 (Tier 2)	PA
<i>toposar 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial</i>	\$0 (Tier 1)	
<i>topotecan hcl 4 mg vial, 4 mg/4 ml vial</i>	\$0 (Tier 1)	
Molecular Target Inhibitors		
AFINITOR 2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 2 MG TABLET, 5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
AKEEGA 50-500 MG TABLET, 100-500 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ALIQOPA 60 MG VIAL	\$0 (Tier 2)	PA
ALUNBRIG 30 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
AYVAKIT 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BALVERSA 3 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BELEODAQ 500 MG VIAL	\$0 (Tier 2)	PA
<i>bortezomib 1 mg vial, 2.5 mg vial, 3.5 mg iv vial, 3.5 mg vial</i>	\$0 (Tier 1)	PA
BOSULIF 100 MG CAPSULE, 100 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
CABOMETYX 20 MG TABLET, 40 MG TABLET, 60 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
CALQUENCE 100 MG CAPSULE, 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
COPIKTRA 15 MG CAPSULE, 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COTELLIC 20 MG TABLET	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
CYRAMZA 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
<i>dasatinib 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>dasatinib 50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
DAURISMO 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DAURISMO 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ERIVEDGE 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 100 mg tablet, 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>everolimus 2 mg tab for susp, 5 mg tab for susp, 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>everolimus 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
EXKIVITY 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
FARYDAK 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE	\$0 (Tier 2)	PA, QL (6 PER 21 DAYS)
FOTIVDA 0.89 MG CAPSULE, 1.34 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>gefitinib 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
GILOTRIF 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
IBRANCE 75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
ICLUSIG 10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
IDHIFA 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	\$0 (Tier 1)	PA, QL (60 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
IMBRUVICA 140 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE, 420 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
INREBIC 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IRESSA 250 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JAKAFI 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JEVTANA 60 MG/1.5 ML KIT, 60 MG/1.5 ML VIAL	\$0 (Tier 2)	PA
KISQALI 200 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
KRAZATI 200 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
KYPROLIS 10 MG VIAL, 30 MG VIAL, 60 MG VIAL	\$0 (Tier 2)	PA
<i>lapatinib 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
LENVIMA 12 MG DAILY, 18 MG DAILY, 24 MG DAILY	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LENVIMA 4 MG CAPSULE, 10 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LENVIMA 8 MG DAILY, 14 MG DAILY, 20 MG DAILY	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LYNPARZA 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	\$0 (Tier 2)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NERLYNX 40 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NEXAVAR 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ODOMZO 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	\$0 (Tier 2)	PA, QL (96 PER 28 DAYS)
OJJAARA 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
PEMAZYRE 4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET	\$0 (Tier 2)	PA, QL (14 PER 21 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PIQRAY 250 MG DAILY PACK, 300 MG DAILY PACK	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
QINLOCK 50 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
RETEVMO 80 MG TABLET, 120 MG TABLET, 160 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
REZLIDHIA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	\$0 (Tier 2)	PA, QL (336 PER 28 DAYS)
RUBRACA 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
RYDAPT 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
<i>sorafenib 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
SPRYCEL 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SPRYCEL 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
STIVARGA 40 MG TABLET	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>sunitinib malate 25 mg capsule, 37.5 mg cap, 50 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SUTENT 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TABRECTA 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (840 PER 28 DAYS)
TAFINLAR 50 MG CAPSULE, 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAGRISO 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TALZENNA 0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TARCEVA 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TASIGNA 50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAZVERIK 200 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>temsirolimus 25 mg vial</i>	\$0 (Tier 1)	
TEPMETKO 225 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TIBSOVO 250 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TORISEL 25 MG KIT, 25 MG VIAL	\$0 (Tier 2)	
<i>torpenz 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
TRUQAP 160 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TYKERB 250 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VANFLYTA 17.7 MG TABLET, 26.5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VELCADE 3.5 MG VIAL	\$0 (Tier 2)	PA
VENCLEXTA 10 MG TAB (10MG X 2), 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
VERZENIO 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VIZIMPRO 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VOTRIENT 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XOSPATA 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ZYDELIG 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZYKADIA 150 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS 50 MG VIAL	\$0 (Tier 2)	PA
ALYMSYS 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
ARZERRA 100 MG/5 ML VIAL, 1,000 MG/50 ML VIAL	\$0 (Tier 2)	PA
AVASTIN 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
BAVENCIO 200 MG/10 ML VIAL	\$0 (Tier 2)	PA
BESPONSA 0.9 MG VIAL	\$0 (Tier 2)	PA
BLENREP 100 MG VIAL	\$0 (Tier 2)	PA
DANYELZA 40 MG/10 ML VIAL	\$0 (Tier 2)	PA
DARZALEX 100 MG/5 ML VIAL, 400 MG/20 ML VIAL	\$0 (Tier 2)	PA
DARZALEX FASPRO 1,800MG-30,000	\$0 (Tier 2)	PA
EMPLICITI 300 MG VIAL, 400 MG VIAL	\$0 (Tier 2)	PA
ENHERTU 100 MG VIAL	\$0 (Tier 2)	PA
ERBITUX 100 MG/50 ML VIAL, 200 MG/100 ML VIAL	\$0 (Tier 2)	PA
GAZYVA 1,000 MG/40 ML VIAL	\$0 (Tier 2)	PA
HERCEPTIN 150 MG VIAL	\$0 (Tier 2)	PA
HERCEPTIN HYLECTA 600MG-10,000	\$0 (Tier 2)	PA
HERZUMA 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA
IMFINZI 120 MG/2.4 ML VIAL, 500 MG/10 ML VIAL	\$0 (Tier 2)	PA
JEMPERLI 500 MG/10 ML VIAL	\$0 (Tier 2)	PA
KADCYLA 100 MG VIAL, 160 MG VIAL	\$0 (Tier 2)	PA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KANJINTI 150 MG VIAL, 420 MG VIAL, 420 MG VIAL W-DILUENT	\$0 (Tier 2)	PA
KEYTRUDA 100 MG/4 ML VIAL	\$0 (Tier 2)	PA
LIBTAYO 350 MG/7 ML VIAL	\$0 (Tier 2)	PA
LUMOXITI 1 MG VIAL	\$0 (Tier 2)	PA
MARGENZA 250 MG/10 ML VIAL	\$0 (Tier 2)	PA
MONJUVI 200 MG VIAL	\$0 (Tier 2)	PA
MVASI 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
MYLOTARG 4.5 MG VIAL	\$0 (Tier 2)	PA
OGIVRI 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA
ONTRUZANT 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA
OPDIVO 40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 120 MG/12 ML VIAL, 240 MG/24 ML VIAL	\$0 (Tier 2)	PA
PADCEV 20 MG VIAL, 30 MG VIAL	\$0 (Tier 2)	PA
PERJETA 420 MG/14 ML VIAL	\$0 (Tier 2)	PA
PHESGO 600-600 MG-20,000 UNIT, 1,200-600MG-30,000 UNIT	\$0 (Tier 2)	PA
POLIVY 30 MG VIAL, 140 MG VIAL	\$0 (Tier 2)	PA
PORTRAZZA 800 MG/50 ML VIAL	\$0 (Tier 2)	PA
POTELIGEO 20 MG/5 ML VIAL	\$0 (Tier 2)	PA
RIABNI 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
RITUXAN 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
RITUXAN HYCELA 1,400 MG-23,400, 1,600 MG-26,800	\$0 (Tier 2)	PA
RUXIENCENCE 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
RYBREVANT 350 MG/7 ML VIAL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SARCLISA 100 MG/5 ML VIAL, 500 MG/25 ML VIAL	\$0 (Tier 2)	PA
TECENTRIQ 840 MG/14 ML VIAL, 1,200 MG/20 ML VIAL	\$0 (Tier 2)	PA
TRAZIMERA 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA
TRODELVY 180 MG VIAL	\$0 (Tier 2)	PA
TRUXIMA 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
UNITUXIN 17.5 MG/ 5 ML VIAL	\$0 (Tier 2)	PA
VECTIBIX 100 MG/5 ML VIAL, 400 MG/20 ML VIAL	\$0 (Tier 2)	PA
VEGZELMA 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
YERVOY 50 MG/10 ML VIAL, 200 MG/40 ML VIAL	\$0 (Tier 2)	PA
ZIRABEV 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
ZYNLONTA 10 MG VIAL	\$0 (Tier 2)	PA
Retinoids		
<i>bexarotene 1% gel, 75 mg capsule</i>	\$0 (Tier 1)	PA
PANRETIN 0.1% GEL	\$0 (Tier 2)	PA
TARGRETIN 1% GEL, 75 MG CAPSULE	\$0 (Tier 2)	PA
<i>tretinoin 10 mg capsule</i>	\$0 (Tier 1)	PA
Treatment Adjuncts		
COSELA 300 MG VIAL	\$0 (Tier 2)	
<i>dexrazoxane 250 mg vial, 500 mg vial</i>	\$0 (Tier 1)	
ELITEK 1.5 MG VIAL, 7.5 MG VIAL	\$0 (Tier 2)	
<i>mesna 1 gram/10 ml vial</i>	\$0 (Tier 1)	
MESNEX 400 MG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Antiparasitics

Anthelmintics

<i>albendazole 200 mg tablet</i>	\$0 (Tier 1)	
<i>benznidazole 12.5 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
BILTRICIDE 600 MG TABLET	\$0 (Tier 2)	
<i>ivermectin 3 mg tablet</i>	\$0 (Tier 1)	PA
<i>praziquantel 600 mg tablet</i>	\$0 (Tier 1)	
STROMEKTOL 3 MG TABLET	\$0 (Tier 2)	PA

Antiprotozoals

<i>atovaquone 750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup</i>	\$0 (Tier 1)	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl -62.5-25, -250-100</i>	\$0 (Tier 1)	
<i>chloroquine phosphate 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
COARTEM TABLETS	\$0 (Tier 2)	
DARAPRIM 25 MG TABLET	\$0 (Tier 2)	PA
<i>hydroxychloroquine sulfate 200 mg tab</i>	\$0 (Tier 1)	
MALARONE 62.5-25 MG PED TAB, 250-100 MG TABLET	\$0 (Tier 2)	
<i>mefloquine hcl 250 mg tablet</i>	\$0 (Tier 1)	
NEBUPENT 300 MG INHAL POWDER	\$0 (Tier 2)	PA
<i>nitazoxanide 500 mg tablet</i>	\$0 (Tier 1)	QL (20 PER 30 OVER TIME)
PENTAM 300 MG VIAL	\$0 (Tier 2)	
<i>pentamidine isethionate 300 mg inhal powdr</i>	\$0 (Tier 1)	PA
<i>pentamidine isethionate 300 mg inject vial</i>	\$0 (Tier 1)	
PLAQUENIL 200 MG TABLET	\$0 (Tier 2)	
<i>primaquine 26.3 mg tablet</i>	\$0 (Tier 1)	
<i>pyrimethamine 25 mg tablet</i>	\$0 (Tier 1)	PA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>quinine sulfate 324 mg capsule</i>	\$0 (Tier 1)	PA

Antiparkinson Agents

Antiparkinson Agents, Other

<i>amantadine 50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln</i>	\$0 (Tier 1)	
<i>benztropine mesylate 0.5 mg tab, 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	PA
<i>carbidopa-levodopa-entacapone -50 mg-, -75 mg-, -100 mg-, -125 mg-, -150 mg-, -200 mg-</i>	\$0 (Tier 1)	
COMTAN 200 MG TABLET	\$0 (Tier 2)	
<i>entacapone 200 mg tablet</i>	\$0 (Tier 1)	
TASMAR 100 MG TABLET	\$0 (Tier 2)	
<i>tolcapone 100 mg tablet</i>	\$0 (Tier 1)	

Dopamine Agonists

APOKYN 30 MG/3 ML CARTRIDGE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl 30 mg/3 ml cartrdg</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate 2.5 mg tablet, 5 mg capsule</i>	\$0 (Tier 1)	
NEUPRO 1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH	\$0 (Tier 2)	
<i>pramipexole dihydrochloride 0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet</i>	\$0 (Tier 1)	
<i>ropinirole er er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet</i>	\$0 (Tier 1)	
<i>ropinirole hcl 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

<i>carbidopa 25 mg tablet</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa -levo 10-100 mg odt, -levo 25-100 mg odt, -levo 25-250 mg odt, -levodopa 10-100 tab, -levodopa 25-100 tab, -levodopa 25-250 tab</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er -er 25-100 tab, -er 50-200 tab</i>	\$0 (Tier 1)	
INBRIJA 42 MG INHALATION CAP	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
RYTARY ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP	\$0 (Tier 2)	
SINEMET 10-100 -MG TABLET	\$0 (Tier 2)	
SINEMET 25-100 -MG TABLET	\$0 (Tier 2)	

Monoamine Oxidase B (MAO-B) Inhibitors

AZILECT 0.5 MG TABLET, 1 MG TABLET	\$0 (Tier 2)	
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	\$0 (Tier 1)	
<i>selegiline hcl 5 mg capsule, 5 mg tablet</i>	\$0 (Tier 1)	

Antipsychotics

1st Generation/Typical

<i>fluphenazine decanoate 125 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>fluphenazine hcl 1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet</i>	\$0 (Tier 1)	PA
HALDOL DECANOATE 100 AMPUL	\$0 (Tier 2)	PA
HALDOL DECANOATE 50 AMPUL	\$0 (Tier 2)	PA
<i>haloperidol 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA
<i>haloperidol decanoate 100 mg/ml amp</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>haloperidol decanoate 50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl</i>	\$0 (Tier 1)	PA
<i>haloperidol lactate 2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl</i>	\$0 (Tier 1)	PA
<i>loxapine 5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule</i>	\$0 (Tier 1)	PA
<i>molindone hcl 5 mg tablet, 10 mg tablet, 25 mg tablet</i>	\$0 (Tier 1)	PA
<i>pimozide 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	PA
<i>thioridazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	PA
<i>thiothixene 1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA
<i>trifluoperazine hcl 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA
2nd Generation/Atypical		
ABILIFY 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ABILIFY 2 MG TABLET, 5 MG TABLET	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	\$0 (Tier 2)	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	\$0 (Tier 2)	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL	\$0 (Tier 2)	QL (1 PER 28 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (750 PER 30 DAYS)
<i>aripiprazole 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>aripiprazole 2 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (45 PER 30 DAYS)
<i>aripiprazole odt odt 10 mg tablet, odt 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARISTADA ER 1064 MG/3.9 ML SYR	\$0 (Tier 2)	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	\$0 (Tier 2)	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	\$0 (Tier 2)	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	\$0 (Tier 2)	QL (3.2 PER 28 DAYS)
ARISTADA INITIO ER 675 MG/2.4	\$0 (Tier 2)	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
CAPLYTA 10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
GEODON 20 MG CAPSULE, 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA ER 3 MG TABLET, ER 9 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	\$0 (Tier 2)	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	\$0 (Tier 2)	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	\$0 (Tier 2)	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	\$0 (Tier 2)	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	\$0 (Tier 2)	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	\$0 (Tier 2)	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	\$0 (Tier 2)	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	\$0 (Tier 2)	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	\$0 (Tier 2)	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	\$0 (Tier 2)	QL (1.75 PER 84 OVER TIME)

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVEGA TRINZA 819 MG/2.63 ML	\$0 (Tier 2)	QL (2.63 PER 84 OVER TIME)
LATUDA 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl 20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LYBALVI 5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
NUPLAZID 10 MG TABLET, 34 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>olanzapine 15 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>olanzapine 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (45 PER 30 DAYS)
<i>olanzapine odt odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>paliperidone er er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
PERSERIS ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT	\$0 (Tier 2)	QL (1 PER 28 DAYS)
<i>quetiapine fumarate 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 300 mg tab, 400 mg tab</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate er er 150 mg tablet, er 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er er 50 mg tablet, er 300 mg tablet, er 400 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
REXULTI 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RISPERDAL 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA 12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL, 50 MG VIAL	\$0 (Tier 2)	QL (2 PER 28 DAYS)
<i>risperidone 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>risperidone er er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial</i>	\$0 (Tier 1)	QL (2 PER 28 DAYS)
<i>risperidone odt 0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>risperidone odt 4 mg</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
SAPHRIS 2.5 MG TAB, 5 MG TAB, 10 MG TAB	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SECUADO 3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
SEROQUEL 300 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SEROQUEL XR 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL XR 50 MG TABLET, 300 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	\$0 (Tier 2)	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	\$0 (Tier 2)	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	\$0 (Tier 2)	QL (0.42 PER 56 OVER TIME)

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
UZEDY ER 200 MG/0.56 ML SYRING	\$0 (Tier 2)	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	\$0 (Tier 2)	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	\$0 (Tier 2)	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	\$0 (Tier 2)	QL (0.21 PER 28 DAYS)
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	\$0 (Tier 2)	QL (28 PER 28 DAYS)
<i>ziprasidone hcl 20 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ziprasidone hcl 60 mg capsule, 80 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate 20 mg/ml vial</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ZYPREXA 10 MG VIAL	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZYPREXA 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG VIAL, 405 MG VL KIT	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
Treatment-Resistant		
<i>clozapine 100 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clozapine 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clozapine odt odt 25 mg tablet, odt 100 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
CLOZARIL 100 MG TABLET	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
CLOZARIL 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
DANTRIUM 25 MG CAPSULE	\$0 (Tier 2)	
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	
<i>tizanidine hcl 2 mg capsule, 2 mg tablet, 4 mg capsule, 4 mg tablet, 6 mg capsule</i>	\$0 (Tier 1)	

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY 30-120-15 MG TABLET, 50-200-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	\$0 (Tier 2)	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	\$0 (Tier 2)	QL (6 PER 28 DAYS)
DOVATO 50-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
GENVOYA TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET, 400 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ISENTRESS 25 MG TABLET CHEW, 100 MG TABLET CHEW	\$0 (Tier 2)	QL (180 PER 30 DAYS)
ISENTRESS HD 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JULUCA 50-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
STRIBILD TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TIVICAY 10 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
TIVICAY 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TIVICAY PD 5 MG TAB FOR SUSP	\$0 (Tier 2)	QL (360 PER 30 DAYS)

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

DELSTRIGO 100-300-300 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EDURANT 25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>efavirenz 50 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate 600-200-300</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300, -600-300-300</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
INTELENCE 100 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	\$0 (Tier 1)	QL (1200 PER 30 DAYS)
<i>nevirapine er 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI 600-300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI LO 400-300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<i>abacavir 20 mg/ml solution</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>abacavir 300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine -600-300 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CIMDUO 300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
COMPLERA TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DESCOVY 120-15 MG TABLET, 200-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>emtricitabine 200 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop -100-150mg, -133-200mg, -167-250mg, -200-300mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	\$0 (Tier 2)	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPZICOM TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine -tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ODEFSEY TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	\$0 (Tier 2)	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	\$0 (Tier 2)	
<i>stavudine 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tb</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SUSP	\$0 (Tier 2)	QL (180 PER 30 DAYS)
TRIZIVIR TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRUVADA 100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIREAD 150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIREAD POWDER	\$0 (Tier 2)	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	\$0 (Tier 2)	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	\$0 (Tier 1)	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON 90 MG VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
RUKOBIA ER 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SELZENTRY 75 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	\$0 (Tier 2)	QL (5 PER 28 OVER TIME)
TROGARZO 200 MG/1.33 ML VIAL	\$0 (Tier 2)	QL (18.62 PER 28 DAYS)
TYBOST 150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>atazanavir sulfate 150 mg cap, 300 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>atazanavir sulfate 200 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EVOTAZ 300 MG-150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium 700 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	\$0 (Tier 2)	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	\$0 (Tier 2)	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir -80-20mg/ml</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 100-25mg tb</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 200-50mg tb</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
NORVIR 100 MG POWDER PACKET, 100 MG TABLET	\$0 (Tier 2)	QL (360 PER 30 DAYS)
PREZCOBIX 800 MG-150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	\$0 (Tier 2)	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
<i>ritonavir 100 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
SYMTUZA 800-150-200-10 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	\$0 (Tier 2)	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir 375 mg/5 ml vial</i>	\$0 (Tier 1)	
<i>ganciclovir sodium 500 mg vial</i>	\$0 (Tier 1)	PA
PREVYMIS 240 MG TABLET, 480 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VALCYTE 50 MG/ML SOLUTION, 450 MG TABLET	\$0 (Tier 2)	
<i>valganciclovir hcl hcl 50 mg/ml, 450 mg tablet</i>	\$0 (Tier 1)	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil 10 mg tab</i>	\$0 (Tier 1)	
BARACLUDE 0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET	\$0 (Tier 2)	
<i>entecavir 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	
<i>lamivudine 100 mg tablet</i>	\$0 (Tier 1)	
<i>lamivudine hbv 100 mg tablet</i>	\$0 (Tier 1)	
Anti-hepatitis C (HCV) Agents		
EPCLUSA 150-37.5 MG PELLETT PKT, 200 MG-50 MG TABLET, 200-50 MG PELLETT PACKET, 400 MG-100 MG TABLET	\$0 (Tier 2)	
HARVONI 33.75-150 MG PELLETT PK, 45-200 MG PELLETT PACKET, 45-200 MG TABLET, 90-400 MG TABLET	\$0 (Tier 2)	
<i>ledipasvir-sofosbuvir -90-400mg</i>	\$0 (Tier 1)	
<i>ribavirin 200 mg capsule, 200 mg tablet</i>	\$0 (Tier 1)	
<i>sofosbuvir-velpatasvir -400-100</i>	\$0 (Tier 1)	
SOVALDI 150 MG PELLETT PACKET, 200 MG PELLETT PACKET, 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
VOSEVI 400-100-100 MG TABLET	\$0 (Tier 2)	
ZEPATIER 50-100 MG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Anti-influenza Agents		
<i>oseltamivir phosphate 30 mg capsule</i>	\$0 (Tier 1)	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate 45 mg capsule, 75 mg capsule</i>	\$0 (Tier 1)	QL (84 PER 365 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml suspension</i>	\$0 (Tier 1)	QL (1080 PER 365 OVER TIME)
RELENZA 5 MG DISKHALER	\$0 (Tier 2)	QL (120 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	\$0 (Tier 2)	QL (168 PER 365 OVER TIME)
TAMIFLU 45 MG CAPSULE, 75 MG CAPSULE	\$0 (Tier 2)	QL (84 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	\$0 (Tier 2)	QL (1080 PER 365 OVER TIME)
XOFLUZA 40 MG TAB (80 MG DOSE), 40 MG TABLET	\$0 (Tier 2)	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	\$0 (Tier 2)	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
<i>acyclovir 200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet</i>	\$0 (Tier 1)	
<i>acyclovir 5% ointment</i>	\$0 (Tier 1)	PA
<i>acyclovir sodium 500 mg/10 ml vial, 1,000 mg/20 ml vial</i>	\$0 (Tier 1)	PA
<i>famciclovir 125 mg tablet, 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
<i>valacyclovir 1 gram tablet, 500 mg tablet</i>	\$0 (Tier 1)	
VALTREX 1 GM, 500 MG	\$0 (Tier 2)	
ZOVIRAX 5% OINTMENT	\$0 (Tier 2)	PA
Anxiolytics		
<i>alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>buspirone hcl 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clonazepam 0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>clonazepam 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt, 2 mg tablet</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (360 PER 30 DAYS)
<i>diazepam 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5 ml oral cup, 5 mg/5 ml solution</i>	\$0 (Tier 1)	PA, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml, 25 mg/5 ml</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl 10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml cup, hcl 50 mg tablet</i>	\$0 (Tier 1)	PA
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap</i>	\$0 (Tier 1)	PA
<i>lorazepam 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tablet, 2 mg/ml oral concent</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol 2 mg/ml</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>oxazepam 10 mg capsule, 15 mg capsule, 30 mg capsule</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
Bipolar Agents		
<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap</i>	\$0 (Tier 1)	
<i>lithium carbonate er er 300 mg, er 450 mg</i>	\$0 (Tier 1)	
<i>lithium citrate 8 meq/5 ml soln cup, 8 meq/5 ml solution</i>	\$0 (Tier 1)	
LITHOBID ER 300 MG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ACTOS 15 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
ACTOS 30 MG TABLET, 45 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	\$0 (Tier 2)	PA, QL (3.4 PER 28 DAYS)
BYETTA 5 MCG PEN INJ, 10 MCG PEN INJ	\$0 (Tier 2)	PA, QL (2.4 PER 30 DAYS)
CYCLOSET 0.8 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x 2</i>	\$0 (Tier 2)	
<i>glimepiride 1 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>glipizide-metformin -2.5-250 mg</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide-metformin -2.5-500 mg, -5-500 mg</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glyburide micronized 1.5 mg tab</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glyburide micronized 3 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glyburide micronized 6 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl -1.25-250 mg</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glyburide-metformin hcl -2.5-500 mg, -5-500 mg</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
GLYXAMBI 10 MG-5 MG TABLET, 25 MG-5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	\$0 (Tier 2)	
JANUMET 50-1,000 MG TABLET, 50-500 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET, 50-500 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JANUVIA 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JENTADUETO 2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JENTADUETO XR 5 MG-1,000 MG TB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	\$0 (Tier 2)	QL (60 PER 30 DAYS)
KOMBIGLYZE XR 5-1,000 MG TAB, 5-500 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
MOUNJARO 2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>pioglitazone hcl 30 mg tablet, 45 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone-glimepiride -30-2, -30-4</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin -15-500, -15-850</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
RYBELSUS 3 MG TABLET, 7 MG TABLET, 14 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>saxagliptin hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er -metformin er 5-500, -metformn er 5-1000</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er saxagliptn-2.5-1000</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNIT-MCG/ML PEN	\$0 (Tier 2)	QL (18 PER 30 DAYS)
SYMLINPEN 120 SYMLININJECTOR	\$0 (Tier 2)	
SYMLINPEN 60 SYMLININJECTOR	\$0 (Tier 2)	
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10-MG TABLET, 12.5-MG TAB	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK -18 MG/3 ML PEN	\$0 (Tier 2)	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK -18 MG/ML PEN	\$0 (Tier 2)	PA, QL (9 PER 30 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
XIGDUO XR 2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI 3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK	\$0 (Tier 2)	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	\$0 (Tier 1)	
GLUCAGEN 1 MG HYPOKIT	\$0 (Tier 2)	QL (4 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GLUCAGON EMERGENCY KIT GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG VIAL	\$0 (Tier 2)	QL (4 PER 30 DAYS)
GVOKE 1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK -PK 1 MG/0.ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE 1PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE -PK 1 MG/0.ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE 2PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
PROGLYCEM 50 MG/ML ORAL SUSP	\$0 (Tier 2)	
Insulins		
HUMALOG 100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN JR 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 -VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 -VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMALOG MIX 75-25 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN 70-30 -VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN N 100 UIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN 100 UIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R U-500 KWIKPEN UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R U-500 UNIT/ML VIAL	\$0 (Tier 2)	PA
<i>inpen (for humalog) blue, grey, pink</i>	\$0 (Tier 2)	
<i>inpen (for novolog or fiasp) blue, grey, pink</i>	\$0 (Tier 2)	
<i>insulin pen needle</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 1 ml</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 1/2 ml</i>	\$0 (Tier 2)	
<i>insulin syringe u-500 bd -1/2ml 6mmx31g</i>	\$0 (Tier 2)	
LANTUS 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	\$0 (Tier 2)	
<i>novopen echo insulin device</i>	\$0 (Tier 2)	
<i>omnipod 5 (g6/libre 2 plus)</i>	\$0 (Tier 2)	
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	\$0 (Tier 2)	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	\$0 (Tier 2)	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	\$0 (Tier 2)	
<i>omnipod 5 intro(g6/libre2plus)</i>	\$0 (Tier 2)	
<i>omnipod classic pdm kit(gen 3)</i>	\$0 (Tier 2)	
<i>omnipod classic pods (gen 3) pods(gen3) 5pk</i>	\$0 (Tier 2)	
<i>omnipod dash intro kit (gen 4)</i>	\$0 (Tier 2)	
<i>omnipod dash pdm kit (gen 4)</i>	\$0 (Tier 2)	
<i>omnipod dash pods (gen 4) 5pk</i>	\$0 (Tier 2)	
<i>omnipod go pods 10 unit/day, 15 unit/day, 20 unit/day, 25 unit/day, 30 unit/day, 35 unit/day, 40 unit/day</i>	\$0 (Tier 2)	
TOUJEO MAX SOLOSTAR SOLOSTR 300 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>v-go 20 -disposable deice</i>	\$0 (Tier 2)	
<i>v-go 30 -disposable deice</i>	\$0 (Tier 2)	
<i>v-go 40 -disposable deice</i>	\$0 (Tier 2)	
<i>vgo 20 disposable device</i>	\$0 (Tier 2)	
<i>vgo 30 disposable device</i>	\$0 (Tier 2)	
<i>vgo 40 disposable device</i>	\$0 (Tier 2)	

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate 110 mg cp</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dabigatran etexilate 75 mg cap, 150 mg cp</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET, DVT-PE TREAT START 5MG	\$0 (Tier 2)	QL (74 PER 30 DAYS)
<i>enoxaparin sodium 100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial</i>	\$0 (Tier 1)	QL (30 PER 90 OVER TIME)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>enoxaparin sodium 30 mg/0.3 ml syr</i>	\$0 (Tier 1)	QL (9 PER 90 OVER TIME)
<i>enoxaparin sodium 40 mg/0.4 ml syr</i>	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)
<i>enoxaparin sodium 60 mg/0.6 ml syr</i>	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium 80 mg/0.8 ml, 120 mg/0.8 ml</i>	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 10 mg/0.8 ml syr</i>	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5 ml syr</i>	\$0 (Tier 1)	QL (15 PER 90 OVER TIME)
<i>fondaparinux sodium 5 mg/0.4 ml syr</i>	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)
<i>fondaparinux sodium 7.5 mg/0.6 ml syr</i>	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)
<i>heparin sodium sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial</i>	\$0 (Tier 1)	
<i>heparin sodium-d5w 20,000 unit/500 ml</i>	\$0 (Tier 1)	
<i>jantoven 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
LOVENOX 100 MG/ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL	\$0 (Tier 2)	QL (30 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	\$0 (Tier 2)	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	\$0 (Tier 2)	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	\$0 (Tier 2)	QL (18 PER 90 OVER TIME)
LOVENOX 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE	\$0 (Tier 2)	QL (24 PER 90 OVER TIME)
PRADAXA 110 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
PRADAXA 75 MG CAPSULE, 150 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>warfarin sodium 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XARELTO 1 MG/ML SUSPENSION	\$0 (Tier 2)	QL (620 PER 30 DAYS)
XARELTO 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
XARELTO 2.5 MG TABLET, 15 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	\$0 (Tier 2)	QL (51 PER 30 DAYS)
ZONTIVITY 2.08 MG TABLET	\$0 (Tier 2)	
Blood Products and Modifiers, Other		
AGRYLIN 0.5 MG CAPSULE	\$0 (Tier 2)	
<i>anagrelide hcl 0.5 mg capsule, 1 mg capsule</i>	\$0 (Tier 1)	
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE	\$0 (Tier 2)	PA
FULPHILA 6 MG/0.6 ML SYRINGE	\$0 (Tier 2)	PA
GRANIX 300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL	\$0 (Tier 2)	PA
LEUKINE 250 MCG VIAL	\$0 (Tier 2)	PA
MOZOBIL 24 MG/1.2 ML VIAL	\$0 (Tier 2)	
NIVESTYM 300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL	\$0 (Tier 2)	PA
<i>plerixafor 24 mg/1.2 ml vial</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PROCRIT 2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL	\$0 (Tier 2)	PA
PROMACTA 12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET	\$0 (Tier 2)	PA
RETACRIT 2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL	\$0 (Tier 2)	PA
UDENYCA 6 MG/0.6 ML SYRINGE	\$0 (Tier 2)	PA
UDENYCA AUTOINJECTOR 6 MG/0.6 ML	\$0 (Tier 2)	PA
UDENYCA ONBODY 6 MG/0.6 ML	\$0 (Tier 2)	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE	\$0 (Tier 2)	PA

Hemostasis Agents

CYKLOKAPRON MG/10 ML AMP, MG/10 ML VL	\$0 (Tier 2)	
<i>phytonadione 1 mg/0.5 ml syr, 1 mg/0.5 ml vial, 5 mg tablet, 10 mg/ml ampul</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>phytonadione 10 mg/ml vial</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>tranexamic acid 650 mg tablet, 1,000 mg/10 ml</i>	\$0 (Tier 1)	
<i>vitamin k1 - 0 mg/ml ampul</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamin k1 -mg/0.5 ml ampul</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

Platelet Modifying Agents

<i>aspirin-dipyridamole er -25-200 mg</i>	\$0 (Tier 1)	
BRILINTA 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	
CABLIVI 11 MG KIT, 11 MG VIAL	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cilostazol 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>clopidogrel 75 mg tablet</i>	\$0 (Tier 1)	
<i>dipyridamole 25 mg tablet, 50 mg tablet, 75 mg tablet</i>	\$0 (Tier 1)	
PLAVIX 75 MG TABLET	\$0 (Tier 2)	
<i>prasugrel hcl 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	

Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine 0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch</i>	\$0 (Tier 1)	
<i>clonidine hcl 0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet</i>	\$0 (Tier 1)	
<i>droxidopa 100 mg capsule, 200 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	PA
<i>guanfacine hcl 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	
<i>midodrine hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
NORTHERA 100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	PA

Alpha-adrenergic Blocking Agents

CARDURA 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 8 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
MINIPRESS 1 MG CAPSULE, 2 MG CAPSULE, 5 MG CAPSULE	\$0 (Tier 2)	
<i>phenoxybenzamine hcl 10 mg cap</i>	\$0 (Tier 1)	
<i>prazosin hcl 1 mg capsule, 2 mg capsule, 5 mg capsule</i>	\$0 (Tier 1)	
<i>terazosin hcl 1 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>terazosin hcl 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND 32 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ATACAND 4 MG TABLET, 8 MG TABLET, 16 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
AVAPRO 75 MG TABLET, 150 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BENICAR 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>candesartan cilexetil 4 mg tab, 8 mg tab, 16 mg tb</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
COZAAR 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DIOVAN 40 MG TABLET, 80 MG TABLET, 160 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EDARBI 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>irbesartan 75 mg tablet, 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>losartan potassium 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
MICARDIS 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>telmisartan 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>valsartan 320 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>valsartan 40 mg tablet, 80 mg tablet, 160 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	
ALTACE 1.25 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	\$0 (Tier 2)	
<i>benazepril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	
<i>captopril 12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>enalapril maleate 2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>lisinopril 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	
LOTENSIN 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	
<i>moexipril hcl 7.5 mg tablet, 15 mg tablet</i>	\$0 (Tier 1)	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	\$0 (Tier 1)	
<i>quinapril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	
<i>ramipril 1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	
<i>trandolapril 1 mg tablet, 2 mg tablet, 4 mg tablet</i>	\$0 (Tier 1)	
VASOTEC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	
ZESTRIL 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Antiarrhythmics		
<i>amiodarone hcl 100 mg tablet, 200 mg tablet, 400 mg tablet</i>	\$0 (Tier 1)	
<i>dofetilide 125 mcg capsule, 250 mcg capsule, 500 mcg capsule</i>	\$0 (Tier 1)	
<i>flecainide acetate 50 mg tab, 100 mg tab, 150 mg tab</i>	\$0 (Tier 1)	
<i>lidocaine hcl 1% abboject, 1% syringe</i>	\$0 (Tier 1)	
<i>mexiletine hcl 150 mg capsule, 200 mg capsule, 250 mg capsule</i>	\$0 (Tier 1)	
MULTAQ 400 MG TABLET	\$0 (Tier 2)	
PACERONE 100 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
<i>pacerone 200 mg tablet</i>	\$0 (Tier 1)	
<i>propafenone hcl 150 mg tablet, 225 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
<i>propafenone hcl er er 225 mg cap, er 325 mg cap, er 425 mg cap</i>	\$0 (Tier 1)	
<i>quinidine gluconate er 324 mg tab</i>	\$0 (Tier 1)	
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
RYTHMOL SR SR 225 MG CAPSULE, SR 325 MG CAPSULE, SR 425 MG CAPSULE	\$0 (Tier 2)	
<i>sorine 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	\$0 (Tier 1)	
<i>sotalol 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	\$0 (Tier 1)	
<i>sotalol af 80 mg tablet, 120 mg tablet, 160 mg tablet</i>	\$0 (Tier 1)	
TIKOSYN 125 MCG CAPSULE, 250 MCG CAPSULE, 500 MCG CAPSULE	\$0 (Tier 2)	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl 200 mg capsule, 400 mg capsule</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>atenolol 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>betaxolol hcl 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
BYSTOLIC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	
<i>carvedilol 3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet</i>	\$0 (Tier 1)	
<i>carvedilol er er 10 mg capsule, er 20 mg capsule, er 40 mg capsule, er 80 mg capsule</i>	\$0 (Tier 1)	
COREG CR CR 10 MG CAPSULE, CR 20 MG CAPSULE, CR 40 MG CAPSULE, CR 80 MG CAPSULE	\$0 (Tier 2)	
CORGARD 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	
INDERAL LA 60 MG CAPSULE, 80 MG CAPSULE, 120 MG CAPSULE, 160 MG CAPSULE	\$0 (Tier 2)	
INDERAL XL 80 MG CAPSULE, 120 MG CAPSULE	\$0 (Tier 2)	
INNOPRAN XL 80 MG CAPSULE, 120 MG CAPSULE	\$0 (Tier 2)	
<i>labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
LOPRESSOR 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
<i>metoprolol succinate er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab</i>	\$0 (Tier 1)	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>nadolol 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	\$0 (Tier 1)	
<i>nebivolol hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pindolol 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>propranolol hcl 1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet</i>	\$0 (Tier 1)	
<i>propranolol hcl er er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule</i>	\$0 (Tier 1)	
TENORMIN 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
<i>timolol maleate 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
TOPROL XL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	

Calcium Channel Blocking Agents, Dihydropyridines

<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>felodipine er er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet</i>	\$0 (Tier 1)	
<i>isradipine 2.5 mg capsule, 5 mg capsule</i>	\$0 (Tier 1)	
<i>nicardipine hcl 20 mg capsule, 30 mg capsule</i>	\$0 (Tier 1)	
<i>nifedipine er er 30 mg tablet, er 60 mg tablet, er 90 mg tablet</i>	\$0 (Tier 1)	
<i>nimodipine 30 mg capsule</i>	\$0 (Tier 1)	
<i>nisoldipine er 8.5 mg tablet, er 17 mg tablet, er 25.5 mg tablet, er 34 mg tablet</i>	\$0 (Tier 1)	
NORVASC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
PROCARDIA XL 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	
SULAR ER 8.5 MG TABLET, ER 17 MG TABLET, ER 34 MG TABLET	\$0 (Tier 2)	

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM 30 MG TABLET, 60 MG TABLET, 120 MG TABLET	\$0 (Tier 2)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CARDIZEM CD 120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE	\$0 (Tier 2)	
CARDIZEM LA 120 MG TABLET, 180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 360 MG TABLET, 420 MG TABLET	\$0 (Tier 2)	
<i>cartia xt 120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<i>dilt-xr 120 mg capsule, 180 mg capsule, 240 mg capsule</i>	\$0 (Tier 1)	
<i>diltiazem 12hr er er 60 mg cap, er 90 mg cap, er 120 mg cap</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (cd) er(cd) 120 mg, er(cd) 180 mg, er(cd) 240 mg, er(cd) 300 mg, er(cd) 360 mg</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (la) er(la) 120 mg, er(la) 180 mg, er(la) 240 mg, er(la) 300 mg, er(la) 360 mg, er(la) 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (xr) er(xr) 120 mg, er(xr) 180 mg, er(xr) 240 mg</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er er 120 mg cap, er 180 mg cap, er 240 mg cap, er 300 mg cap, er 360 mg cap, er 420 mg cap</i>	\$0 (Tier 1)	
<i>diltiazem hcl 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet</i>	\$0 (Tier 1)	
<i>matzim la 180 mg tablet, 240 mg tablet, 300 mg tablet, 360 mg tablet, 420 mg tablet</i>	\$0 (Tier 1)	
<i>taztia xt 120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule, 360 mg capsule</i>	\$0 (Tier 1)	
<i>tiadylt er er 120 mg capsule, er 180 mg capsule, er 240 mg capsule, er 300 mg capsule, er 360 mg capsule, er 420 mg capsule</i>	\$0 (Tier 1)	
TIAZAC ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>verapamil er er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet</i>	\$0 (Tier 1)	
<i>verapamil er pm er 100 mg capsule, er 200 mg capsule, er 300 mg capsule</i>	\$0 (Tier 1)	
<i>verapamil hcl 40 mg tablet, 80 mg tablet, 120 mg tablet</i>	\$0 (Tier 1)	
<i>verapamil sr 120 mg capsule, 180 mg capsule, 240 mg capsule, 360 mg capsule</i>	\$0 (Tier 1)	
VERELAN 120 MG CAP PELLETT, 180 MG CAP PELLETT, 240 MG CAP PELLETT, 360 MG CAP PELLETT	\$0 (Tier 2)	
VERELAN PM 100 MG CAP PELLETT, 200 MG CAP PELLETT, 300 MG CAP PELLETT	\$0 (Tier 2)	
Cardiovascular Agents, Other		
ACCURETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET	\$0 (Tier 2)	
<i>acetazolamide 125 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	
<i>acetazolamide er 500 mg cap</i>	\$0 (Tier 1)	
ALDACTAZIDE 25-25 TABLET	\$0 (Tier 2)	
<i>aliskiren 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide hcl-hctz 5-50 mg tab</i>	\$0 (Tier 1)	
<i>amlodipine besylate-benazepril -2.5-10, -5-10 mg, -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine-atorvastatin -2.5-40 mg, -5-10 mg, -5-20 mg, -5-40 mg, -5-80 mg, -10-10 mg, -10-20 mg, -10-40 mg, -10-80 mg, -2.5-10 mg, -2.5-20 mg</i>	\$0 (Tier 1)	
<i>amlodipine-olmesartan -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan -5-160 mg, -5-320 mg, -10-160 mg, -10-320 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amlodipine-valsartan-hctz --5-160-12.5 mg, --5-160-25 mg, --10-160-12.5mg, --10-160-25 mg, --10-320-25 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ATACAND HCT 16-12.5 MG TAB, 32-12.5 MG TAB, 32-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone -50-25, -100-25</i>	\$0 (Tier 1)	
AVALIDE 150-12.5 MG TABLET, 300-12.5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
AZOR 5-20 MG TABLET, 5-40 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide -5-6.25 mg tab, -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	\$0 (Tier 1)	
BENICAR HCT 20-12.5 MG TABLET, 40-12.5 MG TABLET, 40-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide -10-6.25 mg tab, -2.5-6.25 mg tb, -5-6.25 mg tab</i>	\$0 (Tier 1)	
<i>candesartan-hydrochlorothiazid -16-12.5 mg tb, -32-12.5 mg tb, -32-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CORLANOR 5 MG TABLET, 7.5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	\$0 (Tier 2)	PA, QL (600 PER 30 DAYS)
DEMSER 250 MG CAPSULE	\$0 (Tier 2)	
<i>digitek 125 mcg tablet, 250 mcg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>digox 125 mcg tablet, 250 mcg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>digoxin 0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
DIOVAN HCT 80-12.5 MG TABLET, 160-12.5 MG TAB, 160-25 MG TABLET, 320-12.5 MG TAB, 320-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EDARBYCLOR 40-12.5 MG TABLET, 40-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>enalapril-hydrochlorothiazide -5-12.5 mg tab, -10-25 mg tablet</i>	\$0 (Tier 1)	
ENTRESTO 24 MG-26 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
ENTRESTO 49 MG-51 MG TABLET, 97 MG-103 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ENTRESTO SPRINKLE 6-6MG PELLETT, 15-16 MG PLT	\$0 (Tier 2)	QL (240 PER 30 DAYS)
EXFORGE 5-160 MG TABLET, 5-320 MG TABLET, 10-160 MG TABLET, 10-320 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EXFORGE HCT 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab</i>	\$0 (Tier 1)	
HYZAAR 50-12.5 TABLET, 100-12.5 TABLET, 100-25 TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide -150-12.5 mg, -300-12.5 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>ivabradine hcl 5 mg tablet, 7.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LANOXIN 62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide -50-12.5 mg tab, -100-12.5 mg tab, -100-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
LOTENSIN HCT 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	\$0 (Tier 2)	
MAXZIDE 75 MG-50 MG TABLET	\$0 (Tier 2)	
MAXZIDE-25 MG 37.5 -TABLET	\$0 (Tier 2)	
<i>methazolamide 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
<i>metoprolol-hydrochlorothiazide -50-25 mg tab, -100-25 mg tab, -100-50 mg tab</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metirosine 250 mg capsule</i>	\$0 (Tier 1)	
MICARDIS HCT 40-12.5 MG TABLET, 80-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz --20-5-12.5, --40-10-12.5, --40-10-25mg, --40-5-12.5, --40-5-25 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide -20-12.5 mg tab, -40-12.5 mg tab, -40-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pentoxifylline er 400 mg tab</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	\$0 (Tier 1)	
<i>ranolazine er er 500 mg tablet, er 1,000 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>spironolactone-hctz -25-25 tab</i>	\$0 (Tier 1)	
TEKTURNA 150 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine -40-10, -40-5 mg, -80-10, -80-5 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -40-12.5 mg tb, -80-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -hctz 80-12.5 mg tb</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
TENORETIC 100 TABLET	\$0 (Tier 2)	
TENORETIC 50 TABLET	\$0 (Tier 2)	
<i>trandolapril-verapamil er -er 1-240 mg, -er 2-180 mg, -er 2-240 mg, -er 4-240 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid -37.5-25 mg cp, -37.5-25 mg tb, -75-50 mg tab</i>	\$0 (Tier 1)	
TRIBENZOR 20-5-12.5 MG TABLET, 40-10-12.5 MG TABLET, 40-10-25 MG TABLET, 40-5-12.5 MG TABLET, 40-5-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>valsartan-hydrochlorothiazide -80-12.5 mg tab, -160-12.5 mg tab, -160-25 mg tab, -320-12.5 mg tab, -320-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VASERETIC 10-25 MG TABLET	\$0 (Tier 2)	
VERQUVO 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ZESTORETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	\$0 (Tier 2)	
ZIAC 2.5-6.25 MG TABLET, 5-6.25 MG TABLET, 10-6.25 MG TABLET	\$0 (Tier 2)	
Diuretics, Loop		
<i>bumetanide 0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial</i>	\$0 (Tier 1)	
<i>furosemide 10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syringe, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vial</i>	\$0 (Tier 1)	
LASIX 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	
<i>toremide 5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
Diuretics, Potassium-sparing		
ALDACTONE 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
<i>amiloride hcl 5 mg tablet</i>	\$0 (Tier 1)	
<i>eplerenone 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
INSPRA 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	
KERENDIA 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>spironolactone 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Diuretics, Thiazide		
<i>chlorthalidone 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide 12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	
<i>indapamide 1.25 mg tablet, 2.5 mg tablet</i>	\$0 (Tier 1)	
<i>metolazone 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate 43 mg capsule, 48 mg tablet, 54 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fenofibrate 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>gemfibrozil 600 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
LOPID 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CRESTOR 40 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
CRESTOR 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
LIPITOR 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>lovastatin 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pravastatin sodium 80 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>simvastatin 5 mg tablet, 10 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ZOCOR 10 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
Dyslipidemics, Other		
<i>cholestyramine light packet, powder</i>	\$0 (Tier 1)	
<i>cholestyramine packet, powder</i>	\$0 (Tier 1)	
COLESTID 1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET	\$0 (Tier 2)	
<i>colestipol hcl 1 gm tablet, granules, granules packet</i>	\$0 (Tier 1)	
<i>ezetimibe 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin -10-10 mg, -10-20 mg, -10-40 mg, -10-80 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>icosapent ethyl 0.5 gm capsule, 500 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
JUXTAPID 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE	\$0 (Tier 2)	PA
LOVAZA 1 GM CAPSULE	\$0 (Tier 2)	
<i>niacin er 500 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>niacin er er 750 mg tablet, er 1,000 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>omega-3 acid ethyl esters -1 gm cap</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>prevalite packet, powder</i>	\$0 (Tier 1)	
REPATHA PUSHTRONEX 420 MG/3.5ML PUSHTRONX	\$0 (Tier 2)	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK 140 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE 140 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>triklo 1 gm capsule</i>	\$0 (Tier 1)	
VASCEPA 0.5 GM CAPSULE	\$0 (Tier 2)	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
VYTORIN 10-10 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET, 10-80 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
ZETIA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Vasodilators, Direct-acting Arterial

<i>hydralazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>minoxidil 2.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE 5 MG TAB	\$0 (Tier 2)	
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate er er 30 mg tb, er 60 mg tb, er 120 mg</i>	\$0 (Tier 1)	
NITRO-BID -2% OINTMENT	\$0 (Tier 2)	
<i>nitroglycerin 0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray</i>	\$0 (Tier 1)	
<i>nitroglycerin patch 0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch</i>	\$0 (Tier 1)	
NITROLINGUAL 400 MCG SPRAY	\$0 (Tier 2)	
NITROSTAT 0.3 MG TABLET, 0.4 MG TABLET, 0.6 MG TABLET	\$0 (Tier 2)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RECTIV 0.4% OINTMENT	\$0 (Tier 2)	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DEXEDRINE 10 MG, 15 MG	\$0 (Tier 2)	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate 10 mg tab</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate 5 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er er 10 mg cap, er 15 mg cap</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er -er 5 mg cap, -er 10 mg cap, -er 15 mg cap, -er 20 mg cap, -er 25 mg cap, -er 30 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -20 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -amphetamine 7.5 mg tab, -amphetamine 12.5 mg tab, -amphetamine 10 mg tab, -amphetamine 15 mg tab, -amphetamine 30 mg tab, -amphetamine 5 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VYVANSE 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine hcl 10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>atomoxetine hcl 60 mg capsule, 80 mg capsule, 100 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
FOCALIN 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5 ml sol</i>	\$0 (Tier 1)	PA, QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5 ml soln</i>	\$0 (Tier 1)	PA, QL (450 PER 30 DAYS)
RITALIN 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
STRATTERA 10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
STRATTERA 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Central Nervous System, Other

AUSTEDO 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AUSTEDO 9 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AUSTEDO XR 6 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) KT(6-12-24 MG)	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	\$0 (Tier 2)	PA, QL (28 PER 28 DAYS)
NUEDEXTA 20-10 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>riluzole 50 mg tablet</i>	\$0 (Tier 1)	
<i>tetrabenazine 12.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA ER 10 MG TABLET	\$0 (Tier 2)	PA
AVONEX 30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
AVONEX PEN 30 MCG/0.5 ML KIT	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
BETASERON 0.3 MG KIT, 0.3 MG VIAL	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	\$0 (Tier 2)	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er 10 mg tablet</i>	\$0 (Tier 1)	PA
<i>dimethyl fumarate 30d start pk, dr 120 mg cp, dr 240 mg cp</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>fingolimod 0.5 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN 20 MG/0.4 ML	\$0 (Tier 2)	PA, QL (1.6 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MAYZENT 0.25 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	\$0 (Tier 2)	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	\$0 (Tier 2)	PA, QL (12 PER 28 DAYS)
MAYZENT 1 MG TABLET, 2 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRING, SYRINGE STARTER PACK	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN 125 MCG/0.5 ML PEN, PEN INJ STARTER PACK	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
TECFIDERA DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TYSABRI 300 MG/15 ML VIAL	\$0 (Tier 2)	PA
VUMERITY DR 231 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl 30 mg capsule</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate 0.12% 15 ml cup, 0.12% rinse</i>	\$0 (Tier 1)	
KEPIVANCE 5.16 MG VIAL, 6.25 MG VIAL	\$0 (Tier 2)	
<i>kourzeq 0.1% dental paste</i>	\$0 (Tier 1)	
<i>oralone 0.1% paste</i>	\$0 (Tier 1)	
<i>periogard 0.12% oral rinse</i>	\$0 (Tier 1)	
<i>pilocarpine hcl 5 mg tablet, 7.5 mg tablet</i>	\$0 (Tier 1)	
SALAGEN 5 MG TABLET, 7.5 MG TABLET	\$0 (Tier 2)	
<i>triamcinolone acetonide 0.1% paste</i>	\$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
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Dermatological Agents

Acne and Rosacea Agents

<i>accutane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
<i>acitretin 10 mg capsule, 17.5 mg capsule, 25 mg capsule</i>	\$0 (Tier 1)	
ACNE MEDICATION ACNE MEDICATION 2.5% GEL, ACNE MEDICATION 5% GEL, ACNE MEDICATION 10% GEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>adapalene 0.1% gel, cvs 0.1% gel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>amnestem 10 mg capsule, 20 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
AVITA 0.025% CREAM, 0.025% GEL	\$0 (Tier 2)	PA
<i>azelaic acid 15% gel</i>	\$0 (Tier 1)	
AZELEX 20% CREAM	\$0 (Tier 2)	
BENZAMYCIN GEL	\$0 (Tier 2)	
<i>benzoyl peroxide 2.5% gel, 5% gel, 5% wash, 10% gel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>claravis 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
<i>clindamycin-benzoyl peroxide -benzoyl 1-5%, -bnz 1-5% pmp</i>	\$0 (Tier 1)	
DIFFERIN 0.1% GEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>doxycycline ir-dr -40 mg cap</i>	\$0 (Tier 1)	
<i>erythromycin-benzoyl peroxide -gel</i>	\$0 (Tier 1)	
FINACEA 15% FOAM, 15% GEL	\$0 (Tier 2)	
<i>isotretinoin 10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
KLARON 10% LOTION	\$0 (Tier 2)	
<i>myorisan 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$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
ORACEA 40 MG CAPSULE	\$0 (Tier 2)	
RETIN-A -0.01% GEL, -0.025% CREM, -0.025% GEL, -0.05% CREM, -0.1% CREM	\$0 (Tier 2)	PA
<i>sulfacetamide sodium sod 10% top susp, sodium 10% lotn</i>	\$0 (Tier 1)	
<i>tazarotene 0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel</i>	\$0 (Tier 1)	PA
TAZORAC 0.05% CREAM, 0.05% GEL, 0.1% GEL	\$0 (Tier 2)	PA
<i>tretinoin 0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream</i>	\$0 (Tier 1)	PA
<i>zenatane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
Dermatitis and Pruitus Agents		
ALA-CORT -1% CREAM	\$0 (Tier 2)	
<i>ala-cort -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>alclometasone dipropionate dipr 0.05% oint, dipro 0.05% crm</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ammonium lactate 12% cream, 12% lotion</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>anti-itch cvs, eql, gs, qc, ra</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>anti-itch with aloe qc -1% crm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>betamethasone diprop augmented 0.05% crm, 0.05% gel, 0.05% oin</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>betamethasone diprop augmented dp 0.05% lot</i>	\$0 (Tier 1)	QL (210 PER 30 DAYS)
<i>betamethasone dipropionate 0.05% crm, 0.05% oint</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>betamethasone dipropionate dp 0.05% lot</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone valerate 0.1% lotion</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone valerate va 0.1% cream, valer 0.1% ointm</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clobetasol propionate 0.05% cream, 0.05% gel, 0.05% ointment</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% shampoo</i>	\$0 (Tier 1)	QL (236 PER 30 DAYS)
<i>clobetasol propionate 0.05% solution, prop 0.05% foam</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>clodan 0.05% shampoo</i>	\$0 (Tier 1)	QL (236 PER 30 DAYS)
<i>desonide 0.05% cream, 0.05% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>desoximetasone 0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
DIPROLENE 0.05% OINTMENT	\$0 (Tier 2)	QL (200 PER 28 DAYS)
<i>doxepin hcl 5% cream</i>	\$0 (Tier 1)	PA
ELIDEL 1% CREAM	\$0 (Tier 2)	PA
<i>fluocinolone acetonide 0.01% body, 0.01% scalp</i>	\$0 (Tier 1)	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide 0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluocinonide-e -0.05% cram</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluticasone propionate 0.005% oint, 0.05% cream</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>halobetasol propionate 0.05% cream, 0.05% ointmnt</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>hydrocortisone 0.5% cream, 1% cream, 1% ointment, cvs 1% cream, cvs 1% ointment, eq 1% cream, gnp 1% cream, gnp 1% ointment, qc 1% cream, ra 1% cream, sm 1% cream, sm 1% ointment</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>hydrocortisone 2.5% lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>hydrocortisone acetate 0.5% cream, gnp 0.5% crm</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocortisone acetate gnp hydrocort acetate 1% cr, hydrocortisone 1% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>hydrocortisone butyrate 0.1% soln</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>hydrocortisone plus 1% cream, sb 1% crm, sm 1% crm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>hydrocortisone valerate 0.2% cream, 0.2% ointmt</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone-aloe -1% cream, eq -1% crm, sm -1% crm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
LOCOID LIPOCREAM 0.1%	\$0 (Tier 2)	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% cream, 0.1% oint</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>monistat care 1% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pimecrolimus 1% cream</i>	\$0 (Tier 1)	PA
<i>prednicarbate 0.1% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
PRUDOXIN 5% CREAM	\$0 (Tier 2)	PA
<i>selenium sulfide 2.5% lotion</i>	\$0 (Tier 1)	
<i>tacrolimus 0.03%, 0.1%</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide 0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide 0.025% lotion, 0.1% lotion, 0.5% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>triderm 0.1%, 0.5%</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
ZONALON 5% CREAM	\$0 (Tier 2)	PA
Dermatological Agents, Other		
<i>asperflex lidocaine 4% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
BETADINE 10% SOLUTION	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcipotriene 0.005% cream, 0.005% ointment, 0.005% solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>calcitrene 0.005% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone -crm, -lot</i>	\$0 (Tier 1)	
<i>diclofenac sodium 3% gel</i>	\$0 (Tier 1)	PA
EFUDEX 5% CREAM	\$0 (Tier 2)	
<i>fluorouracil 0.5% cream, 2% topical soln, 5% cream, 5% topical soln</i>	\$0 (Tier 1)	
<i>imiquimod 5% cream packet</i>	\$0 (Tier 1)	PA
<i>lidocaine 4% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>methoxsalen 10 mg capsule, 10 mg softgel</i>	\$0 (Tier 1)	
<i>nystatin-triamcinolone -cream, -ointr</i>	\$0 (Tier 1)	
OTEZLA 10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	PA
<i>podofilox 0.5% topical soln</i>	\$0 (Tier 1)	
<i>povidone-iodine -10% solution, cvs -10% soln, qc -10% soln, sm -10% soln</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REGRANEX 0.01% GEL	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
RENOVA 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RENOVA PUMP 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SANTYL OINTMENT	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SILVADENE 1% CREAM	\$0 (Tier 2)	
<i>silver sulfadiazine 1% cream</i>	\$0 (Tier 1)	
SSD 1% CREAM	\$0 (Tier 2)	
Pediculicides/Scabicides		
<i>ivermectin 1% cream</i>	\$0 (Tier 1)	PA
<i>lice killing cvs shampoo, eq shampoo, eql shampoo, gs 1 % crm rinse, gs shampoo, sb shampoo, shampoo, sm shampoo</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lice treatment 1% creme rinse, cvs 1% crm rins, gnp 1% crm rins, gnp shampoo, ra 1% crm rinse, shampoo, sm 1% crm rinse, sm permethrin</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lindane 1% shampoo</i>	\$0 (Tier 1)	
<i>malathion 0.5% lotion</i>	\$0 (Tier 1)	
OVIDE 0.5% LOTION	\$0 (Tier 2)	
<i>permethrin 5% cream</i>	\$0 (Tier 1)	
RENOVA 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RENOVA PUMP 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SOOLANTRA 1% CREAM	\$0 (Tier 2)	PA
Topical Anti-infectives		
ACNE MEDICATION 10% LOTION	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bacitracin 500 unit/gm ointmnt, qc 500 unit/gm oint</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>first aid antibiotic eql, gs</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
FIRST AID ANTISEPTIC 10% OINT	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>gentamicin sulfate 0.1% cream, 0.1% ointment</i>	\$0 (Tier 1)	
METROCREAM METRO0.75%	\$0 (Tier 2)	
METROGEL 1% GEL, 1% PUMP	\$0 (Tier 2)	
METROLOTION TOPICAL 0.75%	\$0 (Tier 2)	
<i>metronidazole 0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel</i>	\$0 (Tier 1)	
<i>mupirocin 2% cream, 2% ointment</i>	\$0 (Tier 1)	QL (30 PER 30 OVER TIME)
<i>rosadan 0.75% cream, 0.75% gel</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>triple antibiotic cvs triple antibiotic ointment, eq triple antibiotic ointment, gnp triple antibiotic ointment, qc triple antibiotic ointment, ra triple antibiotic ointment, sm triple antibiotic ointment, triple antibiotic ointment, triple antibiotic ointment</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

Diagnostic Test Devices, Supplies, And Services

Diagnostics

<i>binaxnow covd ag card home tst</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>binaxnow covid-19 ag self test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>carestart covid-19 ag home tst</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>celltrion diatrust cov-19 home</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>clinitest covid-19 home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>covid-19 at-home test (eua) covid-19 -, cvs covid19</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ellume covid-19 home test covid19 (eua)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>flowflex covid-19 ag home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>genabio covid-19 rapid at-home</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>ihealth covid-19 ag home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>indicaid covid-19 ag home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>inteliswab covid-19 home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lucira check-it covid home tst</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>on-go covid-19 ag at home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pilot covid-19 at-home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>quickvue at-home covid-19 test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>speedyswab covid-19 home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride 0.9% nacl irrigation</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcium 250-vit d3 -125 tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 500 mg tablet, 600 mg tablet, cvs 600 mg tablet, gnp 600 mg tablet, ra 600 mg tablet, sm 600 mg tablet, sv 600 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 500-vit d3 500 mg-5 mcg tb, 500 mg-600 unit, 500-200 caplet, 500-200 tablet, 500-400 tablet, 500-600 caplet, 500-600 tablet, 500mg-10mcg tab, 500mg-15mcg tab, eq 500-400 tab, gnp 500-600 tab, sm 500-200 cplt, sm 500-400 tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600 + vit d with chew tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600+d plus minerals 600+d plus minerals tb, qc 600 mg-vit d tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600+minerals -tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600-vit d3 600 mg-20 mcg cplt, 600 mg-20 mcg tab, 600-20mcg(800 unit), 600-vit 400 tablet, 600-vit 800 caplet, cvs 600-vit 800 tab, eql 600-vit 800 tab, ra 600-vit 400 tab, sm 600-vit 400 tab, sm 600mg-20mcg tab</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>calcium 600-vit d3 600 mg-vit 10mcg tb, 600 mg-vit 5 mcg tb, 600-vit 200 tablet, 600-vit 400 caplet, 600-vit 800 tablet, cvs 600mg-20mcg tab, eq 600mg-20mcg tab, gnp 600 mg-800 unit, qc 600-vit 400 tab, sm 600-vit 800 tab, sv 600mg-20mcg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600-vit d3-mineral calcium 600--chew tb, ra cal 600--chew tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium carbonate carbonate 1.25 gm tab, 500 mg tablet, carb 500 (1,250) mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
CARBAGLU 200 MG TAB FOR SUSP	\$0 (Tier 2)	PA
<i>carglumic acid 200 mg tab susp</i>	\$0 (Tier 1)	PA
<i>chromium cl 40 mcg/10 ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>copper chloride 4 mg/10 ml vl</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>dextrose 2.5%-0.45% nacl -iv</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.2% nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.225% nacl -0.22iv sol</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dextrose 5%-0.3% nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.33% nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.45% nacl -0.4iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.9% nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose in lactated ringers 5%-lr iv solution</i>	\$0 (Tier 1)	
FLORIVA 0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET, 1 MG CHEWABLE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>hi-cal ra -plus vitamin d tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
K-PHOS ORIGINAL -TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>kcl-d5w-0.2% nacl 10 meq/500 ml--0.2%nacl, 20 meq/l--0.2% nacl</i>	\$0 (Tier 1)	
<i>kcl-d5w-0.225% nacl 10meq/500ml--0.225%nacl, 20 meq/l--0.225% nacl</i>	\$0 (Tier 1)	
<i>kcl-d5w-0.45% nacl 10 meq/500ml--0.45%nacl, 10 meq/l--0.45% nacl, 20 meq/l--0.45% nacl, 30 meq/l--0.45% nacl, 40 meq/l--0.45% nacl</i>	\$0 (Tier 1)	
KLOR-CON 10 -MEQ TABLET	\$0 (Tier 2)	
KLOR-CON 8 -MEQ TABLET	\$0 (Tier 2)	
<i>klor-con m10 -tablet</i>	\$0 (Tier 1)	
KLOR-CON M15 -TABLET	\$0 (Tier 2)	
<i>klor-con m20 -tablet</i>	\$0 (Tier 1)	
<i>lactated ringers 1,000 ml, injection</i>	\$0 (Tier 1)	
<i>liquid calcium-vit d -softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium oxide 420 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium sulfate 50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml, 50% syringe</i>	\$0 (Tier 1)	
MAGOX 400 TABLET	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>manganese chloride 1 mg/10 ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mgo-400 -tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>multi-vitamin w-fluoride-iron multivit--0.25 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>multivitamin-iron-fluoride --0.25 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nu-mag -71.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oysco 500-vit d3 -200 tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oyster shell calcium 500 mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oyster shell calcium w-vit d 250 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oyster shell calcium-vit d3 250 mg-3.12mcg, 250-vit 125 tb, 500-vit 200 tb, 500mg-vit 5mcg, ra 500-vit 200</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oyster shell calcium-vitamin d -tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>potassium chloride cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet</i>	\$0 (Tier 1)	
<i>potassium chloride in d5lr kcl 20 meqd5w-lact ringer</i>	\$0 (Tier 1)	
<i>potassium chloride proamp cl 20 meq/10 ml conc</i>	\$0 (Tier 1)	
<i>potassium chloride-0.45% nacl 20 meq-na</i>	\$0 (Tier 1)	
<i>potassium chloride-dextrose 5% kcl 20 meq/l in d5w solution</i>	\$0 (Tier 1)	
<i>potassium citrate er er 5 tab, er 10 tb, er 15 tb</i>	\$0 (Tier 1)	
<i>pyridoxine hcl 100 mg/ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SLOW-MAG -71.5 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium chloride saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial</i>	\$0 (Tier 1)	
<i>sodium chloride-water 0.9%</i>	\$0 (Tier 1)	
<i>super calcium 600-vit d3</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>thiamine hcl 200 mg/2 ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Electrolyte/Mineral/Metal Modifiers		
CHEMET 100 MG CAPSULE	\$0 (Tier 2)	
<i>deferasirox 90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp</i>	\$0 (Tier 1)	PA
EXJADE 125 MG TABLET, 250 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	PA
JADENU 90 MG TABLET, 180 MG TABLET, 360 MG TABLET	\$0 (Tier 2)	PA
JADENU SPRINKLE 90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE	\$0 (Tier 2)	PA
SAMSCA 15 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	PA
SYPRINE 250 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>tolvaptan 15 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	PA
<i>trientine hcl 250 mg capsule</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
BACMIN CAPLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's ferrous sulfate 15 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>chromium cl 40 mcg/10 ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>corvita tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>cyanocobalamin injection 1,000 mcg/ml vl, 10,000 mcg/10ml, 30,000 mcg/30ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DEKAS ESSENTIAL DEKAS ESSENTIAL CAPSULE, DEKAS ESSENTIAL LIQUID	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DEKAS PLUS CHEWABLE TABLET, OCEANCAPS, SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DEKAS PLUS LIQUID	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>dextrose in water 5%-100 ml, 5%-1,000 ml, 5%-250 ml, 5%-50 ml, 5%-iv soln, 10%-iv solution</i>	\$0 (Tier 1)	
DIALYVITE 3000 3,000 TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE 5000 TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE SUPREME D IALYVITE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE ZINC WITH TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DRISDOL 1.25 MG (50,000 UNIT)	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ENLYTE SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ergocalciferol 200 mcg/ml drop, 8,000 unit/ml, 8,000 units/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fabb tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ferro-time -325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ferrous gluconate 324 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ferrous sulfate sulf 15 mg iron/ml drp, sulf ec 324 mg tablet, sulfate 325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>folic acid 1 mg tablet, 5 mg/ml vial, 50 mg/10 ml vial, 1,000 mcg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
FOLTRATE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fomepizole 1.5 gm/1.5 ml vial</i>	\$0 (Tier 1)	
<i>glucose in water 5%-100 ml, 5%-50 ml</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydroxocobalamin 1,000 mcg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infant vitamin d 10 mcg/ml rp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infant-toddler iron 15 mg/ml drop</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
INFUVITE ADULT BULK VIAL, VIAL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
INFUVITE PEDIATRIC BULK VIAL, VIAL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
INTRALIPID 20% IV FAT EMUL	\$0 (Tier 2)	PA
<i>iron 65 mg tablet, cvs 65 mg tablet, gnp 65 mg tablet, ra 65 mg tablet, sm 65 mg tablet, sm 325 mg tablet, sv 65 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>multi-vitamin w-fluoride-iron multivit--0.25 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>multivitamin with fluoride -fluor 0.25 mg tab chw, -fluor 0.25 mg/ml drop, -fluor 0.5 mg tab chew, -fluor 0.5 mg/ml drop, -fluoride 1 mg tab chw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>multivitamin-iron-fluoride --0.25 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NASCOBAL 500 MCG NASAL SPRAY	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NEPHPLEX RX TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NUTRILIPID 20% IV FAT EMULSION	\$0 (Tier 2)	PA
<i>pediatric iron pharm chc 15mg/ml drp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pediatric vitamin d3 pharm choice 400 unit/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
POLY-VI-FLOR --0.25 MG DROP, --0.25 MG/ML DRP, --0.5 MG TAB CHEW, --1 MG TAB CHEW	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
POLY-VI-FLOR --0.25 MG TAB CHEW	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
POLY-VI-FLOR WITH IRON ---0.25 MG DROP, ---0.5 MG CHWTB	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
QUFLORA 0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP, 1 MG CHEW TAB	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
QUFLORA FE 0.25 MG CHEW TABLET, PED 0.25 MG/ML DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>renal caps softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
STROVITE ONE CAPLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TRAVASOL 10% SOLN VIAFLEX	\$0 (Tier 2)	PA
TRI-VI-FLOR --0.25 MG DROPS	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
TRI-VI-FLOR --0.5 MG DROPS	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tri-vite with fluoride --0.25 mg/ml, --0.5 mg/ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>triphrocaps softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TROPHAMINE 10% IV SOLUTION	\$0 (Tier 2)	PA
<i>virt-caps -softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>virt-gard -tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vit 3 bp capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
VITAL-D RX -TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamin d2 1.25mg(50,000 unit)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamin d3 10 mcg(400 unit)/ml, 10 mcg/ml drop, 10 mcg/ml liquid, 50 mcg (2,000 unit), 50 mcg capsule, 50 mcg softgel, cvs 50 mcg softgel, cvs 2,000 unit sftgl, eq 50 mcg softgel, sm 50 mcg softgel, 400 unit/ml liquid, 2,000 unit softgel, eq 2,000 unit sftgl, ra 2,000 unit sftgl, sm 2,000 unit sftgl, sv 2,000 unit sftgl</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamin d3 ra 2,000 unit sftgl</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>vitamin k1 - 0 mg/ml ampul</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamins a,c,d and fluoride -0.25 mg/ml, -0.5 mg/ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>water sterile for irrigation</i>	\$0 (Tier 1)	
<i>wee care 15 mg/1.25 ml susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>wescaps capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Phosphate Binders		
AURYXIA 210 MG TABLET	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
<i>calcium acetate 667 mg capsule, 667 mg gelcap, 667 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FOSRENOL 500 MG TABLET CHEW	\$0 (Tier 2)	QL (90 PER 30 DAYS)
FOSRENOL 750 MG POWDER PACKET, 750 MG TABLET CHEW	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FOSRENOL MG POWDER PACK, MG TABLET CHEW	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 1,000 mg tb chw</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 500 mg tab chew</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>lanthanum carbonate 750 mg tab chew</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
REVELA 0.8 GM POWDER PACKET	\$0 (Tier 2)	QL (270 PER 30 DAYS)
REVELA 2.4 GM POWDER PACKET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
REVELA 800 MG TABLET	\$0 (Tier 2)	
<i>sevelamer carbonate 0.8 gm powder packet</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>sevelamer carbonate 2.4 gm powder packet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	\$0 (Tier 1)	
VELPHORO 500 MG CHEWABLE TAB	\$0 (Tier 2)	QL (180 PER 30 DAYS)

Potassium Binders

<i>kionex 15 gm/60 ml suspension</i>	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 1)	
SPS 15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP	\$0 (Tier 2)	
VELTASSA 8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET	\$0 (Tier 2)	

Gastrointestinal Agents

Anti-Constipation Agents

<i>clearlax eq, eql, ft, gnp, gnp packet, gs, packet, sm, sw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>constulose 10 gm/15 ml soln</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ENEMEEZ MINI ENEMA	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>enulose 10 gm/15 ml solution</i>	\$0 (Tier 1)	
<i>gavilax powder</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>generlac 10 gm/15 ml solution</i>	\$0 (Tier 1)	
<i>healthylax powder packet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lactulose 10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution</i>	\$0 (Tier 1)	
LINZESS 72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
MOVANTIK 12.5 MG TABLET, 25 MG TABLET	\$0 (Tier 2)	
<i>polyethylene glycol 3350 powd</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RELISTOR 8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET	\$0 (Tier 2)	PA
Anti-Diarrheal Agents		
<i>alosetron hcl 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>anti-diarrheal anti-diarrheal 1 mg/7.5 ml sol, anti-diarrheal 1 mg/7.5 ml sus, anti-diarrheal 2 mg caplet, anti-diarrheal 2 mg softgel, anti-diarrheal 2 mg tablet, cvs anti-diarrheal 2 mg caplet, cvs anti-diarrheal 2 mg sftgel, eq anti-diarrheal 2 mg caplet, eq anti-diarrheal 2 mg sftgel, eql anti-diarrheal 2 mg caplet, ft anti-diarrheal 2 mg softgel, gnp anti-diarrheal 2 mg caplet, gnp anti-diarrheal 2 mg sftgel, gnp anti-diarrheal 2 mg tablet, gs anti-diarrheal 1 mg/7.5 ml, gs anti-diarrheal 2 mg caplet, qc anti-diarrheal 2 mg caplet, qc anti-diarrheal 2 mg softgel, ra anti-diarrheal 2 mg caplet, ra anti-diarrheal 2 mg softgel, sm anti-diarrheal 1 mg/7.5 ml, sm anti-diarrheal 2 mg caplet, sm anti-diarrheal 2 mg softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>diphenoxylate-atropine -2.5-0.025</i>	\$0 (Tier 1)	PA
<i>loperamide 1 mg/7.5 ml liquid, 1 mg/7.5 ml soln, 1 mg/7.5 ml susp, cvs 1 mg/7.5 ml sus, eq 1 mg/7.5 ml susp, eql 1 mg/7.5 ml sus, gnp 1 mg/7.5 ml liq, ra 1 mg/7.5 ml susp, sm 1 mg/7.5 ml liq</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>loperamide 1 mg/7.5ml soln, 2 mg/15 ml soln</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>loperamide 2 mg capsule</i>	\$0 (Tier 1)	
LOTRONEX 0.5 MG TABLET, 1 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>polyethylene glycol 3350 powd</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
VIBERZI 75 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
XERMELO 250 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl 10 mg capsule, 10 mg/5 ml soln, 20 mg tablet</i>	\$0 (Tier 1)	PA
<i>glycopyrrolate 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	
<i>methscopolamine bromide 2.5 mg tb, 5 mg tab</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Gastrointestinal Agents, Other		
<i>acid gone antacid antliquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>advanced antacid-antigas -liquid, eql -liquid, gs -liquid, sm -liquid, sm -susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>almacone-2 -liquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aluminum hydroxide gel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid 500 mg chew tablet, 500 mg chewable tablet, cvs 750 mg chew tablet, eq 500 mg chew tablet, eq liquid, eql 500 mg chew tablet, eql liquid, eql suspension, ft 500 mg chew tablet, gnp 500 mg chew tablet, gnp liquid, gs 500 mg chew tablet, liquid, qc 500 mg chew tablet, qc suspension, sm 500 mg chew tablet, sm suspension</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid ex-str tablet chew</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>antacid extra strength 750 mg chewable tablet, cvs 750 mg chew tablet, cvs ex-str 750 mg chew, cvs kids 750 mg chew, eq ex-str 750 mg chew, eql ex-str 750 mg chew, ex str 750 mg chew tab, ex-str 750 mg tab chew, ft ex-str 750 mg chew, gnp ex-str 750 mg chew, gs ex-str 750 mg chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid extra strength cvs xtra str chew tab, eq extra str chew tab, gnp xtra str chew tab, qc xtra str chew tab, sm 750 mg chew tablet, sm xtra str chew tab, xtra strength chew tab</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>antacid plus anti-gas -liquid, -relf liq, gs -liq</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid plus gas relief gs, sw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid ultra strength cvs str tab chew, cvs tab chew, eq str tab chew, eql 1,000mg chew, eql str tab chew, str 1,000 mg chw, str tab chewable</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>antacid-antigas -antigas liquid, -antigas suspension, anti-gas liquid, anti-gas max str liq, cvs -antigas liquid, eq -antigas max str, ft -antigas liquid, ft -antigas max str, gnp -antigas suspension, gnp anti-gas liquid, qc -antigas max str, qc -antigas suspension, ra -antigas liquid, sm -antigas liquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid-gas relief gs, ra</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bisacodyl cvs 10 mg suppos, cvs ec 5 mg tablet, ec 5 mg tablet, gs ec 5 mg tablet, ra ec 5 mg tablet, 10 mg suppository</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bismatrol tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bismuth-metronidazole-tetracyc --140-125-125</i>	\$0 (Tier 1)	
<i>cal-gest -500 mg tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium antacid calcium 500 mg chw tab, calcium 750mg chew tab, calcium ex-str tablet, ex-str tablet chew, gs cal 500 mg chew tab, sm cal 500 mg chew tab, sm cal 750 mg chew tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium antacid calcium 750 mg tb chew, gs cal 750 mg chew tab</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>calcium carbonate carb 500 mg tab chew, carb 1,250 mg/5 ml cup, carb 1,250 mg/5 ml sus, carbonate 648 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
CHENODAL 250 MG TABLET	\$0 (Tier 2)	PA
COLACE -T 100 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
COLACE CLEAR 50 MG SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>diarrhea relief qc rlf 262 mg/15 ml, relief 262 mg/15 ml, relief suspension</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>docusate calcium 240 mg capsule</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>docusate calcium 240 mg softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>docusate sodium 250 mg softgel</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>docusate sodium sod 100 mg/10 ml cup, sodium 50 mg/5 ml cup, sodium 50 mg/5 ml liq, sodium 100 mg capsule, sodium 100 mg softgel, sodium 250 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>dok 100 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>dual action complete eq l actn chew, gs action chw, sm action chw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>enema cvs enema ready to use, enema ready to use, enema ready to use, enema ready-to-use, eq l enema ready to use, fleet enema, gnp enema ready to use, qc ready to use enema, ra enema twin pack, sm enema ready to use, sm enema ready to use twin pak</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>enema disposable cvs disposable</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fast relief laxative ra 10 mg supp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fiber powder sm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fiber sm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fiber smooth ooth powder, ooth texture pwd</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fiber therapy eq l</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
GATTEX 5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL	\$0 (Tier 2)	PA
<i>gavilyte-c -solution</i>	\$0 (Tier 1)	
<i>gavilyte-g -solution</i>	\$0 (Tier 1)	
<i>gavilyte-n -solutio</i>	\$0 (Tier 1)	
GAVISCON EXTRA STRENGTH LIQUID, LIQUID	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>gentle laxative cvs ec 5 mg tb, 10 mg supp, cvs 10 mg supp, ec 5 mg tablet, eq dr 5 mg tab, eq l ec 5 mg tb, ft 10 mg supp, gnp 10 mg supp, gnp ec 5 mg tb, sm ec 5 mg tab, 10 mg supposit, qc 10 mg supp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>geri-kot -8.6 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
GOLYTELY SOLUTION	\$0 (Tier 2)	
<i>heartburn relief cvs</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>konsyl psyllium fiber powder</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>laxative ec 5 mg tablet, ft ec 5 mg tablet, gnp ec 5 mg tablet, ra ec 5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>laxative suppository 10 mg, sm 10 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>loperamide 1 mg/7.5 ml liquid, 1 mg/7.5 ml soln, 1 mg/7.5 ml susp, cvs 1 mg/7.5 ml sus, eq 1 mg/7.5 ml susp, eql 1 mg/7.5 ml sus, gnp 1 mg/7.5 ml liq, ra 1 mg/7.5 ml susp, sm 1 mg/7.5 ml liq</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>loperamide 1 mg/7.5ml soln, 2 mg/15 ml soln</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
MAG-AL -LIQUID 30 ML CUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mag-al plus mag-al plus suspens 30 ml cup, mag-al plus suspension cup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mag-al plus xs -susp 30 ml cup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magic bullet 10 mg suppos</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium 400 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium oxide 400 mg tablet, sv 400 mg tab, 420 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>metoclopramide hcl 5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial</i>	\$0 (Tier 1)	
<i>mintox maximum strength susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mintox plus tablet chewable</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mintox suspension</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
MOVIPREP POWDER PACKET	\$0 (Tier 2)	
MYALEPT 11.3 MG (5 MG/ML) VIAL	\$0 (Tier 2)	PA
NULYTELY SOLUTION	\$0 (Tier 2)	
OCALIVA 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PEDIA-LAX ENEMA FLEET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>peg 3350-electrolyte -solution</i>	\$0 (Tier 1)	
<i>peg-3350 and electrolytes -soln</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691-1.01-5.9</i>	\$0 (Tier 1)	
<i>pink bismuth 262 mg tab chew, caplet, gnp 262 mg tb chw, gnp caplet, qc 262 mg caplet, qc 262 mg tab chw, ra 262 mg tab chw, ra caplet, tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PYLERA CAPSULE	\$0 (Tier 2)	
REGLAN 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
<i>saline enema ra</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>senna -time 8.6 mg tablet, 8.6 mg tablet, ra 8.6 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>senna lax -8.6 mg tablet, 8.6 mg tablet, gnp 8.6 mg tablet, gnp -8.6 mg tablet, ra -8.6 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>senna laxative 8.6 mg tablet, cvs 8.6 mg tab, eql 8.6 mg tab, ft 8.6 mg tab, gs 8.6 mg tab, sm 8.6 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>smooth antacid 750 mg chew tab, cvs 750 mg chew</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>smooth dissolving antacid dissolve chew</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>sod sulf-potass sulf-mag sulf --sol</i>	\$0 (Tier 1)	
<i>sodium bicarbonate 10 grain tablet, 325 mg (5 gr) tb, 325 mg tablet, 650 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>stomach relief cvs relf 525 mg/30 ml, eq relief 262 mg/15 ml, eql rlf 262 mg/15 ml, eql rlf 525 mg/30 ml, ft relief 525 mg/30 ml, gnp rlf 262 mg/15 ml, gnp rlf 525 mg/30 ml, gs relief 525 mg/30 ml, ra relief 262 mg/15 ml, relief 262 mg chew tab, relief 262 mg/15 ml, relief 525 mg/30 ml, sm relief 262 mg/15 ml, sm relief 525 mg/30 ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>stomach relief cvs rlf 262 mg caplet, cvs rlf 262 mg chew tb, eq rlf 262 mg chew tab, eql relief liquid, eql rlf 262 mg caplet, eql rlf 262 mg chew tb, eql rlf 525 mg/15 ml, ft rlf 262 mg caplet, ft rlf 262 mg chew tab, gnp relief 525mg/15 ml, gs rlf 262 mg chew tab, qc rlf 262 mg chew tab, relief 262 mg caplet, relief 525 mg/15 ml, rlf 262 mg/15 ml susp, rlf 525 mg/30 ml susp, sm relief caplet, sm relief liquid, sm rlf 262 mg caplet, sm rlf 262 mg chew tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>stool softener cvs stool softener 100 mg cap, cvs stool softener 100 mg sfgl, cvs stool softener 100 mg sftg, cvs stool softener 240 mg sfgl, cvs stool softener 250 mg sfgl, cvs stool softener softgel, eq stool softener 100 mg sftgl, eql stool softener 100 mg sfgl, ft stool softener 100 mg sftgl, ft stool softener 100 mg tab, ft stool softener 250 mg sftgl, gnp stool softener 100 mg sfgl, gnp stool softener 240 mg sfgl, gnp stool softener 250 mg sfgl, gs stool softener 100 mg sftgl, qc stool softener 100 mg sftgl, ra stool softener 100 mg cap, sm stool softener 100 mg sftgl, sm stool softener 100 mg tab, sm stool softener 240 mg sftgl, sm stool softener 250 mg sftgl, stool softener 100 mg capsule, stool softener 100 mg softgel, stool softener 100 mg tablet, stool softener 240 mg softgel, stool softener 250 mg softgel, stool softener 100 mg capsule, stool softener 100 mg softgel, stool softener 240 mg softgel, stool softener 250 mg softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SUPREP SUBOWEL KIT	\$0 (Tier 2)	
SUTAB SU1.479-0.225-0.188 GM	\$0 (Tier 2)	
TUMS KIDS 300 MG (750) CHEWTAB, 750 MG CHEWY BITES, 750 MG TABLET CHEWABLE, E-X TABLET CHEWABLE	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
TUMS SMOOTHIES CHEW TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TUMS TABLET CHEWABLE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TUMS ULTRA 1,000 MG CHEW TAB, TABLET CHEWABLE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tums ultra strength chewy delights</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TUMS X-STR -750 TABLET CHEWABLE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tussin dm eql cough-chest syr, gnp syrup, gs cough syrup, gs liquid, ra syrup, sm syrup, syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ultra strength antacid gnp ultra tab chew, sm calcium tab chew, ultra tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ursodiol 250 mg tablet, 300 mg capsule, 500 mg tablet</i>	\$0 (Tier 1)	
<i>women's gentle laxative cvs ec 5 mg, ec 5 mg tab, gnp ec 5 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
XIFAXAN 550 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
<i>acid controller 20 mg tablet, cvs 20 mg tab, qc 10 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acid reducer 10 mg tablet, 20 mg tablet, eq 20 mg tablet, eq 200 mg tablet, gnp 20 mg tablet, gs 10 mg tablet, gs 20 mg tablet, ra 20 mg tablet, sm 10 mg tablet, sm 20 mg tablet, sm 200 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acid reducer complete complete tab chew, eq complet tb chw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid maximum strength eq1 max liq, hv max liquid, maximum liq, sm max susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid suspension</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>cimetidine 200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet</i>	\$0 (Tier 1)	
<i>famotidine 10 mg tablet, qc 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>famotidine 20 mg tablet, eq 20 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>famotidine 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial</i>	\$0 (Tier 1)	
<i>heartburn relief 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nizatidine 150 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<i>omeprazole magnesium cvs dr 20 mg cp, cvs dr 20.6 mg, dr 20 mg cap, dr 20.6 mg cap, eq dr 20.6 mg, gnp dr 20 mg cp, qc dr 20.6 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Protectants		
CARAFATE 1 GM TABLET, 1 GM/10 ML SUSP	\$0 (Tier 2)	
CYTOTEC 100 MCG TABLET, 200 MCG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>misoprostol 100 mcg tablet, 200 mcg tablet</i>	\$0 (Tier 1)	
<i>sucralfate 1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup</i>	\$0 (Tier 1)	
Proton Pump Inhibitors		
<i>acid reducer 20 mg tablet, eq 20 mg tablet, gnp 20 mg tablet, gs 20 mg tablet, ra 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acid reducer sm 20 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>esomeprazole magnesium dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>esomeprazole sodium 40 mg vial</i>	\$0 (Tier 1)	
<i>lansoprazole cvs dr 15 mg cap, eq dr 15 mg cap, eql dr 15 mg cap, gnp dr 15 mg cap, gs dr 15 mg cap, qc dr 15 mg cap, ra dr 15 mg cap, sm dr 15 mg cap</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lansoprazole dr 15 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS), * (Medicaid Benefit Drug), *
<i>lansoprazole dr 30 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
NEXIUM DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
NEXIUM DR 2.5 MG PACKET, DR 5 MG PACKET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
NEXIUM I.V. 40 MG VIAL	\$0 (Tier 2)	
<i>omeprazole cvs dr 20 mg tablet, dr 20 mg tablet, eq dr 20 mg tablet, eql dr 20 mg tablet, gnp dr 20 mg tablet, gs dr 20 mg tablet, ra dr 20 mg tablet, sm dr 20 mg tablet, sw dr 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>omeprazole dr 10 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>omeprazole dr 20 mg capsule, dr 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>omeprazole magnesium cvs dr 20 mg cp, cvs dr 20.6 mg, dr 20 mg cap, dr 20.6 mg cap, eq dr 20.6 mg, gnp dr 20 mg cp, qc dr 20.6 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pantoprazole sodium 40 mg vial</i>	\$0 (Tier 1)	
<i>pantoprazole sodium dr 20 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pantoprazole sodium dr 40 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
PREVACID 24HR DR 15 MG CAPSULE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PREVACID DR 30 MG CAPSULE	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sodium dr 20 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ALDURAZYME 2.9 MG/5 ML VIAL	\$0 (Tier 2)	
<i>betaine anhydrous 1 gram/scoop powder</i>	\$0 (Tier 1)	
BUPHENYL 500 MG TABLET	\$0 (Tier 2)	PA
CARNITOR 1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET	\$0 (Tier 2)	
CARNITOR SF 100 MG/ML ORAL SOL	\$0 (Tier 2)	
CEREZYME 400 UNIT VIAL	\$0 (Tier 2)	PA
CREON DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE	\$0 (Tier 2)	
<i>cromolyn sodium 100 mg/5 ml oral conc</i>	\$0 (Tier 1)	
CRYSVITA 10 MG/ML VIAL, 20 MG/ML VIAL, 30 MG/ML VIAL	\$0 (Tier 2)	PA
CYSTADANE 1 GRAM/SCOOP POWDER	\$0 (Tier 2)	
CYSTAGON 50 MG CAPSULE, 150 MG CAPSULE	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELAPRASE 6 MG/3 ML VIAL	\$0 (Tier 2)	
ELELYSO 200 UNITS VIAL	\$0 (Tier 2)	PA
ENDARI 5 GRAM POWDER PACKET	\$0 (Tier 2)	PA
FABRAZYME 5 MG VIAL, 35 MG VIAL	\$0 (Tier 2)	
<i>javygtor 100 mg powder packet, 100 mg tablet, 500 mg powder packet</i>	\$0 (Tier 1)	PA
KUVAN 100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET	\$0 (Tier 2)	PA
<i>l-glutamine -gutamine 5 gram powder pkt</i>	\$0 (Tier 1)	PA
<i>levocarnitine 1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup</i>	\$0 (Tier 1)	
<i>levocarnitine sf 1 g/10 ml sol</i>	\$0 (Tier 1)	
LUMIZYME 50 MG VIAL	\$0 (Tier 2)	
<i>miglustat 100 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
NAGLAZYME 5 MG/5 ML VIAL	\$0 (Tier 2)	
<i>nitisinone 2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule</i>	\$0 (Tier 1)	
ORFADIN 2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE	\$0 (Tier 2)	
PALYNZIQ 2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE	\$0 (Tier 2)	PA
PROLASTIN C MG VIAL, MG/20 ML VL	\$0 (Tier 2)	PA
REVCovi 2.4 MG/1.5 ML VIAL	\$0 (Tier 2)	
<i>sapropterin dihydrochloride 100 mg powder pkt, 100 mg tablet, 500 mg powder pkt</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate 500mg tb, powder</i>	\$0 (Tier 1)	PA
STRENSIQ 18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VPRIV 400 UNITS VIAL	\$0 (Tier 2)	PA
VYNDAMAX 61 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VYNDAQEL 20 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>yargesa 100 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
ZENPEP DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE	\$0 (Tier 2)	
ZOKINVY 50 MG CAPSULE, 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er er 7.5 mg tablet, er 15 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
DETROL 1 MG TABLET, 2 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
DETROL LA 2 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er er 4 mg tablet, er 8 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
GEMTESA 75 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MYRBETRIQ ER 25 MG TABLET, ER 50 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	\$0 (Tier 2)	QL (300 PER 28 DAYS)
<i>oxybutynin chloride 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5 ml solution, 5 mg/5 ml syrup</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>oxybutynin chloride er cl 10 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>oxybutynin chloride er cl 15 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>oxybutynin chloride er cl 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>solifenacin succinate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er er 2 mg cap, er 4 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TOVIAZ ER 4 MG TABLET, ER 8 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>tropium chloride 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tropium chloride er 60 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
AVODART 0.5 MG SOFTGEL	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin -0.5-0.4</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
FLOMAX 0.4 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PROSCAR 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RAPAFLO 4 MG CAPSULE, 8 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>silodosin 4 mg capsule, 8 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tamsulosin hcl 0.4 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA 52 MG SYSTEM	\$0 (Tier 2)	
SKYLA 13.5 MG SYSTEM	\$0 (Tier 2)	
Genitourinary Agents, Other		
<i>bethanechol chloride 5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
DEPEN 250 MG TITRATAB	\$0 (Tier 2)	
<i>methylergonovine maleate 0.2 mg tablet</i>	\$0 (Tier 1)	
<i>penicillamine 250 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

ACTHAR GEL 400 UNIT/5 ML VIAL	\$0 (Tier 2)	PA
ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML	\$0 (Tier 2)	PA
CORTEF 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	
<i>decadron 0.5 mg tablet, 0.75 mg tablet, 4 mg tablet, 6 mg tablet</i>	\$0 (Tier 1)	
<i>dexamethasone 0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate 0.1 mg tablet</i>	\$0 (Tier 1)	
HEMADY 20 MG TABLET	\$0 (Tier 2)	
<i>hidex 6 day 1.5 mg tablet</i>	\$0 (Tier 1)	
<i>hydrocortisone 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
MEDROL 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET	\$0 (Tier 2)	
<i>methylprednisolone 4 mg dosepak, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab</i>	\$0 (Tier 1)	
<i>methylprednisolone sodium succ 1 gm vl, 40 mg vl, 125 mg, 500 mg</i>	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml soln, 15mg/5ml soln cup</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 5 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>prednisone 1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
SOLU-MEDROL -1 GRAM VIAL, -40 MG VIAL, -125 MG VIAL, -500 MG VIAL, -1,000 MG VIAL	\$0 (Tier 2)	
<i>taperdex 6 day 1.5 mg tablet</i>	\$0 (Tier 1)	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN 10,000 UNIT VL	\$0 (Tier 2)	PA
DDAVP 0.1 MG TABLET, 0.2 MG TABLET	\$0 (Tier 2)	
<i>desmopressin acetate 0.01% solution, 0.01% spray, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial</i>	\$0 (Tier 1)	
INCRELEX 40 MG/4 ML VIAL	\$0 (Tier 2)	
OMNITROPE 5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG	\$0 (Tier 2)	PA
PREGNYL 10,000 UNIT VIAL	\$0 (Tier 2)	PA

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

Androgens

ANDROGEL 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)
<i>danazol 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	PA
DEPO-TESTOSTERONE -200 MG/ML, -200 MG/ML VL, -1,000MG/10ML	\$0 (Tier 2)	PA
<i>methyltestosterone 10 mg cap</i>	\$0 (Tier 1)	PA
<i>testosterone 1% (25mg/2.5g) pk</i>	\$0 (Tier 1)	PA, QL (225 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>testosterone 1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt</i>	\$0 (Tier 1)	PA, QL (300 PER 30 DAYS)
<i>testosterone 1.62% (2.5 g) pkt, 1.62% gel pump</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	\$0 (Tier 1)	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate 100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate testosteron 1,000 mg/5 ml, testosterone 200 mg/ml</i>	\$0 (Tier 1)	PA
Estrogens		
DEPO-ESTRADIOL -5 MG/ML VIAL	\$0 (Tier 2)	
DIVIGEL 0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET	\$0 (Tier 2)	
<i>dotti 0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch</i>	\$0 (Tier 1)	
ESTRACE 0.01% CREAM	\$0 (Tier 2)	
<i>estradiol (once weekly) 0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk)</i>	\$0 (Tier 1)	
<i>estradiol (twice weekly) 0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk)</i>	\$0 (Tier 1)	
<i>estradiol 0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt</i>	\$0 (Tier 1)	
<i>estradiol valerate 50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	
ESTRING 2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lyllana 0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch</i>	\$0 (Tier 1)	
MENEST 0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET	\$0 (Tier 2)	
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL	\$0 (Tier 2)	
VAGIFEM 10 MCG VAGINAL TAB	\$0 (Tier 2)	
<i>yuvafem 10 mcg insert, 10 mcg tablet</i>	\$0 (Tier 1)	

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

<i>afirmelle -28 tablet</i>	\$0 (Tier 1)	
<i>altavera -28 tablet</i>	\$0 (Tier 1)	
<i>alyacen 1-35 28 tablet, 7-7-7-28 tablet</i>	\$0 (Tier 1)	
<i>amabelz 0.5 mg-0.1 mg tablet, 1 mg-0.5 mg tablet</i>	\$0 (Tier 1)	
<i>amethia 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>amethyst 90-20 mcg tablet</i>	\$0 (Tier 1)	
<i>apri 28 day tablet</i>	\$0 (Tier 1)	
<i>aranelle 28 tablet</i>	\$0 (Tier 1)	
<i>ashlyna 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>aubra -28 tablet</i>	\$0 (Tier 1)	
<i>aubra eq -28 tablet</i>	\$0 (Tier 1)	
<i>aurovela 1 mg-20 mcg tablet, 21 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>aurovela 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>aurovela fe 1-20 tablet, 1.5 mg-30 mcg tab</i>	\$0 (Tier 1)	
<i>aviane -28 tablet</i>	\$0 (Tier 1)	
<i>ayuna -28 tablet</i>	\$0 (Tier 1)	
<i>balziva 28 tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>blisovi 24 fe tablet</i>	\$0 (Tier 1)	
<i>blisovi fe 1-20 tablet, 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>briellyn tablet</i>	\$0 (Tier 1)	
<i>camrese 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>camrese lo tablet</i>	\$0 (Tier 1)	
<i>chateal -28 tablet</i>	\$0 (Tier 1)	
<i>chateal eq -28 tablet</i>	\$0 (Tier 1)	
COMBIPATCH 0.05-0.14 MG, 0.05-0.25 MG	\$0 (Tier 2)	
<i>cryselle -28 tablet</i>	\$0 (Tier 1)	
<i>cyred 28 day tablet</i>	\$0 (Tier 1)	
<i>cyred eq 28 day tablet</i>	\$0 (Tier 1)	
<i>dasetta 1-35-28 tablet, 7/7/7-28 tablet</i>	\$0 (Tier 1)	
<i>daysee 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>desogestr-eth estrad eth estra</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol -ee 0.15-0.03 mg tb</i>	\$0 (Tier 1)	
<i>dolishale 90-20 mcg tablet</i>	\$0 (Tier 1)	
<i>drospirenone-eth estra-levomef --3-0.02-0.451, --3-0.03-0.451</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol -3-0.02 mg tab, -3-0.03 mg tab</i>	\$0 (Tier 1)	
<i>elinest -28 tablet</i>	\$0 (Tier 1)	
<i>eluryng vaginal ring</i>	\$0 (Tier 1)	
<i>emoquette 28 day tablet</i>	\$0 (Tier 1)	
<i>enpresse -28 tablet</i>	\$0 (Tier 1)	
<i>enskyce 28 tablet</i>	\$0 (Tier 1)	
<i>estarylla 0.25-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>estradiol-norethindrone acetat -0.5-0.1 mg tb, -1-0.5 mg tab</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ethynodiol-ethinyl estradiol ynodiol--35mcg, ynodiol--50mcg</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol -ee vaginal ring</i>	\$0 (Tier 1)	
<i>falmina -28 tablet</i>	\$0 (Tier 1)	
<i>femynor 28 tablet</i>	\$0 (Tier 1)	
<i>gemmily 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	
<i>hailey 21 1.5 mg-30 mcg tab</i>	\$0 (Tier 1)	
<i>hailey 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>hailey fe 1-20 tablet, 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>haloette vaginal ring</i>	\$0 (Tier 1)	
<i>iclevia 0.15 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>introvale 0.15-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>isibloom 28 day tablet</i>	\$0 (Tier 1)	
<i>jaimiess 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>jasmiel 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>jolessa 0.15 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>juleber 28 day tablet</i>	\$0 (Tier 1)	
<i>junel 1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet</i>	\$0 (Tier 1)	
<i>junel fe 1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet</i>	\$0 (Tier 1)	
<i>junel fe 24 tablet</i>	\$0 (Tier 1)	
<i>kaitlib fe 0.8-0.025mg chew tb</i>	\$0 (Tier 1)	
<i>kalliga 28 day tablet</i>	\$0 (Tier 1)	
<i>kariva 28 day tablet</i>	\$0 (Tier 1)	
<i>kelnor 1-35 -28 tablet</i>	\$0 (Tier 1)	
<i>kelnor 1-50 -tablet</i>	\$0 (Tier 1)	
<i>kurvelo -28 tablet</i>	\$0 (Tier 1)	
<i>larin 1.5 mg-30 mcg tablet, 21 1-20 tablet</i>	\$0 (Tier 1)	
<i>larin 24 fe 1 mg-20 mcg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>larin fe 1-20 tablet, 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>larissia -28 tablet</i>	\$0 (Tier 1)	
LAYOLIS FE CHEWABLE TABLET	\$0 (Tier 2)	
<i>leena 28 tablet</i>	\$0 (Tier 1)	
<i>lessina -28 tablet</i>	\$0 (Tier 1)	
<i>levonest -28 tablet</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad eth estrad Ivono-strad 0.15-0.03-0.01, Ivonor-strad 0.1-0.02-0.01</i>	\$0 (Tier 1)	
<i>levonorgestrel-eth estradiol -estra 0.09-0.02 mg, -estrad 0.1-0.02 mg, -estrad 0.15-0.03, -estrad triphasic</i>	\$0 (Tier 1)	
<i>levora-28 -tablet</i>	\$0 (Tier 1)	
<i>lillow -28 tablet</i>	\$0 (Tier 1)	
<i>lo-zumandimine -3 mg-0.02 mg tb</i>	\$0 (Tier 1)	
LOESTRIN 21 1-20 TABLET, 21 1.5-30 TABLET	\$0 (Tier 2)	
LOESTRIN FE 1-20 TABLET, 1.5-30 TABLET	\$0 (Tier 2)	
<i>lojaimiess 0.1-0.02-0.01 tab</i>	\$0 (Tier 1)	
<i>loryna 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
LOSEASONIQUE TABLET	\$0 (Tier 2)	
<i>low-ogestrel --28 tablet</i>	\$0 (Tier 1)	
<i>lutra -28 tablet</i>	\$0 (Tier 1)	
<i>marlissa -28 tablet</i>	\$0 (Tier 1)	
<i>merzee 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	
<i>microgestin 21 1-20 tablet, 21 1.5-30 tab</i>	\$0 (Tier 1)	
<i>microgestin 24 fe 1 mg-20 mcg</i>	\$0 (Tier 1)	
<i>microgestin fe 1-20 tablet, 1.5-30 tab</i>	\$0 (Tier 1)	
<i>mili 0.25-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>mimvey 1-0.5 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MIRCETTE 28 DAY TABLET	\$0 (Tier 2)	
<i>mono-lynyah -28 tablet</i>	\$0 (Tier 1)	
<i>necon 0.5-35-28 tablet</i>	\$0 (Tier 1)	
<i>nikki 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>norethin-eth estra-ferrous fum noret-estr-0.4-0.035(21)-75, norethin-estra-0.8-0.025 mg</i>	\$0 (Tier 1)	
<i>norethindron-ethinyl estradiol norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg</i>	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron --1 mg/20-30-35 mcg, --1-0.02(21)-75 tab, --1-0.02(24)-75 cap, -1.5-0.03mg(21)-75</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg</i>	\$0 (Tier 1)	
<i>nortrel 0.5-35-28 tablet, 1-35 21 tablet, 1-35 28 tablet, 7-7-7-28 tablet</i>	\$0 (Tier 1)	
NUVARING NUVAVAGINAL	\$0 (Tier 2)	
<i>nylia 1-35 28 tablet, 7-7-7-28 tablet</i>	\$0 (Tier 1)	
<i>nymyo 0.25-0.035 mg (28) tab</i>	\$0 (Tier 1)	
<i>ocella 3 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>orsythia -28 tablet</i>	\$0 (Tier 1)	
<i>philith 0.4-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>pimtrea 28 day tablet</i>	\$0 (Tier 1)	
<i>pirmella 1-35 28 tablet, 1-35-28 tablet, 7-7-7-28 tablet</i>	\$0 (Tier 1)	
<i>portia -28 tablet</i>	\$0 (Tier 1)	
PREMPHASE 0.625-5 MG TABLET	\$0 (Tier 2)	
PREMPRO 0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-2.5 MG TABLET, 0.625-5 MG TABLET	\$0 (Tier 2)	
<i>previfem tablet</i>	\$0 (Tier 1)	
<i>reclipsen 28 day tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SEASONIQUE 0.15-0.03-0.01 TAB	\$0 (Tier 2)	
<i>setlakin 0.15 mg-0.03 mg tab</i>	\$0 (Tier 1)	
<i>simliya 28 day tablet</i>	\$0 (Tier 1)	
<i>simpesse 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>sprintec 28 day tablet</i>	\$0 (Tier 1)	
<i>sronyx 0.10-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>syeda 28 tablet</i>	\$0 (Tier 1)	
<i>tarina 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>tarina fe 1-20 eq -tablet</i>	\$0 (Tier 1)	
<i>tarina fe 1-20 tablet</i>	\$0 (Tier 1)	
<i>tilia fe 28 tablet</i>	\$0 (Tier 1)	
<i>tri femynor 28 tablet</i>	\$0 (Tier 1)	
<i>tri-estarylla -tablet</i>	\$0 (Tier 1)	
<i>tri-legest fe --28 day tablet</i>	\$0 (Tier 1)	
<i>tri-linyah -tablet</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla --tablet</i>	\$0 (Tier 1)	
<i>tri-lo-marzia --tablet</i>	\$0 (Tier 1)	
<i>tri-lo-mili --tablet</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec --tablet</i>	\$0 (Tier 1)	
<i>tri-mili -28 tablet</i>	\$0 (Tier 1)	
<i>tri-nymyo -28 tablet</i>	\$0 (Tier 1)	
<i>tri-previfem -tablet</i>	\$0 (Tier 1)	
<i>tri-sprintec -tablet</i>	\$0 (Tier 1)	
<i>tri-vylibra -28 tablet</i>	\$0 (Tier 1)	
<i>tri-vylibra lo -tablet</i>	\$0 (Tier 1)	
<i>trivora-28 -tablet</i>	\$0 (Tier 1)	
TYBLUME 0.1-0.02 MG CHEW TAB	\$0 (Tier 2)	
<i>tydemy 3-0.03-0.451 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>velivet 28 day tablet</i>	\$0 (Tier 1)	
<i>vestura 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>vienva -28 tablet</i>	\$0 (Tier 1)	
<i>viorele 28 day tablet</i>	\$0 (Tier 1)	
<i>volnea 0.15-0.02-0.01 mg tab</i>	\$0 (Tier 1)	
<i>vyfemla 0.4 mg-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>vylibra 28 tablet</i>	\$0 (Tier 1)	
<i>wera 0.5/0.035 mg 28 tablet</i>	\$0 (Tier 1)	
<i>wymzya fe 0.4-0.035 mg chew tb</i>	\$0 (Tier 1)	
YASMIN 28 TABLET	\$0 (Tier 2)	
YAZ 28 TABLET	\$0 (Tier 2)	
<i>zarah tablet</i>	\$0 (Tier 1)	
<i>zovia 1-35 -tablet</i>	\$0 (Tier 1)	
<i>zumandimine 3 mg-0.03 mg tab</i>	\$0 (Tier 1)	
<i>aftera 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>azurette 28 day tablet</i>	\$0 (Tier 1)	
<i>econtra ez 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>econtra one-step -1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>enilloring vaginal</i>	\$0 (Tier 1)	
<i>levonorgestrel 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>my choice 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>my way 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>new day 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>opcicon one-step -1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>option 2 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PLAN B ONE-STEP -1.5 MG TALET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>take action take action 1.5 mg tablet, take action 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>taysofy 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>turqoz -28 tablet</i>	\$0 (Tier 1)	
Progestins		
AYGESTIN 5 MG TABLET	\$0 (Tier 2)	
<i>camila 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>deblitane 0.35 mg tablet</i>	\$0 (Tier 1)	
DEPO-PROVERA -150 MG/ML SYRINGE, -150 MG/ML VIAL	\$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 - SYRINGE	\$0 (Tier 2)	
<i>emzahh 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>errin 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>heather 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>hydroxyprogesterone caproate 1.25 g/5ml</i>	\$0 (Tier 1)	
<i>incassia 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>jencycla 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>lyleq 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>lyza 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml</i>	\$0 (Tier 1)	
<i>megestrol acetate 20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml</i>	\$0 (Tier 1)	
<i>nora-be -tablet</i>	\$0 (Tier 1)	
<i>norethindrone 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>norethindrone ac (lupaneta) norethindrn 5 mg tb</i>	\$0 (Tier 1)	
<i>norethindrone acetate 5 mg tablet</i>	\$0 (Tier 1)	
<i>norlyda 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>progesterone 100 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	
PROVERA 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sharobel 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>tulana 0.35 mg tablet</i>	\$0 (Tier 1)	
Selective Estrogen Receptor Modifying Agents		
DUAVEE 0.45-20 MG TABLET	\$0 (Tier 2)	
EVISTA 60 MG TABLET	\$0 (Tier 2)	
<i>raloxifene hcl 60 mg tablet</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL 5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET	\$0 (Tier 2)	
EUTHYROX 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	\$0 (Tier 2)	
LEVO-T -25 MCG ABLE, -50 MCG ABLE, -75 MCG ABLE, -88 MCG ABLE, -100 MCG ABLE, -112 MCG ABLE, -125 MCG ABLE, -137 MCG ABLE, -150 MCG ABLE, -175 MCG ABLE, -200 MCG ABLE, -300 MCG ABLE	\$0 (Tier 2)	
<i>levothyroxine sodium 25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet</i>	\$0 (Tier 1)	
LEVOXYL 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	\$0 (Tier 2)	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SYNTHROID 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	\$0 (Tier 2)	
TIROSINT 13 MCG CAPSULE, 25 MCG CAPSULE, 37.5 MCG CAPSULE, 44 MCG CAPSULE, 50 MCG CAPSULE, 62.5 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE	\$0 (Tier 2)	
TIROSINT-SOL -SOL 13 MCG/ML SOLN, -SOL 25 MCG/ML SOLN, -SOL 37.5 MCG/ML SOLN, -SOL 44 MCG/ML SOLN, -SOL 50 MCG/ML SOLN, -SOL 62.5 MCG/ML SOLN, -SOL 75 MCG/ML SOLN, -SOL 88 MCG/ML SOLN, -SOL 100 MCG/ML SOLN, -SOL 112 MCG/ML SOLN, -SOL 125 MCG/ML SOLN, -SOL 137 MCG/ML SOLN, -SOL 150 MCG/ML SOLN, -SOL 175 MCG/ML SOLN, -SOL 200 MCG/ML SOLN	\$0 (Tier 2)	
UNITHROID 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	\$0 (Tier 2)	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
LYSODREN 500 MG TABLET	\$0 (Tier 2)	
<i>mifepristone 300 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline 0.5 mg tablet</i>	\$0 (Tier 1)	
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT	\$0 (Tier 2)	PA
FIRMAGON 2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL	\$0 (Tier 2)	
<i>leuprolide acetate 14 mg/2.8 ml kt, 14 mg/2.8 ml vl</i>	\$0 (Tier 1)	PA
<i>leuprolide depot 22.5 mg vial</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (LUPANETA) DEPO 11.25MG, DEPOT 3.75MG	\$0 (Tier 2)	PA
LUPRON DEPOT 3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT, 11.25 MG 3MO KIT, 22.5 MG 3MO KIT, 45 MG 6MO KIT	\$0 (Tier 2)	PA
LUPRON DEPOT-PED -11.25 MG 3MO, -11.25 MG KIT, -15 MG KIT, -30 MG 3MO KIT, -45 MG 6MO KIT, -7.5 MG KIT	\$0 (Tier 2)	PA
<i>octreotide acetate acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial</i>	\$0 (Tier 1)	PA
<i>octreotide acetate er er 20 mg, er 30 mg</i>	\$0 (Tier 1)	PA
ORGOVYX 120 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT 10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL	\$0 (Tier 2)	PA
SIGNIFOR 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SIGNIFOR LAR 10 MG KIT, 10 MG VIAL, 20 MG KIT, 20 MG VIAL, 30 MG KIT, 30 MG VIAL, 40 MG KIT, 40 MG VIAL, 60 MG KIT, 60 MG VIAL	\$0 (Tier 2)	PA
SOMATULINE DEPOT 60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML	\$0 (Tier 2)	PA
SOMAVERT 10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL	\$0 (Tier 2)	PA
SYNAREL 2 MG/ML NASAL SPRAY	\$0 (Tier 2)	
TRELSTAR 3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL	\$0 (Tier 2)	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>propylthiouracil 50 mg tablet</i>	\$0 (Tier 1)	

Immunological Agents

Angioedema Agents

CINRYZE 500 UNIT VIAL, 500 UNIT VIAL-DILUENT	\$0 (Tier 2)	PA, QL (20 PER 30 DAYS)
FIRAZYR 30 MG/3 ML SYRINGE	\$0 (Tier 2)	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	\$0 (Tier 2)	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	\$0 (Tier 2)	PA, QL (18 PER 30 DAYS)
<i>icatibant 30 mg/3 ml syringe</i>	\$0 (Tier 1)	PA, QL (18 PER 30 DAYS)
<i>sajazir 30 mg/3 ml syringe</i>	\$0 (Tier 1)	PA, QL (18 PER 30 DAYS)

Immunoglobulins

ATGAM 50 MG/ML AMPUL	\$0 (Tier 2)	PA
GAMMAGARD LIQUID 10% VIAL	\$0 (Tier 2)	PA
GAMMAGARD S-D -5 G (IGA<1) OLN, -10 G (IGA<1) OL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GAMMAPLEX 5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL	\$0 (Tier 2)	PA
GAMUNEX-C -1 GRAM/10 ML VIAL, - 5 GRAM/50 ML VIAL, -10 GRAM/100 ML VIAL, -20 GRAM/200 ML VIAL, -40 GRAM/400 ML VIAL, -2.5 GRAM/25 ML VIAL	\$0 (Tier 2)	PA
SYNAGIS 50 MG/0.5 ML VIAL, 100 MG/ML VIAL	\$0 (Tier 2)	
THYMOGLOBULIN 25 MG VIAL	\$0 (Tier 2)	PA
Immunological Agents, Other		
ARCALYST 220 MG VIAL	\$0 (Tier 2)	PA
BENLYSTA 120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL	\$0 (Tier 2)	PA
COSENTYX (2 SYRINGES) 300 MG DOSE	\$0 (Tier 2)	PA
COSENTYX SENSOREADY (2 PENS) SNRDY 300MG DOSE-2PEN	\$0 (Tier 2)	PA
COSENTYX SENSOREADY PEN 150 MG	\$0 (Tier 2)	PA
COSENTYX SYRINGE 75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE	\$0 (Tier 2)	PA
COSENTYX UNOREADY PEN 300 MG	\$0 (Tier 2)	PA
DUPIXENT PEN 200 MG/1.14 ML PEN, 300 MG/2 ML PEN	\$0 (Tier 2)	PA
DUPIXENT SYRINGE 100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE	\$0 (Tier 2)	PA
ILARIS 150 MG/ML VIAL	\$0 (Tier 2)	PA
KINERET 100 MG/0.67 ML SYRINGE	\$0 (Tier 2)	PA
NULOJIX 250 MG VIAL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ORENCIA 50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL	\$0 (Tier 2)	PA
ORENCIA CLICKJECT 125 MG/ML	\$0 (Tier 2)	PA
RIDAURA 3 MG CAPSULE	\$0 (Tier 2)	
RINVOQ ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET	\$0 (Tier 2)	PA
RINVOQ LQ 1 MG/ML SOLUTION	\$0 (Tier 2)	PA
SKYRIZI 150 MG/ML SYRINGE, 600 MG/10 ML VIAL	\$0 (Tier 2)	PA
SKYRIZI ON-BODY 180 MG/1.2 ML, 360 MG/2.4 ML	\$0 (Tier 2)	PA
SKYRIZI PEN 150 MG/ML	\$0 (Tier 2)	PA
STELARA 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL	\$0 (Tier 2)	PA
TREMFYA 100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE, 200 MG/20 ML VIAL	\$0 (Tier 2)	PA
TREMFYA PEN 200 MG/2 ML	\$0 (Tier 2)	PA
XELJANZ 1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA
XELJANZ XR 11 MG TABLET, 22 MG TABLET	\$0 (Tier 2)	PA
XOLAIR 75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE	\$0 (Tier 2)	PA
Immunostimulants		
ACTIMMUNE 100 MCG/0.5 ML VIAL	\$0 (Tier 2)	PA
BESREMI 500 MCG/ML SYRINGE	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
PEGASYS 180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Immunosuppressants		
ASTAGRAF XL 0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE	\$0 (Tier 2)	PA
AZASAN 75 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA
<i>azathioprine 50 mg tablet, 75 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	PA
<i>azathioprine sodium 100 mg vial</i>	\$0 (Tier 1)	PA
CELLCEPT 200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL	\$0 (Tier 2)	PA
<i>cyclosporine 25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul</i>	\$0 (Tier 1)	PA
<i>cyclosporine modified 25 mg, 50 mg, 100 mg, 100mg/ml</i>	\$0 (Tier 1)	PA
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (Tier 2)	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS CRH--40MG	\$0 (Tier 2)	PA
CYLTEZO(CF) PEN PEN 40 MG/0.4 ML, PEN 40 MG/0.8 ML	\$0 (Tier 2)	PA
CYLTEZO(CF) PEN PSORIASIS-UV - 40MG	\$0 (Tier 2)	PA
ENBREL 25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE	\$0 (Tier 2)	PA
ENBREL MINI 50 MG/ML CARTRIDGE	\$0 (Tier 2)	PA
ENBREL SURECLICK 50 MG/ML	\$0 (Tier 2)	PA
<i>everolimus 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	PA
<i>gengraf 25 mg capsule, 100 mg capsule, 100 mg/ml solution</i>	\$0 (Tier 1)	PA
HADLIMA 40 MG/0.8 ML SYRINGE	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HADLIMA PUSHTOUCH 40 MG/0.8 ML	\$0 (Tier 2)	PA
HADLIMA(CF) 40 MG/0.4 ML SYRNG	\$0 (Tier 2)	PA
HADLIMA(CF) PUSHTOUCH 40MG/0.4	\$0 (Tier 2)	PA
HUMIRA 40 MG/0.8 ML SYRINGE	\$0 (Tier 2)	PA
HUMIRA PEN 40 MG/0.8 ML	\$0 (Tier 2)	PA
HUMIRA PEN CROHN'S-UC-HS --40 MG	\$0 (Tier 2)	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS --40 MG	\$0 (Tier 2)	PA
HUMIRA(CF) 10 MG/0.1 ML SYRING, CDV 10 MG/0.1ML SYR, 20 MG/0.2 ML SYRING, CDV 20 MG/0.2ML SYR, 40 MG/0.4 ML SYRING, CDV 40 MG/0.4ML SYR	\$0 (Tier 2)	PA
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG, 80MG/0.8	\$0 (Tier 2)	PA
HUMIRA(CF) PEN CDV PEN 40 MG/0.4ML, CDV PEN 80 MG/0.8ML, PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML	\$0 (Tier 2)	PA
HUMIRA(CF) PEN CROHN'S-UC-HS CRHN--80MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS --AHS 80-40	\$0 (Tier 2)	PA
IMURAN 50 MG TABLET	\$0 (Tier 2)	PA
<i>leflunomide 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
<i>methotrexate 1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial</i>	\$0 (Tier 1)	
<i>methotrexate sodium 1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial</i>	\$0 (Tier 1)	
<i>mycophenolate mofetil 200 mg/ml susp, 250 mg capsule, 500 mg tablet, 500 mg vial</i>	\$0 (Tier 1)	PA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mycophenolic acid dr 180 mg, dr 360 mg</i>	\$0 (Tier 1)	PA
MYFORTIC 180 MG TABLET	\$0 (Tier 2)	PA
MYHIBBIN 200 MG/ML SUSPENSION	\$0 (Tier 2)	PA
NEORAL 25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION	\$0 (Tier 2)	PA
PROGRAF 0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE, 5 MG/ML AMPULE	\$0 (Tier 2)	PA
RAPAMUNE 1 MG/ML ORAL SOLN	\$0 (Tier 2)	PA
RENFLEXIS 100 MG VIAL	\$0 (Tier 2)	PA
SANDIMMUNE 25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN	\$0 (Tier 2)	PA
SIMULECT 10 MG VIAL, 20 MG VIAL	\$0 (Tier 2)	PA
<i>sirolimus 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet</i>	\$0 (Tier 1)	PA
<i>tacrolimus 0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir)</i>	\$0 (Tier 1)	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	\$0 (Tier 2)	PA
ZORTRESS 0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET	\$0 (Tier 2)	PA

Vaccines

ABRYSVO ACT-O-VIAL, VIAL, VIAL WITH DILUENT SYRG	\$0 (Tier 2)	
ACTHIB VIAL, WITH DILUENT	\$0 (Tier 2)	
ADACEL TDAP SYRINGE, VIAL	\$0 (Tier 2)	
AREXVY VIAL KIT	\$0 (Tier 2)	
BCG VACCINE (TICE STRAIN) VIAL	\$0 (Tier 2)	
BEXSERO PREFILLED SYRINGE	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BOOSTRIX TDAP SYRINGE, VIAL	\$0 (Tier 2)	
DAPTACEL DTAP VACCINE	\$0 (Tier 2)	
DENGVAXIA VIAL, VIAL WITH DILUENT	\$0 (Tier 2)	
DIPHThERIA-TETANUS TOXOIDS-PED	\$0 (Tier 2)	
ENGERIX-B ADULT -20 MCG/ML SYRN, -20 MCG/ML VIAL	\$0 (Tier 2)	PA
ENGERIX-B PEDIATRIC-ADOLESCENT -10 MCG/0.5 SYRN	\$0 (Tier 2)	PA
ERVEBO (NATIONAL STOCKPILE) 1 ML VIAL (STOCKPILE)	\$0 (Tier 2)	
GARDASIL 9 9 SYRINGE, 9 VIAL	\$0 (Tier 2)	
HAVRIX 720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL, 1,440 UNIT/ML SYRINGE	\$0 (Tier 2)	
HEPLISAV-B -20 MCG/0.5 ML SYRNG	\$0 (Tier 2)	PA
HIBERIX VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL	\$0 (Tier 2)	
IMOVAX RABIES VACCINE VIAL	\$0 (Tier 2)	PA
INFANRIX DTAP SYRINGE	\$0 (Tier 2)	
IPOL VIAL	\$0 (Tier 2)	
IXCHIQ VIAL	\$0 (Tier 2)	
IXIARO 6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR	\$0 (Tier 2)	
JYNNEOS (NATIONAL STOCKPILE) 0.5 ML VIAL(STOCKPILE)	\$0 (Tier 2)	PA
JYNNEOS 0.5 ML VIAL	\$0 (Tier 2)	PA
KINRIX TIP-LOK SYRINGE	\$0 (Tier 2)	
M-M-R II VACCINE --VIAL	\$0 (Tier 2)	
MENACTRA VIAL	\$0 (Tier 2)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MENQUADFI VIAL	\$0 (Tier 2)	
MENVEO A-C-Y-W-135-DIP 1 VIL----- 135-DIP, --- KIT (2 VILS)	\$0 (Tier 2)	
MRESVIA 50 MCG/0.5 ML SYRINGE	\$0 (Tier 2)	
PEDIARIX 0.5 ML SYRINGE	\$0 (Tier 2)	
PEDVAXHIB VACCINE VIAL	\$0 (Tier 2)	
PENBRAYA KIT	\$0 (Tier 2)	
PENTACEL VIAL KIT	\$0 (Tier 2)	
PREHEVBRIO 10 MCG/ML VIAL	\$0 (Tier 2)	PA
PRIORIX VIAL	\$0 (Tier 2)	
PROQUAD VIAL	\$0 (Tier 2)	
QUADRACEL DTAP-IPV -SYRINGE, - VIAL	\$0 (Tier 2)	
RABAVERT VACC W-DILUENT, VACCINE VIAL	\$0 (Tier 2)	PA
RECOMBIVAX HB 5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL	\$0 (Tier 2)	PA
ROTARIX ORAL SYRINGE, SUSPENSION	\$0 (Tier 2)	
ROTATEQ VACCINE	\$0 (Tier 2)	
SHINGRIX VIAL KIT	\$0 (Tier 2)	QL (2 PER 999 OVER TIME)
STAMARIL VIAL	\$0 (Tier 2)	
TDVAX VIAL	\$0 (Tier 2)	PA
TENIVAC SYRINGE, VIAL	\$0 (Tier 2)	PA
TICOVAC 1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE	\$0 (Tier 2)	
TRUMENBA 120 MCG/0.5 ML VACCIN	\$0 (Tier 2)	
TWINRIX VACCINE SYRINGE	\$0 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VAQTA 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL	\$0 (Tier 2)	
VARIVAX VACCINE VIAL, WITH DILUENT	\$0 (Tier 2)	
VAXCHORA VACCINE	\$0 (Tier 2)	
YF-VAX -1 VIAL, -5 VIAL	\$0 (Tier 2)	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO ER 0.375 GRAM CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
ASACOL HD DR 800 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
AZULFIDINE 500 MG TABLET, ENTAB 500 MG	\$0 (Tier 2)	
<i>balsalazide disodium 750 mg cp</i>	\$0 (Tier 1)	
CANASA 1,000 MG SUPPOSITORY	\$0 (Tier 2)	
COLAZAL 750 MG CAPSULE	\$0 (Tier 2)	
DELZICOL DR 400 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
DIPENTUM 250 MG CAPSULE	\$0 (Tier 2)	
LIALDA DR 1.2 GM TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>mesalamine 4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp</i>	\$0 (Tier 1)	
<i>mesalamine 800 mg dr tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>mesalamine dr 400 mg capsule</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	\$0 (Tier 2)	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	\$0 (Tier 2)	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	\$0 (Tier 2)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SFROWASA 4 GM/60 ML ENEMA	\$0 (Tier 2)	
<i>sulfasalazine 500 mg tablet</i>	\$0 (Tier 1)	
<i>sulfasalazine dr 500 mg tab</i>	\$0 (Tier 1)	
Glucocorticoids		
<i>budesonide dr 3 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>budesonide ec 3 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>budesonide er 9 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	\$0 (Tier 1)	
<i>hydrocortisone 2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>procto-med hc -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>procto-pak -1% cream</i>	\$0 (Tier 1)	
<i>proctosol-hc -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>proctozone-hc -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents		
<i>alendronate sodium 10 mg tab</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
ATELVIA DR 35 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
<i>calcitonin-salmon -200 unit spr, -400 unit/2ml</i>	\$0 (Tier 1)	
<i>calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution, 1 mcg/ml vial</i>	\$0 (Tier 1)	
<i>cinacalcet hcl 30 mg tablet, 60 mg tablet, 90 mg tablet</i>	\$0 (Tier 1)	PA
FORTEO 600 MCG/2.4 ML PEN INJ	\$0 (Tier 2)	PA
FOSAMAX 70 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
<i>ibandronate sodium 3 mg/3 ml syringe, 3 mg/3 ml vial</i>	\$0 (Tier 1)	
MIACALCIN 400 UNIT/2 ML VIAL	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NATPARA 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>paricalcitol 1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial</i>	\$0 (Tier 1)	
PROLIA 60 MG/ML SYRINGE	\$0 (Tier 2)	PA
<i>risedronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>risedronate sodium 5 mg tablet, 30 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>risedronate sodium dr 35 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
ROCALTROL 0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN	\$0 (Tier 2)	
SENSIPAR 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	PA
TERIPARATIDE TERIPARATIDE 620 MCG/2.48 ML, TERIPARATIDE 600 MCG/2.4ML PEN	\$0 (Tier 2)	PA
TYMLOS 80 MCG DOSE PEN INJECTR	\$0 (Tier 2)	PA
XGEVA 120 MG/1.7 ML VIAL	\$0 (Tier 2)	PA
ZEMPLAR 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL	\$0 (Tier 2)	
<i>zoledronic acid 4 mg/5 ml vial, 5 mg/100 ml</i>	\$0 (Tier 1)	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>artificial tears drops, gnp drops, gs eye drops, qc drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>atropine sulfate 1% eye drops</i>	\$0 (Tier 1)	
<i>brimonidine tartrate-timolol -0.2%-0.5%</i>	\$0 (Tier 1)	
<i>carboxymethylcellulose sodium 0.5% eye drp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COMBIGAN 0.2%-0.5% EYE DROPS	\$0 (Tier 2)	
COSOPT EYE DROPS	\$0 (Tier 2)	
CYSTADROPS CYSTA0.37% EYE	\$0 (Tier 2)	PA
CYSTARAN 0.44% EYE DROPS	\$0 (Tier 2)	PA
<i>dorzolamide-timolol -eye drops</i>	\$0 (Tier 1)	
GENTEAL TEARS SEVERE 0.3% GEL, 3-94% OIN	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lubricant eye drop 0.5%</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lubricant eye drops 0.5% drops, cvs 0.5% drops, cvs drops, drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lubricant eye ointment</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>lubricant pm gnp</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>lubricating plus gnp lubricat 0.5% drp, gs lubricat 0.5% drps, lubricating 0.5% drps, sm lubricat 0.5% drps</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lubrifresh pm eye ointment</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
MAXITROL EYE OINTMENT	\$0 (Tier 2)	
<i>neo-polycin hc -eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-poly-hc ---eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth --dexamet ointm, --dexameth drop</i>	\$0 (Tier 1)	
REFRESH CELLUVISC 1% EYE GEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REFRESH LACRI-LUBE -OINTMENT	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
REFRESH LIQUIGEL 1% EYE DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REFRESH PLUS 0.5% EYE DROPS	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REFRESH TEARS 0.5% EYE DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RESTASIS 0.05% EYE EMULSION	\$0 (Tier 2)	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05% EYE	\$0 (Tier 2)	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone -10-0.23% eye drops</i>	\$0 (Tier 1)	
TOBRADEX DROPS, OINTMENT	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tobramycin-dexamethasone -ophth susp</i>	\$0 (Tier 1)	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac --eye ointment</i>	\$0 (Tier 1)	
<i>bacitracin 500 unit/gm ophth</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin -eye oint</i>	\$0 (Tier 1)	
BESIVANCE 0.6% SUSP	\$0 (Tier 2)	
<i>ciprofloxacin hcl 0.3% eye drop</i>	\$0 (Tier 1)	
<i>erythromycin 0.5% eye ointment</i>	\$0 (Tier 1)	
<i>gentamicin sulfate 0.3% eye drop</i>	\$0 (Tier 1)	
LACRISERT 5 MG EYE INSERT	\$0 (Tier 2)	
MOXEZA 0.5% EYE DROPS	\$0 (Tier 2)	
<i>moxifloxacin 0.5% drops, 0.5% drp-visc</i>	\$0 (Tier 1)	
NATACYN 5% EYE DROPS	\$0 (Tier 2)	
<i>neo-polycin -eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin --polymix eye oint</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin --eye drop</i>	\$0 (Tier 1)	
OCUFLOX 0.3% EYE DROPS	\$0 (Tier 2)	
<i>ofloxacin 0.3% eye drops</i>	\$0 (Tier 1)	
<i>polycin eye ointment</i>	\$0 (Tier 1)	
<i>polymyxin b sul-trimethoprim -tmp eye drops</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium 10% drops, 10% ointment</i>	\$0 (Tier 1)	
<i>tobramycin 0.3% eye drop</i>	\$0 (Tier 1)	
<i>trifluridine 1% eye drops</i>	\$0 (Tier 1)	
VIGAMOX 0.5% EYE DROPS	\$0 (Tier 2)	
Ophthalmic Anti-allergy Agents		
ALAWAY 0.025% EYE DROPS	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>azelastine hcl 0.05% drops</i>	\$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
CHILDREN'S ALAWAY CHILD'S 0.025% EYE DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>cromolyn sodium 4% eye drops</i>	\$0 (Tier 1)	
<i>epinastine hcl 0.05% eye drops</i>	\$0 (Tier 1)	
<i>eye itch relief 0.025% drops, cvs 0.025% drp, eq 0.025% drop, ra 0.025% drop, sm 0.025% drop</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ketotifen fumarate 0.025% drops, 0.035% drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>olopatadine hcl 0.1% drops, 0.2% drop</i>	\$0 (Tier 1)	
SYSTANE NIGHTTIME EYE OINTMENT	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>zaditor 0.025% (0.035%) drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Ophthalmic Anti-inflammatories		
ACULAR 0.5% EYE DROPS	\$0 (Tier 2)	
ACULAR LS 0.4% OPHTH SOL	\$0 (Tier 2)	
<i>bromfenac sodium 0.07%, 0.09%</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 0.1% eye drop</i>	\$0 (Tier 1)	
<i>diclofenac sodium 0.1% eye drops</i>	\$0 (Tier 1)	
<i>difluprednate 0.05% eye drop</i>	\$0 (Tier 1)	
DUREZOL 0.05% EYE DROPS	\$0 (Tier 2)	
EYSUVIS 0.25% EYE DROPS	\$0 (Tier 2)	PA
<i>fluorometholone 0.1% eye drop</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium 0.03% eye drop</i>	\$0 (Tier 1)	
FML LIQUIFILM 0.1% EYE DROP	\$0 (Tier 2)	
ILEVRO 0.3% OPHTH DROPS	\$0 (Tier 2)	
INVELTYS 1% EYE DROP	\$0 (Tier 2)	
<i>ketorolac tromethamine 0.4%, 0.5%</i>	\$0 (Tier 1)	
PRED FORTE 1% EYE DROPS	\$0 (Tier 2)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PRED MILD 0.12% EYE DROPS	\$0 (Tier 2)	
<i>prednisolone acetate 1% eye drop</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 1% eye drop</i>	\$0 (Tier 1)	
PROLENSA 0.07% EYE DROPS	\$0 (Tier 2)	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5% eye drop</i>	\$0 (Tier 1)	
BETOPTIC S 0.25% DROP, 0.25% DROP	\$0 (Tier 2)	
<i>carteolol hcl 1% eye drops</i>	\$0 (Tier 1)	
ISTALOL 0.5% EYE DROPS	\$0 (Tier 2)	
<i>levobunolol hcl 0.5% eye drops</i>	\$0 (Tier 1)	
<i>timolol maleate 0.25% gel-solution, maleate 0.25% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drop, maleate 0.5% eye drops</i>	\$0 (Tier 1)	
TIMOPTIC 0.25% DROP, 0.5% DROP	\$0 (Tier 2)	
TIMOPTIC OCUDOSE 0.25% DROP, 0.5% DROP	\$0 (Tier 2)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P ALHAGAN 0.1% DROS, ALHAGAN 0.15% EYE DROS	\$0 (Tier 2)	
AZOPT 1% EYE DROPS	\$0 (Tier 2)	
<i>brimonidine tartrate tartrate 0.1% drop, tartrate 0.15% drp, 0.2% eye drop</i>	\$0 (Tier 1)	
<i>brinzolamide 1% eye drops</i>	\$0 (Tier 1)	
<i>dorzolamide hcl 2% eye drops</i>	\$0 (Tier 1)	
<i>pilocarpine hcl 1% drops, 2% drops, 4% drops</i>	\$0 (Tier 1)	
RHOPRESSA 0.02% OPHTH SOLUTION	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
ROCKLATAN 0.02%-0.005% EYE DRP	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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SIMBRINZA 1%-0.2% DROP, 1%-0.2% DROPS	\$0 (Tier 2)	
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Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost 0.03% eye drops</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)
LUMIGAN 0.01% EYE DROPS	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
TRAVATAN Z 0.004% EYE DROP	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
<i>travoprost 0.004% eye drop</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)

Otic Agents

<i>acetic acid 2% ear solution</i>	\$0 (Tier 1)	
CIPRODEX OTIC SUSPENSION	\$0 (Tier 2)	
<i>ciprofloxacin-dexamethasone -otic susp</i>	\$0 (Tier 1)	
<i>flac otic oil 0.01% ear drop</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide oil 0.01% ear drp</i>	\$0 (Tier 1)	
<i>hydrocortisone-acetic acid hydrocortison-acid soln, hydrocortisone-ear drop</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc --ear susp</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hydrocort --hc ear soln</i>	\$0 (Tier 1)	
<i>ofloxacin 0.3% ear drops</i>	\$0 (Tier 1)	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

<i>allergy relief 50 mcg, qc 50 mcg, sm 50 mcg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ARNUIITY ELLIPTA 50 MCG, 100 MCG, 200 MCG	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ASMANEX HFA HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER	\$0 (Tier 2)	QL (13 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ASMANEX TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120	\$0 (Tier 2)	QL (1 PER 30 DAYS)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh</i>	\$0 (Tier 1)	PA
<i>budesonide 32 mcg nasal, cvs 32 mcg, gnp 32 mcg, ra 32 mcg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>flunisolide 0.025% spray</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray</i>	\$0 (Tier 1)	QL (16 PER 30 DAYS), * (Medicaid Benefit Drug), *
<i>fluticasone propionate gnp 50 mcg sp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fluticasone propionate hfa 110 mcg</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)
<i>fluticasone propionate hfa 220 mcg</i>	\$0 (Tier 1)	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg</i>	\$0 (Tier 1)	QL (10.6 PER 30 DAYS)
<i>loratadine 10 mg odt, eq 10 mg odt, gnp 10 mg odt</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mometasone furoate 50 mcg spry</i>	\$0 (Tier 1)	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	\$0 (Tier 2)	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	\$0 (Tier 2)	QL (21.2 PER 30 DAYS)
XHANCE 93 MCG NASAL SPRAY	\$0 (Tier 2)	QL (32 PER 30 DAYS)

Antihistamines

AHIST 25 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ala-hist ir -2 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>all day allergy all day 10 mg tablet, eql all day 10 mg tab, ft ad (cetzn) 10mg tb, gnp all day 10 mg tab, gs all day 10 mg tab, qc all day 10 mg tab, sm all day 1 mg/ml syr, sm all day 10 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>all day allergy relief ft ad (lorat) 10 mg tb, sm all day 10 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ALLER-CHLOR -4 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>aller-ease -180 mg tablet, eql -180 mg tablet, gs -180 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aller-g-time --25 mcaplet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>allergy 4 mg tablet, (loratadine) 10 mg tab, eql 4 mg tablet, gnp 4 mg tablet, sm 4 mg tablet, 10 mg tablet, 25 mg capsule, 25 mg softgel, 25 mg tablet, cvs 25 mg tablet, eql 25 mg tablet, gnp 25 mg tablet, ra 25 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>allergy relief (loratadine) 10 mg tab, cvs (cetzn) 10 mg tab, cvs (fexo) 60 mg tab, cvs (lorat) 10 mg tab, cvs relief 4 mg tablet, cvs relief 25 mg tab, cvs relief 60 mg tab, cvs relief 180 mg tab, eq (lorat) 10 mg tab, eq relief 10 mg tablet, eq relief 25 mg tablet, eq relief 180 mg tab, eql (cetzn) 10 mg tab, eql (diphen) 25 mg tab, eql relief 10 mg tab, eql relief 180 mg tab, ft (chlorphen) 4 mg tb, ft (diphen) 25 mg tab, ft (fexo) 60 mg tablet, ft (fexo) 180 mg tab, gnp relief 4 mg tablet, gnp relief 25 mg lq cp, gnp relief 25 mg tab, gnp relief 50 mg/20 ml, gnp relief 180 mg tab, gs relief 4 mg tablet, gs relief 10 mg tablet, gs relief 25 mg tablet, qc (fexo) 180 mg tab, qc (lorat) 10 mg tab, ra relief 4 mg tablet, ra relief 10 mg tablet, ra relief 180 mg tab, relief 4 mg tablet, relief 10 mg tablet, relief 25 mg capsule, relief 25 mg softgel, relief 25 mg tablet, relief 180 mg tablet, rlf (cetzn) 5 mg tab, rlf (cetzn) 10 mg tab, rlf (fexo) 60 mg tab, sm (fexo) 60 mg tablet, sm relief 25 mg tablet, sw relief 10 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>allergy relief cvs 50 mg/20 ml liq, cvs relief 5 mg/5 ml, gnp relf 5 mg/5 ml sln, relief 5 mg/5 ml soln, relief 12.5 mg/5 ml, relief 25 mg/10 ml, sm relief 12.5 mg/5 ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>azelastine hcl 0.1% (137 mcg) spry, 0.15% nasal spray</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>banophen 25 mg capsule, 25 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>banophen 50 mg capsule</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>cetirizine hcl 1 mg/ml soln, 1 mg/ml syrup, 5 mg chew tab, 5 mg tablet, 5 mg/5 ml cup, 10 mg chew tab, 10 mg tablet, ra 10 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's all day allergy child ergy 1 mg/ml, eql chld er 1 mg/ml, gnp chld er 1 mg/ml, gs child er 1 mg/ml, sm child er 1 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's allergy 5 mg/5 ml soln, eq 5 mg/5 ml sol, ra 5 mg/5 ml sol, sm 5 mg/5 ml sol</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>children's allergy child 12.5 mg/5 ml, child (fexo) 30 mg/5ml, child's 12.5 mg/5 ml, eq child 12.5 mg/5 ml, gnp child 12.5 mg/5 ml, gs child 12.5 mg/5 ml, qc child 12.5 mg/5 ml, qc children's 1 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's allergy relief child allergy relief 1 mg/ml, child allergy rlf 12.5 mg/5 ml, child's allergy 12.5 mg/5 ml, cvs child allergy 12.5 mg/5 ml, cvs child allergy relf 1 mg/ml, cvs child allergy rlf 1 mg/ml, cvs child allergy(fex) 30 mg/5, eq child allergy 12.5 mg/5 ml, eq child allergy relf 1 mg/ml, ft child allergy 12.5 mg/5 ml, ra child allergy relf 1 mg/ml, sm child allergy 12.5 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's allergy relief child rel 12.5 mg/5 ml, child relief 5 mg/5 ml, cvs child 5 mg/5 ml, cvs relief 5 mg/5 ml, eq child relief soln, eq child (lorat) soln, gs child rlf 5 mg/5 ml, ra child 12.5 mg/5 ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>children's cetirizine hcl hcl 1 mg/ml, 5 mg chew tab, 10 mg chew tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's diphenhydramine 12.5 mg/5, 25mg/10ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's loratadine 5 mg/5 ml syr</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's loratadine child 5 mg/5 ml sol, gnp chld 5 mg/5 ml, sm child 5 mg/5 ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>chlorpheniramine maleate 4 mg tablet, er 12 mg tab, qc 4 mg tab, ra 4 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>clemastine fumarate 2.68 mg tablet</i>	\$0 (Tier 1)	PA
<i>complete allergy qc 25 mg cap</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>cyproheptadine hcl 2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syr</i>	\$0 (Tier 1)	PA
<i>desloratadine 5 mg tablet</i>	\$0 (Tier 1)	
<i>diphedryl 12.5 mg/5 ml elixir, gnp 12.5 mg/5 ml elx, ra 12.5 mg/5 ml elix</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>diphenhydramine hcl 12.5 mg/5 ml, 12.5mg/5ml cup, 25 mg caplet, 25 mg tablet, 25 mg/10 ml, 25 mg/10ml cup, 50 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diphenhydramine hcl 25 mg capsule</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>diphenhydramine hcl 50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial</i>	\$0 (Tier 1)	
<i>ed chlorped jr syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fexofenadine hcl 60 mg tablet, qc 180 mg tab, sm 60 mg tab, 180 mg tablet, sm 180 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
HISTEX 2.5 MG/5 ML SYRUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
HISTEX PD 0.938 MG/ML DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>levocetirizine dihydrochloride 5 mg tablet</i>	\$0 (Tier 1)	
<i>loratadine 5 mg/5 ml solution, 10 mg tablet, gnp 10 mg tablet, qc 10 mg tablet, ra 10 mg tablet, sm 5 mg/5 ml syrup, sm 10 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>loratadine 5 mg/5 ml, gnp 5 mg/5 ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>loratadine allergy 5 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>m-dryl -12.5 g/5 l solution</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>olopatadine hcl 665 mcg nasal spry</i>	\$0 (Tier 1)	QL (30.5 PER 30 DAYS)
PEDIACLEAR PD 0.625 MG/ML DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PEDIAVENT 2 MG/5 ML SYRUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pharbedryl 50 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>siladryl 12.5 mg/5 ml liquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>triprolidine hcl 0.938 mg/ml drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Antileukotrienes		
ACCOLATE 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	
<i>montelukast sodium 4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet</i>	\$0 (Tier 1)	
SINGULAIR 4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET	\$0 (Tier 2)	
<i>zafirlukast 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Bronchodilators, Anticholinergic

ATROVENT HFA 17 MCG INHALER	\$0 (Tier 2)	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG INH	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02% soln</i>	\$0 (Tier 1)	PA
<i>ipratropium bromide 0.03% spray</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>ipratropium bromide 0.06% spray</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER 18 MCG CAP	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG, 2.5 MCG	\$0 (Tier 2)	QL (4 PER 30 DAYS)

Bronchodilators, Sympathomimetic

<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	\$0 (Tier 1)	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	\$0 (Tier 1)	QL (36 PER 30 DAYS)
<i>albuterol sulfate sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln</i>	\$0 (Tier 1)	PA
<i>albuterol sulfate sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab</i>	\$0 (Tier 1)	
<i>epinephrine 0.15 mg -injt, 0.3 mg -inject</i>	\$0 (Tier 1)	
PROAIR HFA 90 MCG INHALER	\$0 (Tier 2)	QL (36 PER 30 DAYS)
PROAIR RESPICLICK 90 MCG INHLR	\$0 (Tier 2)	QL (2 PER 30 DAYS)
SEREVENT DISKUS 50 MCG	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	\$0 (Tier 1)	
VENTOLIN HFA 90 MCG INHALER	\$0 (Tier 2)	QL (36 PER 30 DAYS)
XOPENEX HFA 45 MCG INHALER	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Cystic Fibrosis Agents		
KALYDECO 5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
PULMOZYME 1 MG/ML AMPUL	\$0 (Tier 2)	PA
<i>tobramycin 300 mg/5 ml ampule</i>	\$0 (Tier 1)	PA
TRIKAFTA 50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
TRIKAFTA 80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
<i>cromolyn sodium 20 mg/2 ml neb soln</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide 55 mcg nasal spr</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Phosphodiesterase Inhibitors, Airways Disease		
<i>caffeine citrate 60 mg/3 ml oral</i>	\$0 (Tier 1)	
DALIRESP 250 MCG TABLET, 500 MCG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>roflumilast 250 mcg tablet, 500 mcg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
THEO-24 -24 ER 100 MG CAPSULE, -24 ER 200 MG CAPSULE, -24 ER 300 MG CAPSULE, -24 ER 400 MG CAPSULE	\$0 (Tier 2)	
<i>theophylline anhydrous er 300 mg tab, er 450 mg tab</i>	\$0 (Tier 1)	
<i>theophylline er er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Pulmonary Antihypertensives		
ADCIRCA 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ADEMPAS 0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
<i>alyq 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>ambrisentan 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>bosentan 62.5 mg tablet, 125 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LETAIRIS 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OPSUMIT 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
REMODULIN 1 MG/ML VIAL, 2.5 MG/ML VIAL, 5 MG/ML VIAL, 10 MG/ML VIAL	\$0 (Tier 2)	PA
<i>sildenafil citrate 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TRACLEER 62.5 MG TABLET, 125 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>treprostinil 20 mg/20 ml vial, 50 mg/20 ml vial, 100 mg/20 ml vial, 200 mg/20 ml vial</i>	\$0 (Tier 1)	PA
VENTAVIS 10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET 267 MG CAPSULE, 267 MG TABLET	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
OFEV 100 MG CAPSULE, 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>pirfenidone 267 mg capsule, 267 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Respiratory Tract Agents, Other		
<i>acetylcysteine 10% vial, 20% vial</i>	\$0 (Tier 1)	PA
ADVAIR HFA HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER	\$0 (Tier 2)	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG INH	\$0 (Tier 2)	QL (60 PER 30 DAYS)
BREO ELLIPTA 50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>breyana 80-4.5 mcg, 160-4.5 mcg</i>	\$0 (Tier 1)	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE INHALER	\$0 (Tier 2)	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate -80-4.5, -160-4.5</i>	\$0 (Tier 1)	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	\$0 (Tier 2)	QL (8 PER 30 DAYS)
<i>cromolyn sodium nasal spray</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DULERA 50 MCG-5 MCG INHALER, 100 MCG-5 MCG INHALER, 200 MCG-5 MCG INHALER	\$0 (Tier 2)	QL (39 PER 30 DAYS)
FASENRA 10 MG/0.5 ML SYRINGE, 30 MG/ML SYRINGE	\$0 (Tier 2)	PA
FASENRA PEN 30 MG/ML	\$0 (Tier 2)	PA
<i>fluticasone-salmeterol -100-50, -250-50, -500-50</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol -55-14, -113-14, -232-14</i>	\$0 (Tier 1)	QL (1 PER 30 DAYS)
<i>guaifenesin-dextromethorphan -100-10 mg/5 ml, -200-20 mg/10 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ipratropium-albuterol -0.5-3(2.5) mg/3 ml</i>	\$0 (Tier 1)	PA
LAGEVRIO (COMMERCIAL)	\$0 (Tier 2)	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	\$0 (Tier 2)	
ORALAIR 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PAXLOVID 150-100 MG DOSE PACK	\$0 (Tier 2)	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	\$0 (Tier 2)	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 gm inhalation vial</i>	\$0 (Tier 1)	
<i>siltussin dm cough syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
STIOLTO RESPIMAT INHAL SPRAY, INHALER (10), INHALER (60)	\$0 (Tier 2)	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25, 200-62.5-25	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>tussin dm 20-200 mg/10 ml liq, cvs liquid, eql cough-chest syr, gnp syrup, gs cough syrup, gs liquid, liquid, qc liquid, ra liquid, ra syrup, sm liquid, sm syrup, syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tussin dm clear gnp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>wixela inhub 100, 250, 500</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>methocarbamol 500 mg tablet, 750 mg tablet</i>	\$0 (Tier 1)	

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
DAYVIGO 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl 3 mg tablet, 6 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>ramelteon 8 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ROZEREM 8 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SILENOR 3 MG TABLET, 6 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tasimelteon 20 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>temazepam 15 mg capsule, 30 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
<i>armodafinil 50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
LUMRYZ ER 4.5 GM PACKET, ER 6 GM PACKET, ER 7.5 GM PACKET, ER 9 GM PACKET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK 4.5-6-7.5 GM PK	\$0 (Tier 2)	PA, QL (28 PER 28 DAYS)
<i>modafinil 100 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET, 150 MG TABLET, 200 MG TABLET, 250 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate 0.5 g/ml soln</i>	\$0 (Tier 1)	PA, QL (540 PER 30 DAYS)

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

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Upper Peninsula Health Plan (UPHP) Nondiscrimination Notice

Upper Peninsula Health Plan (UPHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

UPHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact UPHP Customer Service at 1-877-349-9324 (TTY: 711).

If you believe that UPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with UPHP by mail, phone or fax at:

UPHP Customer Service
853 W. Washington Street
Marquette, MI 49855

Phone: 1-877-349-9324 (TTY: 711)
Fax 1-906-225-7690.

If you need help filing a grievance, UPHP Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert Multi-language Assistance Services

We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. Someone who speaks English can help you. This is a free service.

لدينا خدمات مترجم فوري مجانية لإجابة أي أسئلة قد تكون لديك بخصوص خططنا الصحية أو الدوائية. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم 1-877-349-9324 (الهاتف النصي: 711)، من الاثنين إلى الجمعة بداية من الساعة 8 صباحًا حتى 9 مساءً بالتوقيت الشرقي. بإمكان شخص يتحدث العربية تقديم المساعدة إليك. هذه خدمة مجانية.

Nous disposons de services d'interprètes gratuits pour répondre à vos questions concernant votre santé ou votre programme de remboursement des médicaments. Pour trouver un interprète, appelez-nous simplement au 1 877 349 9324 (TTY: 711), du lundi au vendredi de 8 h à 21 h Heure de l'est (Eastern Time). Une personne qui parle français peut vous aider. Ceci est un service gratuit.

Zur Beantwortung Ihrer Fragen zu unserem Gesundheits- oder Medikamentenplan bieten wir Ihnen einen kostenlosen Dolmetscherdienst an. Um mit einem Dolmetscher zu sprechen, rufen Sie uns bitte unter der Nummer 1-877-349-9324 (TTY: 711) an, unsere Sprechzeiten sind von Montag bis Freitag von 8 Uhr bis 21 Uhr Ortszeit (Eastern Time). Jemand, der Deutsch spricht, wird Sie unterstützen. Diese Dienstleistung ist kostenlos.

Nou genyen sèvis entèprèt gratis pou reponn nenpòt kesyon ke w ta kapab genyen konsènan plan sante ak medikaman nou yo. Pou w jwenn yon entèprèt, jis rele nou nan 1-877-349-9324 (TTY: 711) Lendi jiska Vandredi soti 8h am rive 9h pm, Lè Lès. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Sa a se yon sèvis ki gratis.

हमारे हेल्थ या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे यहां मुफ्त इंटरप्रेटर सेवाएं उपलब्ध हैं। इंटरप्रेटर सेवा प्राप्त करने के लिए, आपको हमें बस सोमवार से शुक्रवार सुबह 8 बजे से लेकर रात 9 बजे के बीच पूर्वी समय अनुसार 1-877-349-9324 (TTY: 711) पर कॉल करनी है। ऐसा कोई व्यक्ति जो बात करता हो हिन्दी आपकी सहायता कर सकता है। यह एक मुफ्त सेवा है।

Disponiamo di servizi di interpretariato gratuiti per rispondere a qualsiasi domanda tu possa avere sul nostro piano sanitario o terapeutico. Per avvalerti di un interprete, chiamaci al numero 1-877-349-9324 (TTY: 711), dal lunedì al venerdì, dalle 08:00 alle 21:00 fuso orario della costa orientale (Eastern Time). Può aiutarti una persona che parla italiano. Questo servizio è gratuito.

当社の健康プランや薬のプランに関するご質問にお答えするため、無料の通訳サービスをご用意しております。通訳サービスをご利用いただくには、1-877-349-9324 (TTY: 711) にご連絡ください。月曜日から金曜日の午前 8 時から午後 9 時まで (東部時間)。日本語を話せる人がお手伝いします。こちらのサービスは無料です。

건강 또는 의약품 플랜에 대한 질문에 답변드리기 위해 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 받으려면, 동부시간(Eastern Time) 기준 월요일부터 금요일까지 오전 8 시부터 오후 9 시까지 1-877-349-9324 (TTY: 711)로 전화하세요. 한국어 구사하는 사람이 도와드릴 수 있습니다. 이 서비스는 무료입니다.

Oferujemy bezpłatne usługi tłumaczeń ustnych na wypadek ewentualnych pytań dotyczących naszego programu zdrowotnego lub leków. Aby skorzystać z pomocy tłumacza ustnego, wystarczy zadzwonić do nas pod numer 1-877-349-9324 (TTY: 711) od poniedziałku do piątku, w godzinach od 8:00 do 21:00 czasu wschodniego (Eastern Time). Osoba mówiąca w języku polskim będzie w stanie Państwu pomóc. Ta usługa jest darmowa.

Oferecemos serviços de intérprete gratuitos para responder a quaisquer perguntas que você possa ter sobre nosso plano de saúde ou de medicamentos. Para obter um intérprete, ligue para 1-877-349-9324 (Teletipo: 711), de segunda a sexta-feira, das 8h às 21h, horário da costa leste dos EUA (Eastern Time). Alguém que fale português poderá ajudar você. Este serviço é gratuito.

Мы предоставляем бесплатные услуги устного перевода, которые помогут вам получить ответы на любые вопросы о планах медицинского и лекарственного страхования. Чтобы воспользоваться услугами устного переводчика, просто позвоните нам по номеру 1-877-349-9324 (TTY: 711) с понедельника по пятницу с 08:00 до 21:00 по североамериканскому восточному времени (Eastern Time). Лицо, которое разговаривает на русском, может помочь вам. Эта услуга оказывается бесплатно.

Mayroon kaming mga libreng serbisyo ng interpreter para sagutin ang anumang tanong na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Para makakuha ng interpreter, tumawag lang sa amin sa 1-877-349-9324 (TTY: 711), Lunes hanggang Biyernes mula 8 a.m. to 9 p.m. Eastern Time. Maaaring makatulong sa iyo ang taong nagsasalita ng Tagalog. Libreng serbisyo ito.

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình bảo hiểm sức khỏe hoặc thuốc men của chúng tôi. Để yêu cầu có thông dịch viên, hãy gọi cho chúng tôi theo số 1-877-349-9324 (TTY: 711), Thứ Hai đến Thứ Sáu, từ 8 giờ sáng đến 9 giờ tối, múi giờ Miền Đông. Sẽ có người nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

我们提供免费的口译服务，可为您解答您对于我们的健康计划或药品计划可能有的任何疑问。如需获取口译服务，请在星期一至星期五的上午 8 点至晚上 9 点（东部时间）致电 1-877-349-9324 (TTY: 711) 联系我们。会有说中文的口译员协助您。此服务免费。

Disponemos de servicios gratuitos de interpretación para responder a cualquier pregunta que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, llámenos al 1-877-349-9324 (TTY: 711), de lunes a viernes de 8 a.m. a 9 p.m. hora del este. Una persona que habla español puede ayudarlo. Este es un servicio gratuito.



Upper Peninsula Health Plan (UPHP) MI Health Link
(Medicare – Medicaid Plan)
2024 Formulary
(List of Covered Drugs)

No changes made since 12/01/2024

For more recent information or other questions, contact UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. For more information visit www.uphp.com/medicare/uphp-mi-health-link.



If you have questions, please call UPHP MI Health Link at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free. **For more information**, visit www.uphp.com/medicare/uphp-mi-health-link.