



Upper Peninsula Health Plan (UPHP)
MI Health Link
(Medicare – Medicaid Plan)
2025 Formulary
(List of Covered Drugs)

HPMS Submission ID 00025016, Version 8

**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) | 2025 *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

For more recent information or other questions, contact us at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time or 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.

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.



- ❖ 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 at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time 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* in section C 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:

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- your doctor or other prescriber says you need them to get better or stay healthy, **and**
- 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, ask your Care Coordinator for help, 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 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 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. Updates to the *Drug List* are posted on the website monthly.
- 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.

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

Some changes to the *Drug List* will happen **immediately**.

For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on

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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.
- We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
- 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 effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a

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notice after we make the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Customer Service UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time or contact your Care Coordinator to ask for a list of covered drugs (*Drug List*) that treat the same condition.
 - The *Drug List* can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to Chapter 9 of the 2025 *Member Handbook* (section F3) 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.
 - If you need help asking for an exception, you can contact UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time or your Care Coordinator. Refer to Chapter 2 (section A) and Chapter 3 (section C2) of

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the *Member Handbook* to learn more about how to contact your Care Coordinator.

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 remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
 - we remove an original biological product when adding a biosimilar, or
 - we 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.

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

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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.
- **Indication-based coverage:** If UPHP MI Health Link covers a drug only for some medical conditions, we clearly identify if on the *Drug List* along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables in section C. 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 PA and

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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 in section C 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 section B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

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

There are two ways to find a drug:

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

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To search **alphabetically**, refer to the Index of Covered Drugs section. You can find the index starting on page 384. 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” in section C. 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

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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**
- 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.

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- 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:

Prime Therapeutics

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.



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

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 generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

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

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just

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as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. 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.

B16. Does UPHP MI Health Link cover non-drug OTC products?

UPHP MI Health Link covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include spacers for inhalers, condoms, Covid-19 home test kits, etc.

You can read the UPHP MI Health Link *Drug List* to find out what non-drug OTC products are covered.

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B17. 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.

B18. 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 in section D. 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*).

The information in the necessary actions, restrictions, or limits on use column tells you if UPHP MI Health Link has

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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

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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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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Analgesics		
<i>8 hour acetaminophen er 650 mg</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, 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>acetaminophen 120 mg suppos, 160 mg/5 ml cup, 160 mg/5 ml liq, 160 mg/5 ml soln, 325 mg gelcap, 325 mg tablet, 325 mg/10.15 ml, 500 mg caplet, 500 mg gelcap, 500 mg tablet, 650 mg suppos, 650mg/20.3ml cup</i>	\$0 (Tier 1)	(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</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>arthritis pain gs er 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>arthritis pain relief er 650 mg caplt, qc er 650 mg, sm er 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>arthritis pain reliever sm 650 mg tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aspirin 81 mg chewable tablet, 325 mg tablet, ft 325 mg tablet, gnp 325 mg tablet, gs 81 mg chewable tab, gs 325 mg tablet, qc 81 mg chewable tab, 300 mg suppository, qc 325 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aspirin ec ec 81 mg tablet, ec 325 mg tablet, ft ec 81 mg tablet, ft ec 325 mg tablet, gnp ec 81 mg tablet, qc ec 81 mg tablet, qc ec 325 mg tablet, sm ec 81 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aspirin regimen 81 mg ec 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>buffered aspirin 325 mg tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's acetaminophen chld 160 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's aspirin 81 mg tab chew, sm 81 mg chw tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's mapap 80 mg tab chw</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's pain relief qc rlf 160 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's pain reliever sm child's susp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's pain-fever child -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), *
FEVERALL 80 MG, 120 MG, 325 MG, 650 MG	\$0 (Tier 2)	(Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>infant pain-fever -160 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>infants' acetaminophen 160 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>infants' pain-fever gs infant - 160 mg/5, infant -160 mg/5 ml, 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 1)	(Medicaid Benefit Drug), *
<i>mapap 500 mg capsule</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nicotine lozenge 4 mg, ft 4 mg, gnp 4 mg, gs 4 mg, sm 4 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>non-aspirin -325 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>non-aspirin extra strength -500 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>non-aspirin pain relief -500 mg caplet, -500 mg gelcap, -pain relief tb</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pain relief 325 mg tablet, ft 325 mg tablet, 500 mg caplet, 500 mg gelcap, 500 mg tablet, ft 500 mg gelcap, ft 500 mg tablet, gs 325 mg tablet, gs 500 mg caplet, gs 500 mg tablet, gs er 650 mg cplt, qc 325 mg tablet, qc 500 mg caplet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pain relief extra strength 500 mg caplet, 500 mg gelcap</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pain reliever sm 325 mg tablet, 500 mg caplet, 500 mg tablet, sm 500 mg caplet, sm 500 mg tablet, sm er 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pharbetol 325 mg tablet, 500 mg caplet, 500 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>st. joseph aspirin 81 mg chew</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tension headache caplet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tri-buffered aspirin -325 mg tb</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 19.

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

<i>butalbital-acetaminophen - acetaminophen 50-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen-caffeine --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)
ESGIC 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
<i>tencon 50-325 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ZEBUTAL 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)

Nonsteroidal Anti-inflammatory Drugs

<i>all day pain relief ft 220 mg caplet, relief 220 mg tab, rlf 220 mg caplet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>all day relief 220 mg caplet, 220 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
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 100 mg/5ml cup, child ibuprofen 200mg/10ml cup, children ibuprof 100mg/5ml cup, children ibuprofen 100 mg/5 ml, ft child ibuprofen 100 mg/5 ml, gs child ibuprofen 100 mg/5 ml, qc child ibuprofen 100 mg/5 ml, sm child ibuprofen 100 mg/5 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 1.5% topical soln</i>	\$0 (Tier 1)	PA
<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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
<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 19.

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</i>	\$0 (Tier 1)	
<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 ft 200 mg mini sfgl, gnp 100 mg chew tab, 200 mg caplet, 200 mg capsule, 200 mg softgel, 200 mg tablet, ft 200 mg caplet, ft 200 mg softgel, ft 200 mg tablet, gnp 200 mg mini sfgl, gnp 200 mg softgel, gnp 200 mg tablet, gs 100 mg chew tab, gs 200 mg caplet, gs 200 mg liquid gel, gs 200 mg softgel, gs 200 mg tablet, jr str 100 mg tb chw, qc 200 mg caplet, qc 200 mg mini sfgl, qc 200 mg tablet, sm 200 mg caplet, sm 200 mg softgel, sm 200 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ibuprofen ib ft 100 mg chew tb, 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>indomethacin er 75 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>infant's ibuprofen gs inf 50 mg/1.25 ml, infant 50 mg/1.25 ml, sm inf 50 mg/1.25 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>infants' ibuprofen 50 mg/1.25 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ketorolac tromethamine 10 mg tablet</i>	\$0 (Tier 1)	
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>naproxen sodium ft sodium 220 mg cap, gnp sod 220 mg caplet, gnp sod 220 mg tablet, gs sod 220 mg caplet, gs sod 220 mg tablet, qc sod 220 mg caplet, qc sod 220 mg tablet, sm sod 220 mg caplet, 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)
<i>sulindac 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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)
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
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)
<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)
<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)
<i>levorphanol tartrate 2 mg tablet, 3 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methadone hcl 10 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<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)
<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)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine -#2 tablet, -#3 tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine -#4 tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>butorphanol tartrate 10 mg/ml spray</i>	\$0 (Tier 1)	QL (48 PER 30 DAYS)
<i>codeine sulfate 15 mg tablet, 30 mg tablet, 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>endocet 10-325 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>endocet 2.5-325 mg tablet, 5-325 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<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)
<i>hydrocodone-acetaminophen - 10-300 mg, -10-325 mg, -7.5-300, -7.5-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen - 5-300 mg, -5-325 mg</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocodone-ibuprofen -5-200 mg, -10-200, -7.5-200</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml solution, 5 mg/5 ml soln</i>	\$0 (Tier 1)	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl 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
<i>hydromorphone hcl 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>morphine sulfate 10 mg/5 ml cup, 10 mg/5 ml soln</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS)
<i>morphine sulfate 100 mg/5 ml conc</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>morphine sulfate 20 mg/5 ml soln</i>	\$0 (Tier 1)	QL (1350 PER 30 DAYS)
<i>morphine sulfate ir 15 mg tab</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
<i>oxycodone hcl (ir) 5 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen - 10-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen - acetaminophen 5-325, - acetaminophn 2.5-325</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen - acetaminophn 7.5-325</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen - acetaminophn 37.5-325</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Local Anesthetics

<i>dermacinrx lidocan 5% patch</i>	\$0 (Tier 1)	PA, QL (90 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)
<i>lidocaine hcl 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lidocan iv 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>lidocan v 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
LIDODERM 5% PATCH	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
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)
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 -8-2mg 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)
VIVITROL 380 MG VIAL, 380 MG VIAL-DILUENT	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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</i>	\$0 (Tier 1)	
<i>naloxone hcl 4 mg nasal spray</i>	\$0 (Tier 1)	*
NARCAN 4 MG NASAL SPRAY	\$0 (Tier 2)	
OPVEE 2.7 MG NASAL SPRAY	\$0 (Tier 2)	

Smoking Cessation Agents

<i>bupropion hcl sr 150 mg tablet</i>	\$0 (Tier 1)	
<i>nicoderm cq 21 mg/24hr patch</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nicotine gum 2 mg, gnp 2 mg, 4 mg, gnp 4 mg, gs 2 mg, gs 4 mg, sm 2 mg, sm 4 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nicotine lozenge 2 mg, 2 mg mini, ft 2 mg, gnp 2 mg, gnp 2 mg mini, 4 mg mini, gnp 4 mg mini, gs 2 mg, gs 2 mg mini, gs 4 mg mini, sm 2 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nicotine patch 7 mg/24hr patch, 21 mg/24hr patch, gnp 21 mg/24hr patch, sm 7 mg/24hr patch, 14 mg/24hr patch, sm 14 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Anti-Obesity Agents, Other

ADIPEX-P ADIEX-37.5 MG TABLET	\$0 (Tier 2)	PA, (Medicaid Benefit Drug), *
<i>benzphetamine hcl 50 mg tablet</i>	\$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 1)	PA, (Medicaid Benefit Drug), *
<i>phendimetrazine tartrate er 105 mg cap</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>phentermine hcl 15 mg capsule, 30 mg capsule, 37.5 mg capsule, 37.5 mg tablet</i>	\$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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SAXENDA 18 MG/3 ML PEN	\$0 (Tier 2)	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 2)	PA, (Medicaid Benefit Drug), *
XENICAL 120 MG CAPSULE	\$0 (Tier 2)	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)	
ARIKAYCE 590 MG/8.4 ML VIAL	\$0 (Tier 2)	PA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate 80 mg/2 ml vial, 800 mg/20 ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
HUMATIN 250 MG CAPSULE	\$0 (Tier 2)	
<i>neomycin sulfate 500 mg tablet</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)	
CLEOCIN 2% VAGINAL CREAM	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
<i>tigecycline 50 mg vial</i>	\$0 (Tier 1)	
<i>tinidazole 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
<i>trimethoprim 100 mg tablet</i>	\$0 (Tier 1)	
TYGACIL 50 MG VIAL	\$0 (Tier 2)	
<i>vancomycin hcl 1 gm add-van vial, 1 gm vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
ZYVOX 100 MG/5 ML SUSPENSION, 600 MG TABLET	\$0 (Tier 2)	PA
ZYVOX 600 MG/300 ML-D5W	\$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-vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefazolin sodium-dextrose 1 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)	
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ceftazidime 1 gm vial, 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)	
<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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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/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 advantage vl, 1 gm vial, 10 gm bottle, 10 gm vial</i>	\$0 (Tier 1)	
<i>ampicillin trihydrate 500 mg capsule</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ampicillin-sulbactam -sulb 3 gm add vial, -sulbactam 3 gm vial</i>	\$0 (Tier 1)	
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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>penicillin g sodium na 5 million unit</i>	\$0 (Tier 1)	
<i>penicillin gk-iso-osm dextrose 2 million unit/50 ml, 3 million unit/50 ml</i>	\$0 (Tier 1)	
<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 GALAXY BAG	\$0 (Tier 2)	
Carbapenems		
<i>ertapenem 1 gram vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
ERYTHROCIN LACTOBIONATE 500 MG ADDVAN VIAL, LACT 500 MG VIAL	\$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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>erythromycin ethylsuccinate</i> 200 mg/5 ml, 400 mg/5 ml	\$0 (Tier 1)	
<i>erythromycin lactobionate</i> 500 mg vial	\$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 hcl</i> 250 mg tab, 500 mg tab, 750 mg tab	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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, 750 mg tablet</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)	
Sulfonamides		
BACTRIM 400-80 MG TABLET	\$0 (Tier 2)	
BACTRIM DS TABLET	\$0 (Tier 2)	
<i>sulfadiazine 500 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sulfamethoxazole-trimethoprim -20 ml cup, -ds tablet, -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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Anticonvulsants

Anticonvulsants, Other

BRIVIACT 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	\$0 (Tier 2)	
DEPAKOTE DR 125 MG TABLET, DR 250 MG TABLET, DR 500 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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	\$0 (Tier 2)	QL (680 PER 28 DAYS)
FYCOMPA 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
KEPPRA 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET	\$0 (Tier 2)	
LAMICTAL (BLUE) TAB START KIT	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
<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, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>levetiracetam er er 500 mg tablet, er 750 mg tablet</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>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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

CELONTIN 300 MG CAPSULE	\$0 (Tier 2)	
<i>ethosuximide 250 mg capsule, 250 mg/5 ml soln</i>	\$0 (Tier 1)	
<i>methsuximide 300 mg capsule</i>	\$0 (Tier 1)	
ZARONTIN 250 MG CAPSULE	\$0 (Tier 2)	

Gamma-aminobutyric Acid (GABA) Modulating 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
<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 packt, 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>vigadrone 500 mg powder packet, 500 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
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)	PA, QL (1100 PER 30 DAYS)

Sodium Channel Agents

APTIOM 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
APTIOM 600 MG TABLET, 800 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>carbamazepine er er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet</i>	\$0 (Tier 1)	
CARBATROL ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE	\$0 (Tier 2)	
DILANTIN DILANTIN 30 MG CAPSULE, DILANTIN 100 MG CAPSULE, DILANTIN 100 MG CAPSULE, DILANTIN 50 MG INFATAB	\$0 (Tier 2)	
DILANTIN-125 MG/5 ML SUSP	\$0 (Tier 2)	
<i>epitol 200 mg tablet</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</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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	\$0 (Tier 2)	
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)	
ZONEGRAN 25 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
REMERON 15 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 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)

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>tranylcypromine sulfate 10 mg tab</i>	\$0 (Tier 1)	
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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)
CYMBALTA 30 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desvenlafaxine succinate er er 25 mg, 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
<i>venlafaxine hcl er 75 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
VIIBRYD 10 MG TABLET, 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>protriptyline hcl 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cp</i>	\$0 (Tier 1)	

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl 10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>prochlorperazine maleate 5 mg tablet, 10 mg tab</i>	\$0 (Tier 1)	
<i>promethazine hcl 6.25 mg/5 ml cup, 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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>granisetron hcl 1 mg tablet</i>	\$0 (Tier 1)	PA
<i>ondansetron hcl 4 mg/5 ml soln cup, 4 mg/5 ml solution, hcl 4 mg tablet, hcl 8 mg tablet</i>	\$0 (Tier 1)	
<i>ondansetron odt odt 4 mg tablet, odt 8 mg tablet</i>	\$0 (Tier 1)	

Antifungals

<i>3 day vaginal qc 4% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
3-DAY VAGINAL CREAM 3-CREAM, SM 3-CREAM	\$0 (Tier 2)	(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%, sm 1%</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>antifungal cream 1%, ft 1%, qc 1%, sm 1%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>athlete's foot 1%, ft 1%, gnp 1%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>baza antifungal 2% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
CANCIDAS IV 50 MG VIAL, IV 70 MG VIAL	\$0 (Tier 2)	
<i>casprofungin 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)	
<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% topical, tm-1% top</i>	\$0 (Tier 1)	*

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clotrimazole 1% vaginal, qc 1% vag, sm 1% vag</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>clotrimazole-3 -2% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
CRESEMBA 74.5 MG CAPSULE, 186 MG CAPSULE, 372 MG VIAL	\$0 (Tier 2)	PA
DIFLUCAN 40 MG/ML SUSPENSION, 100 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)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
LOPROX 1% SHAMPOO	\$0 (Tier 2)	
<i>micafungin 50 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
<i>micafungin-0.9% nacl 50 mg/50ml, 100 mg/100, 150 mg/150</i>	\$0 (Tier 1)	
<i>miconazole 1 1 combination, gnp 1 combo</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>miconazole 3 3, gs 3, sm 3</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>miconazole 7 7 100 mg vag supp, 7 cream, gs 7 cream, sm 7 100 mg vag sup, sm 7 cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>miconazole nitrate 2% topical cream, 2% vaginal cream, nitrate 2% solution, sm 2% topical cream, sm 2% vaginal cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>miconazole-7 qc</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>micotrin ac 1% topical cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>mycozyl ac 1% topical cream</i>	\$0 (Tier 1)	(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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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% cream</i>	\$0 (Tier 1)	(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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tioconazole-1 sm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tolnaftate 1% cream, 1% powder, 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>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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

<i>dihydroergotamine mesylate 4 mg/ml spry</i>	\$0 (Tier 1)	PA, QL (8 PER 28 DAYS)
<i>ergotamine-caffeine -1-100mg tb</i>	\$0 (Tier 1)	
MIGRANAL NASAL SPRAY	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists

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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EMGALITY SYRINGE 120 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 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 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Parasympathomimetics

MESTINON 60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN	\$0 (Tier 2)
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<i>pyridostigmine bromide 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet</i>	\$0 (Tier 1)
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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)
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MYCOBUTIN 150 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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, 300 mg tablet</i>	\$0 (Tier 1)	
PRIFTIN 150 MG TABLET	\$0 (Tier 2)	
<i>pyrazinamide 500 mg tablet</i>	\$0 (Tier 1)	
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Alkylating Agents

<i>cyclophosphamide 25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet</i>	\$0 (Tier 1)	PA
GLEOSTINE 10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	
MATULANE 50 MG CAPSULE	\$0 (Tier 2)	PA
VALCHLOR 0.016% GEL	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
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 19.

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

Antiestrogens/Modifiers

FARESTON 60 MG TABLET	\$0 (Tier 2)	
ORSERDU 345 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>mercaptopurine 50 mg tablet</i>	\$0 (Tier 1)	
PURIXAN 20 MG/ML ORAL SUSP	\$0 (Tier 2)	
Antineoplastics, Other		
HYDREA 500 MG CAPSULE	\$0 (Tier 2)	
<i>hydroxyurea 500 mg capsule</i>	\$0 (Tier 1)	
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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IWILFIN 192 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
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 5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab</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)
LYSODREN 500 MG TABLET	\$0 (Tier 2)	
NIPENT 10 MG VIAL	\$0 (Tier 2)	
ONUREG 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (14 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ORGOVYX 120 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)
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)	
AROMASIN 25 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ALECENSA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
DAURISMO 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JAYPIRCA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
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)
<i>lapatinib 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	\$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 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
NINLARO 2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PIQRAY 200 MG DAILY DOSE PACK	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
SCSEMBLIX 100 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
TABRECTA 150 MG TABLET, 200 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
TAGRISSEO 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)
TASIGNA 50 MG CAPSULE, 150 MG CAPSULE, 200 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TAZVERIK 200 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
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)
<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)
TYKERB 250 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VANFLYTA 17.7 MG TABLET, 26.5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 1)	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	\$0 (Tier 1)	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XOSPATA 40 MG TABLET	\$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)
ZYKADIA 150 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
Monoclonal Antibody/Antibody-Drug Conjugate		
KANJINTI 150 MG VIAL, 420 MG VIAL, 420 MG VIAL W-DILUENT	\$0 (Tier 2)	PA
MVASI 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ONTRUZANT 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA
RIABNI 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
RUXIENCE 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
TRAZIMERA 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA
ZIRABEV 100 MG/4 ML VIAL, 400 MG/16 ML 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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tretinoin 10 mg capsule</i>	\$0 (Tier 1)	PA
Treatment Adjuncts		
MESNEX 400 MG TABLET	\$0 (Tier 2)	
Antiparasitics		
Anthelmintics		
<i>albendazole 200 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)	
STROMECTOL 3 MG TABLET	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 100 mg tab, 200 mg tab, 300 mg tab, 400 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>trihexyphenidyl hcl 2 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	PA
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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>aripiprazole odt odt 10 mg tablet, odt 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
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)	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>risperidone 4 mg tablet</i>	\$0 (Tier 1)	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ISENTRESS HD 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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 600 mg tablet</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 400 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFIA 600-300-300 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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SYMFI LO 400-300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
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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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<i>abacavir 300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
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<i>abacavir-lamivudine -600-300 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
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CIMDUO 300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
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COMPLERA TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
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DESCOVY 120-15 MG TABLET, 200-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
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<i>emtricitabine 200 mg capsule</i>	\$0 (Tier 1)	QL (30 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 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIREAD POWDER	\$0 (Tier 2)	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	\$0 (Tier 2)	QL (960 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
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 19.

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 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY 200 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
BARACLUDGE 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		
MAVYRET 50-20 MG PELLET PACKET, 100-40 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ribavirin 200 mg capsule, 200 mg tablet</i>	\$0 (Tier 1)	
ZEPATIER 50-100 MG TABLET	\$0 (Tier 2)	
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

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)

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>alprazolam er 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>alprazolam er er 0.5 mg tablet, er 1 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>alprazolam xr 0.5 mg tablet, 1 mg tablet</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>alprazolam xr 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	\$0 (Tier 1)	QL (90 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)	
<i>chlordiazepoxide hcl 25 mg capsule</i>	\$0 (Tier 1)	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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, 100 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Mood Stabilizers

<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)	

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	\$0 (Tier 1)	QL (90 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
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)	PA
<i>glimepiride 1 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>glipizide xl 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<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 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	PA
JANUMET 50-1,000 MG TABLET, 50-500 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET, 50 MG TABLET, 100 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JARDIANCE 10 MG TABLET, 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)
JENTADUETO XR 5 MG-1,000 MG TB	\$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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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, 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er - metformin er 5-500, -metformin er 5-1000</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er saxagliptin-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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
XIGDUO XR 10 MG- 1,000 MG TAB, 10 MG- 500 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
GLUCAGON EMERGENCY KIT GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG VIAL	\$0 (Tier 1)	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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 2-PACK SYRINGE -PK 1 MG/0.ML	\$0 (Tier 2)	QL (0.8 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 - VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>insulin pen needle</i>	\$0 (Tier 2)	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0 (Tier 2)	PA
<i>insulin syringe (disp) u-100 1 ml</i>	\$0 (Tier 2)	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	\$0 (Tier 2)	PA
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	PA
NOVOLIN 70-30 70-30 100 UNIT/ML VIAL, RELION 70-30 VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN 70, RELION 70	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN N 100 UNIT/ML, RELION N U	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN N N 100 UNIT/ML VIAL, RELION N 100 UNIT/ML	\$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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NOVOLIN R FLEXPEN R 100 UNIT/ML, RELION R U	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN R R 100 UNIT/ML VIAL, RELION R 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG 100 UNIT/ML VIAL, RELION 100 UNIT/ML VL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN 100 UNIT/ML, RELION U	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 70-30 VIAL, RELION 70-30 VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN 70-30 FLEXPEN, RELION 70-30 FLXPN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG PENFILL 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>omnipod 5 dextg7g6 intro(gen 5)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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)	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
<i>omnipod classic pdm kit(gen 3)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod classic pods (gen 3) pods(gen3) 5pk</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pods (gen 4) 5pk</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
<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)	PA, QL (10 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

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, 150 mg/ml</i>	\$0 (Tier 1)	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3 ml syr</i>	\$0 (Tier 1)	QL (9 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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	\$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)
<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 19.

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)

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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LEUKINE 250 MCG VIAL	\$0 (Tier 2)	PA
NIVESTYM 300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL	\$0 (Tier 2)	PA
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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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		
<i>phytonadione 1 mg/0.5 ml syr, 1 mg/0.5 ml vial, 5 mg tablet, 10 mg/ml ampul, 10 mg/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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>tranexamic acid 650 mg tablet</i>	\$0 (Tier 1)	
<i>vitamin k1 -1 10 mg/ml, -1 1 mg/0.5 ml</i>	\$0 (Tier 1)	(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)	
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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Angiotensin-converting Enzyme (ACE) Inhibitors

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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
<i>sorine 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 19.

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)	
INDERAL LA 60 MG CAPSULE, 80 MG CAPSULE, 120 MG CAPSULE, 160 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 19.

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 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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 10 mg capsule, 20 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
CARDIZEM CD 120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>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 19.

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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

<i>acetazolamide 125 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	
<i>acetazolamide er 500 mg cap</i>	\$0 (Tier 1)	
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amlodipine-valsartan -5-160 mg, -5-320 mg, -10-160 mg, -10-320 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>digoxin 0.05 mg/ml solution</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>digoxin 0.125 mg tablet, 0.25 mg tablet, 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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lisinopril-hydrochlorothiazide - 10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide - 50-12.5 mg tab, -100-12.5 mg tab, -100-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>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)	
<i>metyrosine 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>olmesartan-hydrochlorothiazide -20-12.5 mg tab, -40-12.5 mg tab, -40-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
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)
<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)	
ZESTORETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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 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>torseamide 5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	

Diuretics, Potassium-sparing

<i>amiloride hcl 5 mg tablet</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>triamterene-hydrochlorothiazid -37.5-25 mg cp, -37.5-25 mg tb, -75-50 mg tab</i>	\$0 (Tier 1)	
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 er 80 mg tablet</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 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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
<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)	
<i>prevalite packet, powder</i>	\$0 (Tier 1)	
REPATHA PUSHTRONEX 420 MG/3.5ML PUSHTRONX	\$0 (Tier 2)	PA, QL (7 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Mineralocorticoid Receptor Antagonists

ALDACTONE 25 MG TABLET, 50 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 19.

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

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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VERQUVO 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dextroamphetamine sulfate er 5 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er 10 mg cap, er 15 mg cap</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet 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 -amphetam 7.5 mg tab, -amphetam 12.5 mg tab, -amphetamin 10 mg tab, -amphetamin 15 mg tab, -amphetamin 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 19.

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)
VEOZAH 45 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TECFIDERA DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
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)	
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SALAGEN 5 MG TABLET, 7.5 MG TABLET	\$0 (Tier 2)	
<i>triamcinolone acetonide 0.1% paste</i>	\$0 (Tier 1)	

Dermatological Agents

Acne and Rosacea Agents

<i>acutane 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)	
<i>acne medication 2.5% gel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ACNE MEDICATION 5% GEL, 10% GEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>adapalene 0.1% gel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>amnesteam 10 mg capsule, 20 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 phos-benzoyl perox -1.2-5%</i>	\$0 (Tier 1)	
<i>clindamycin-benzoyl peroxide - benzoyl 1-5%, -bnz 1-5% pmp</i>	\$0 (Tier 1)	
<i>doxycycline ir-dr -40 mg cap</i>	\$0 (Tier 1)	
<i>erythromycin-benzoyl peroxide -gel</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
<i>neuac gel</i>	\$0 (Tier 1)	
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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tazarotene 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>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)	*
<i>anti-itch gs -1% cream</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
<i>clobetasol propionate 0.05% cream, 0.05% gel, 0.05% ointment</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 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 0.1% cream</i>	\$0 (Tier 1)	QL (240 PER 28 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</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>hydrocortisone 1% cream, 1% ointment, sm 1% ointment</i>	\$0 (Tier 1)	*
<i>hydrocortisone 2.5% lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocortisone 2.5% ointment</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>hydrocortisone acetate 0.5%, 1%</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 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, sm -1% crm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
LOCOID LIPOCREAM 0.1%	\$0 (Tier 2)	QL (135 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>triderm 0.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
ZONALON 5% CREAM	\$0 (Tier 2)	PA
Dermatological Agents, Other		
BETADINE 10% SOLUTION	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<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 - cream, -lot</i>	\$0 (Tier 1)	
<i>diclofenac sodium 3% gel</i>	\$0 (Tier 1)	PA
EFUDEX 5% CREAM	\$0 (Tier 2)	
<i>fluorouracil 2% topical soln, 5% cream, 5% topical soln</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>imiquimod 5% cream packet</i>	\$0 (Tier 1)	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, -ointm</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, 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 2)	(Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RENOVA PUMP 0.02% CREAM	\$0 (Tier 2)	(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 ft shampoo, gs 1 % crm rinse, gs shampoo, sb shampoo, shampoo</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lice treatment 1% creme rinse, cvs 1% crm rins, shampoo, sm 1% crm rinse</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>malathion 0.5% lotion</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OVIDE 0.5% LOTION	\$0 (Tier 2)	
<i>permethrin 5% cream</i>	\$0 (Tier 1)	
SOOLANTRA 1% CREAM	\$0 (Tier 2)	PA

Topical Anti-infectives

ACNE MEDICATION 10% LOTION	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>bacitracin 500 unit/gm ointmnt</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>first aid antibiotic gs oint</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
FIRST AID ANTISEPTIC 10% OINT	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>gentamicin sulfate 0.1% cream, 0.1% ointment</i>	\$0 (Tier 1)	
METROCREAM METRO0.75%	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
TRIPLE ANTIBIOTIC OINTMENT	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>triple antibiotic sm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

Diagnostic Test Devices, Supplies, And Services

Diagnostics

<i>binaxnow covid-19 ag self test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>carestart covid-19 ag home tst</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>celltrion diatrust cov-19 home</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>clinitest covid-19 home test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>covid-19 at-home test (eua)</i> <i>covid-19 -, cvs covid19</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>ellume covid-19 home test</i> <i>covid19 (eua)</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>flowflex covid-19 ag home test</i>	\$0 (Tier 2)	(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 2)	(Medicaid Benefit Drug), *
<i>indicaid covid-19 ag home test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>inteliswab covid-19 home test</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lucira check-it covid home tst</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>on-go covid-19 ag at home test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>pilot covid-19 at-home test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>quickvue at-home covid-19 test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>speedyswab covid-19 home test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride 0.9% nacl irrigation</i>	\$0 (Tier 1)	
<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, sv 600 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 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcium 600-vit d3 600 mg-20 mcg cplt, 600 mg-20 mcg tab, 600 mg-vit 10mcg tb, 600 mg-vit 5 mcg tb, 600-20mcg(800 unit), 600-vit 200 tablet, 600-vit 400 caplet, 600-vit 400 tablet, 600-vit 800 tablet, cvs 600-vit 800 tab, cvs 600mg-20mcg tab, eq 600mg-20mcg tab, eql 600-vit 800 tab, gnp 600 mg-800 unit, ra 600-vit 400 tab, sm 600mg-20mcg tab, sv 600mg-20mcg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 600-vit d3-mineral -- chew 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), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
<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)	
FLORIVA 0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET, 1 MG CHEWABLE TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>hi-cal ra -plus vitamin d tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
K-PHOS ORIGINAL - TABLET	\$0 (Tier 2)	(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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>liquid calcium-vit d -softgel</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 1)	(Medicaid Benefit Drug), *
<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>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), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>oyster shell calcium-vit d3 250 mg-3.12mcg, 250-vit 125 tb, 500-vit 200 tb, 500mg-vit 5mcg</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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 2)	(Medicaid Benefit Drug), *
<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,</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

sodium chloride 0.9% vial

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium chloride-water 0.9%</i>	\$0 (Tier 1)	
<i>super calcium 600-vit d3</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>thiamine hcl 200 mg/2 ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ultra calcium 600-vit d3 600mg-10mcg</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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 2)	(Medicaid Benefit Drug), *
<i>corvita 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cyanocobalamin injection 1,000 mcg/ml v1, 10,000 mcg/10ml, 30,000 mcg/30ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>dekas essential capsule</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
DEKAS ESSENTIAL LIQUID	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DEKAS PLUS CHEWABLE TABLET, LIQUID, OCEANCAPS, SOFTGEL	\$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 2)	(Medicaid Benefit Drug), *
DIALYVITE 5000 TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DIALYVITE SUPREME D IALYVITE TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIALYVITE TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DIALYVITE ZINC WITH TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DRISDOL 1.25 MG (50,000 UNIT)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
ENLYTE SOFTGEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>ergocalciferol 200 mcg/ml drop, 8,000 unit/ml</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, true sulf ec 324 mg tb</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, true 1600mcg dfe tb</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FOLTRATE TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>glucose in water 5%-100 ml, 5%-50 ml</i>	\$0 (Tier 1)	
<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 2)	(Medicaid Benefit Drug), *
INFUVITE PEDIATRIC BULK VIAL, VIAL	\$0 (Tier 2)	(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, sm 65 mg tablet, sm 325 mg tablet, sv 65 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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), *
NASCOBAL 500 MCG NASAL SPRAY	\$0 (Tier 2)	(Medicaid Benefit Drug), *
NEPHPLEX RX TABLET	\$0 (Tier 2)	(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 TAB CHEW, --0.25 MG/ML DRP, --0.5 MG TAB CHEW, --1 MG TAB CHEW	\$0 (Tier 2)	(Medicaid Benefit Drug), *
POLY-VI-FLOR WITH IRON ---0.5-10MG CHW	\$0 (Tier 2)	(Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 2)	(Medicaid Benefit Drug), *
QUFLORA FE 0.25 MG CHEW TABLET, PED 0.25 MG/ML DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>renal caps softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
STROVITE ONE CAPLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
TRAVASOL 10% SOLN VIAFLEX	\$0 (Tier 2)	PA
<i>tri-vite with fluoride --0.25 mg/ml, --0.5 mg/ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>triphrocaps softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
TROPHAMINE 10% IV SOLUTION	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>virt-caps -softgel</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 2)	(Medicaid Benefit Drug), *
<i>vitamin c sm 1,000 mg tablet</i>	\$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/ml drop, 10 mcg/ml liquid, 50 mcg (2,000 unit), 50 mcg capsule, 50 mcg softgel, cvs 50 mcg softgel, ra 2,000 unit sfgl, sm 50 mcg softgel, 400 unit/ml liquid, 2,000 unit softgel, eq1 2,000 unit sfgl, ra 2,000 unit sftgl, sm 2,000 unit sftgl, sv 2,000 unit sftgl</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 1)	(Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Anti-Constipation Agents

<i>clearlax ft, gs, packet, sm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>constulose 10 gm/15 ml soln</i>	\$0 (Tier 1)	
ENEMEEZ MINI ENEMA	\$0 (Tier 2)	(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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	QL (30 PER 30 DAYS)
<i>polyethylene glycol 3350 powd</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
RELISTOR 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL	\$0 (Tier 2)	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	\$0 (Tier 2)	PA, QL (12 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Anti-Diarrheal Agents		
<i>alosetron hcl 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>anti-diarrheal -1 mg/7.5 ml sol, ft -1 mg/7.5 ml, -2 mg caplet, ft -2 mg caplet, gnp -2 mg tablet, gs -1 mg/7.5 ml, gs -2 mg caplet, qc -2 mg softgel, sm -1 mg/7.5 ml, -2 mg softgel, -2 mg tablet, qc -2 mg caplet, sm -2 mg caplet, sm -2 mg softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ANTI-DIARRHEAL FT -2 MG SOFTGEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>diphenoxylate-atropine -2.5-0.025</i>	\$0 (Tier 1)	PA
<i>loperamide 1 mg/7.5 ml soln, 2 mg/15 ml soln cup</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Gastrointestinal Agents, Other

<i>acid gone antacid antliquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>advanced antacid-antigas gs - liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>almacone-2 -liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>alum-mag hydroxide-simethicone --cup</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>aluminum hydroxide gel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid 500 mg chewable tablet, ft 500 mg chew tablet, gs 500 mg chew tablet, liquid, qc 500 mg chew tablet, qc suspension, sm 500 mg chew tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid extra strength 750 mg chewable tablet, ex-str 750 mg tab chew, ft ex-str 750 mg chew, gnp ex-str 750 mg chew, gs ex-str 750 mg chew, sm 750 mg chew tablet, xtra strength chew tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid plus gas relief gs liq</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid ultra strength gs mg chew, str mg chw</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 19.

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, ft -antigas liquid, ft -antigas max str, qc -antigas max str, qc -antigas suspension</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid-gas relief gs -liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>bisacodyl ec 5 mg tablet, gs ec 5 mg tablet, 10 mg suppository</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, sm cal 750 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 2)	(Medicaid Benefit Drug), *
COLACE CLEAR 50 MG SOFTGEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>diarrhea relief qc rlf 262 mg/15 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>docusate calcium 240 mg capsule, 240 mg softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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, sodium 250 mg softgel</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dok 100 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>enema disposable</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ENEMA ENEMA READY TO USE, FLEET ENEMA	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>enema gs, gs twin pak, qc, sm, sm twin pak</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), *
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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GAVISCON EXTRA STRENGTH LIQUID, LIQUID	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>gentle laxative ec 5 mg tablet, ft 10 mg supp, gnp 10 mg supp, gnp ec 5 mg tb, sm ec 5 mg tab, 10 mg supp, 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 liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>laxative ec 5 mg tablet, ft ec 5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>laxative suppository 10 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
MAG-AL -LIQUID 30 ML CUP	\$0 (Tier 2)	(Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MAG-AL PLUS - SUSPENS 30 ML CUP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>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 oxide 400 mg tablet, true 400 mg tb</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</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), *
MOVIPREP POWDER PACKET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MYALEPT 11.3 MG (5 MG/ML) VIAL	\$0 (Tier 2)	PA
OICALIVA 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PEDIA-LAX ENEMA FLEET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>peg 3350-electrolyte -solution</i>	\$0 (Tier 1)	
<i>peg-3350 and electrolytes -soln</i>	\$0 (Tier 1)	
<i>peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691-1.01-5.9</i>	\$0 (Tier 1)	
<i>pink bismuth caplet, gnp 262 mg tb chw, gnp 525 mg/15 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
PYLERA CAPSULE	\$0 (Tier 2)	
REGLAN 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
<i>senna -time 8.6 mg tablet, 8.6 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>senna lax -8.6 mg tablet, gnp 8.6 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>senna laxative 8.6 mg tablet, 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</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>sod sulf-potass sulf-mag sulf -- sol</i>	\$0 (Tier 1)	
<i>sodium bicarbonate 10 grain tablet, 325 mg tablet, 650 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>stomach relief ft relief 525 mg/30 ml, ft rlf 262 mg chew tab, gnp rlf 525 mg/30 ml, qc rlf 262 mg chew tab, relief 262 mg caplet, relief 262 mg chew tab, relief 525 mg/15 ml, rlf 525 mg/30 ml susp, 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>stool softener 100 mg softgel, 100 mg tablet, ft 100 mg sftgl, ft 100 mg tab, ft 250 mg sftgl, gnp 100 mg sfgl, gnp 240 mg sfgl, gnp 250 mg sfgl, qc 100 mg sftgl, sm 100 mg sftgl, sm 100 mg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
STOOL SOFTENER 100 MG, 250 MG	\$0 (Tier 2)	(Medicaid Benefit Drug), *
SUPREP SUBOWEL KIT	\$0 (Tier 2)	
SUTAB SU1.479-0.225-0.188 GM	\$0 (Tier 2)	
TUMS 750 MG CHEWY BITES, E-X TABLET CHEWABLE, TABLET CHEWABLE	\$0 (Tier 2)	(Medicaid Benefit Drug), *
TUMS SMOOTHIES CHEW TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
TUMS ULTRA 1,000 MG CHEW TAB	\$0 (Tier 2)	(Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tums ultra strength chewy delights</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
TUMS X-STR -750 TABLET CHEWABLE	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>tussin dm gs cough syrup, gs liquid, sm syrup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ultra strength antacid tablet chew</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ursodiol 250 mg tablet, 300 mg capsule, 500 mg tablet</i>	\$0 (Tier 1)	
VOWST CAPSULE	\$0 (Tier 2)	PA, QL (12 PER 56 OVER TIME)
<i>women's gentle laxative ec 5 mg tab</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 qc 10 mg tab, 20 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>acid reducer 10 mg tablet, ft 10 mg tablet, ft 20 mg tablet, gnp 10 mg tablet, gnp 20 mg tablet, gs 10 mg tablet, gs 20 mg tablet, sm 10 mg tablet, 20 mg tablet, sm 20 mg tablet, sm 200 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>acid reducer complete tab chew</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</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>famotidine 20 mg tablet</i>	\$0 (Tier 1)	*
<i>famotidine 40 mg tablet, 40 mg/5 ml susp</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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>omeprazole magnesium dr 20 mg cap, dr 20.6 mg cap, 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)	
<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>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>lansoprazole dr 15 mg capsule</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lansoprazole dr 30 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lansoprazole gnp dr 15 mg cap, gs dr 15 mg cap, qc dr 15 mg cap, sm dr 15 mg cap</i>	\$0 (Tier 1)	*
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)
<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 dr 20 mg tablet, gnp dr 20 mg tablet, sm dr 20 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 19.

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

<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ELELYSO 200 UNITS VIAL	\$0 (Tier 2)	PA
ENDARI 5 GRAM POWDER PACKET	\$0 (Tier 2)	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)	
<i>miglustat 100 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>nitisinone 2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 19.

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)
WELIREG 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
<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>trospium chloride 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>trospium chloride er 60 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 19.

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

<i>alfuzosin hcl er 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>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>tadalafil 2.5 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>tamsulosin hcl 0.4 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
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Contraceptives, Other

LILETTA 52 MG SYSTEM	\$0 (Tier 2)	
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NEXPLANON 68 MG IMPLANT	\$0 (Tier 2)	
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SKYLA 13.5 MG SYSTEM	\$0 (Tier 2)	
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Genitourinary Agents, Other

<i>bethanechol chloride 5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
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DEPEN 250 MG TITRATAB	\$0 (Tier 2)	
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<i>penicillamine 250 mg tablet</i>	\$0 (Tier 1)	
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Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

ACTHAR GEL 400 UNIT/5 ML VIAL	\$0 (Tier 2)	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MEDROL 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET	\$0 (Tier 2)	
<i>methylprednisolone 4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab</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)	
<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)	
<i>taperdex 6 day 1.5 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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 (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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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 (Sex Hormones/ Modifiers)

Androgens

ANDROGEL 1.62% PUMP	\$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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>yuvafem 10 mcg insert, 10 mcg tablet</i>	\$0 (Tier 1)	
<i>afirmelle -28 tablet</i>	\$0 (Tier 1)	
<i>aftera 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>azurette 28 day 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 19.

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)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>econtra one-step -1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>elinest -28 tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>eluryng vaginal ring</i>	\$0 (Tier 1)	
<i>enilloring vaginal</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)	
<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)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fyavolv 1 mg-5 mcg 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>her style 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>jinteli 1 mg-5 mcg 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
<i>larin fe 1-20 tablet, 1.5-30 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>levonest -28 tablet</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad eth estrad lvono-strad 0.15-0.03-0.01, lvonor-strad 0.1-0.02-0.01</i>	\$0 (Tier 1)	
<i>levonorgestrel 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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>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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
<i>low-ogestrel --28 tablet</i>	\$0 (Tier 1)	
<i>luteru -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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mimvey 1-0.5 mg tablet</i>	\$0 (Tier 1)	
<i>mono-lynyah -28 tablet</i>	\$0 (Tier 1)	
<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>necon 0.5-35-28 tablet</i>	\$0 (Tier 1)	
<i>new day 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nikki 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>norelgestromin-eth estradiol - ee 150-35 mcg/day</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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>norethindron-ethinyl estradiol norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>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), *
<i>philith 0.4-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>pimtrea 28 day tablet</i>	\$0 (Tier 1)	
PLAN B ONE-STEP -1.5 MG TALET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>reclipsen 28 day tablet</i>	\$0 (Tier 1)	
<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>take action 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tarina 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>tarina fe 1-20 eq -tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tarina fe 1-20 tablet</i>	\$0 (Tier 1)	
<i>tilia fe 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tri-nymyo -28 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)	
<i>turqoz -28 tablet</i>	\$0 (Tier 1)	
<i>tydemy 3-0.03-0.451 mg tablet</i>	\$0 (Tier 1)	
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
<i>xulane 150-35 mcg/day patch</i>	\$0 (Tier 1)	
YASMIN 28 TABLET	\$0 (Tier 2)	
YAZ 28 TABLET	\$0 (Tier 2)	
<i>zafemy 150-35 mcg/day patch</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>zovia 1-35 -tablet</i>	\$0 (Tier 1)	
<i>zumandimine 3 mg-0.03 mg tab</i>	\$0 (Tier 1)	
Progestins		
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 nora-be tablet, nora-be tablet</i>	\$0 (Tier 2)	
<i>norethindrone 0.35 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>norethindrone ac (lupaneta) norethindr 5 mg tb</i>	\$0 (Tier 1)	
<i>norethindrone acetate 5 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)	
<i>sharobel 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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 (Thyroid)

CYTOMEL 5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET	\$0 (Tier 2)
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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)
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

TABLET

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	\$0 (Tier 1)	
SYNTHROID 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TIROSINT 13 MCG CAPSULE, 25 MCG CAPSULE, 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

SYRINGE KIT

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FIRMAGON 2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL	\$0 (Tier 2)	
KORLYM 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<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) 3.75MG	\$0 (Tier 2)	PA
LUPRON DEPOT 3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT	\$0 (Tier 2)	PA
LUPRON DEPOT-PED - 11.25 MG 3MO, -45 MG 6MO KIT, -7.5 MG KIT	\$0 (Tier 2)	PA
<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 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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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 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	\$0 (Tier 2)	PA, QL (18 PER 28 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
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
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
THYMOGLOBULIN 25 MG VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Immunological Agents, Other		
ARCALYST 220 MG VIAL	\$0 (Tier 2)	PA
BENLYSTA 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE	\$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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DUPIXENT PEN 200 MG/1.14 ML PEN, 300 MG/2 ML PEN	\$0 (Tier 2)	PA
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE, 200 MG/1.14 ML SYRINGE, 300 MG/2 ML SYRINGE	\$0 (Tier 2)	PA
ENTYVIO PEN 108 MG/0.68 ML	\$0 (Tier 2)	PA
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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
Immunosuppressants		
ASTAGRAF XL 0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
CELLCEPT 200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET	\$0 (Tier 2)	PA
<i>cyclosporine 25 mg capsule, 100 mg capsule</i>	\$0 (Tier 1)	PA
<i>cyclosporine modified 25 mg, 50 mg, 100 mg, 100mg/ml</i>	\$0 (Tier 1)	PA
ENBREL 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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ENVARUSUS XR 0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET	\$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
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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PROGRAF 0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE	\$0 (Tier 2)	PA
RAPAMUNE 1 MG/ML ORAL SOLN	\$0 (Tier 2)	PA
RENFLEXIS 100 MG VIAL	\$0 (Tier 2)	PA
REZUROCK 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SANDIMMUNE 25 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	PA
SIMLANDI(CF) AUTOINJECTOR AI 40 MG/0.4	\$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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	QL (1 PER 365 OVER TIME)
ACTHIB VIAL, WITH DILUENT	\$0 (Tier 2)	
ADACEL TDAP SYRINGE, VIAL	\$0 (Tier 2)	
AREXVY VIAL KIT	\$0 (Tier 2)	QL (1 PER 999 OVER TIME)
BCG VACCINE (TICE STRAIN) VIAL	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BEXSERO PREFILLED SYRINGE	\$0 (Tier 2)	
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 1)	
GARDASIL 9 9 SYRINGE, 9 VIAL	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
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)	QL (0.5 PER 999 OVER TIME)
PEDIARIX 0.5 ML SYRINGE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TYPHIM VI 25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG	\$0 (Tier 2)	
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)
AZULFIDINE 500 MG TABLET, ENTAB 500 MG	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>balsalazide disodium 750 mg cp</i>	\$0 (Tier 1)	
CANASA 1,000 MG SUPPOSITORY	\$0 (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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ATELVIA DR 35 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
<i>calcitonin-salmon -200 unit spr</i>	\$0 (Tier 1)	
<i>calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution</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>paricalcitol 1 mcg capsule, 2 mcg capsule, 4 mcg capsule</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 620 MCG/2.48 ML	\$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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Ophthalmic Agents, Other

<i>artificial tears 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), *
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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dorzolamide-timolol -eye drops</i>	\$0 (Tier 1)	
GENTEAL TEARS SEVERE 0.3% GEL, 3-94% OIN	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>lubricant eye drop 0.5%, gnp 0.5%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricant eye drops 0.5%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricant eye ointment</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricant pm eye ointment</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricating plus gs lubricat 0.5%, lubricating 0.5%, sm lubricat 0.5%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubrifresh pm eye ointment</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
MAXITROL EYE OINTMENT	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
<i>nighttime relief lubricant eye oint</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
REFRESH CELLUVISC 1% EYE GEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
REFRESH LACRI-LUBE -OINTMENT	\$0 (Tier 2)	(Medicaid Benefit Drug), *
REFRESH LIQUIGEL 1% EYE DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
REFRESH PLUS 0.5% EYE DROPS	\$0 (Tier 2)	(Medicaid Benefit Drug), *
REFRESH TEARS 0.5% EYE DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
RESTASIS 0.05% EYE EMULSION	\$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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
<i>tobramycin-dexamethasone - ophth susp</i>	\$0 (Tier 1)	
XDEMVIY 0.25% DROP	\$0 (Tier 2)	PA

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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ciprofloxacin hcl 0.3% eye drop</i>	\$0 (Tier 1)	
<i>erythromycin 0.5% eye ointment</i>	\$0 (Tier 1)	
<i>gatifloxacin 0.5% eye drops</i>	\$0 (Tier 1)	
<i>gentamicin sulfate 0.3% eye drop</i>	\$0 (Tier 1)	
<i>moxifloxacin 0.5% drops, 0.5% drp-visc</i>	\$0 (Tier 1)	
<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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 2)	(Medicaid Benefit Drug), *
<i>azelastine hcl 0.05% drops</i>	\$0 (Tier 1)	
CHILDREN'S ALAWAY CHILD'S 0.025% EYE DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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, 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), *
SYSTANE NIGHTTIME EYE OINTMENT	\$0 (Tier 2)	(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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ketorolac tromethamine 0.4%, 0.5%</i>	\$0 (Tier 1)	
PRED FORTE 1% EYE DROPS	\$0 (Tier 2)	
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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost 0.03% eye drops</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)
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You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>24 hour allergy gs 50 mcg spry</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>allergy relief 50 mcg, ft 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 19.

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 spray</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), *
<i>fluticasone propionate gnp 50 mcg sp</i>	\$0 (Tier 1)	*
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fluticasone propionate hfa 44 mcg</i>	\$0 (Tier 1)	QL (10.6 PER 30 DAYS)
<i>loratadine 10 mg odt, gnp 10 mg odt</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>mometasone furoate 50 mcg spty</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

<i>ala-hist ir -2 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>all day allergy all day 10 mg tablet, eq1 all day 10 mg tab, ft ad (cetrzn) 10mg tb, gs all day 10 mg tab, qc all day 10 mg tab, sm all day 10 mg 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 2)	(Medicaid Benefit Drug), *
<i>aller-ease 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, 10 mg tablet, 25 mg capsule, 25 mg softgel, 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 19.

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, ft (chlorphen) 4 mg tb, ft (diphen) 25 mg cap, ft (diphen) 25 mg chew, ft (diphen) 25 mg tab, ft (fexo) 60 mg tablet, ft (fexo) 180 mg tab, gnp relief 4 mg tablet, gnp relief 25 mg sfgl, gnp relief 25 mg tab, gnp relief 50 mg/20 ml, gnp relief 180 mg tab, gs relief 10 mg tablet, gs relief 25 mg tablet, qc (lorat) 10 mg tab, relief 4 mg tablet, relief 5 mg/5 ml soln, relief 10 mg tablet, relief 12.5 mg/5 ml, relief 25 mg capsule, relief 25 mg softgel, relief 25 mg tablet, relief 180 mg tablet, rlf (cetrzn) 5 mg tab, rlf (cetrzn) 10 mg tab, rlf (fexo) 60 mg tab, sm (diphen) 25 mg chew, sm (fexo) 60 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>azelastine hcl 0.1% (137 mcg) spry</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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>banophen 25 mg capsule, 25 mg tablet, 50 mg capsule</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>cetirizine hcl 1 mg/ml soln</i>	\$0 (Tier 1)	*
<i>cetirizine hcl 1 mg/ml syrup</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg chew tab, 5 mg tablet, 5 mg/5 ml cup, 10 mg chew tab, 10 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's all day allergy ergy 1 mg/ml, gs er 1 mg/ml, sm er 1 mg/ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's allergy child 5 mg/5 ml soln, child (fexo) 30 mg/5ml, child's 12.5 mg/5 ml, ft child 5 mg/5 ml sol, gs child 12.5 mg/5 ml, qc child 12.5 mg/5 ml, sm child 5 mg/5 ml sol</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's allergy relief ft 12.5 mg/5 ml, ft rlf 1 mg/ml, gs rlf 5 mg/5 ml, relief 1 mg/ml, relief 5 mg/5 ml, rlf 12.5 mg/5 ml, sm 12.5 mg/5 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 loratadine 5 mg/5 ml sol, 5 mg/5 ml syr</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>chlorpheniramine maleate 4 mg tablet, er 12 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 1)	(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>diphenhydramine hcl 12.5 mg/5 ml elixir</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>diphenhydramine hcl 12.5 mg/5 ml, 12.5mg/5ml cup, 25 mg caplet, 25 mg capsule, 25 mg tablet, 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ed chlorped jr syrup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>fexofenadine hcl 60 mg tablet, 180 mg tablet, sm 180 mg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
HISTEX 2.5 MG/5 ML SYRUP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
HISTEX PD 0.938 MG/ML DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>levocetirizine dihydrochloride 5 mg tablet</i>	\$0 (Tier 1)	
<i>loratadine 5 mg/5 ml solution, 5 mg/5 ml syrup, 10 mg tablet, gnp 10 mg tablet, qc 10 mg tablet, sm 5 mg/5 ml syrup, sm 10 mg tablet</i>	\$0 (Tier 1)	(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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PEDIACLEAR PD 0.625 MG/ML DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>pharbedryl 50 mg capsule</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 19.

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)	ST, QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG, 2.5 MCG	\$0 (Tier 2)	QL (4 PER 30 DAYS)
<i>tiotropium bromide 18 mcg cap-inhaler</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Bronchodilators, Sympathomimetic

<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	\$0 (Tier 1)	QL (17 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 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	\$0 (Tier 1)	QL (13.4 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 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)	

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
Cystic Fibrosis Agents		
CAYSTON 75 MG INHAL SOLUTION	\$0 (Tier 2)	PA
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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		
DALIRESP 250 MCG TABLET, 500 MCG 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 19.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ambrisentan 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>bosentan 62.5 mg tablet, 125 mg tablet</i>	\$0 (Tier 1)	PA, 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)
<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)
Pulmonary Fibrosis Agents		
ESBRIET 267 MG CAPSULE, 267 MG TABLET	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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

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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>breyza 80-4.5 mcg, 160-4.5 mcg</i>	\$0 (Tier 1)	QL (10.3 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 (10.3 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 (13 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

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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
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 clear syrup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tussin dm qc, sm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>wixela inhub 100, 250, 500</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 19.

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

<i>carisoprodol 350 mg tablet</i>	\$0 (Tier 1)	
<i>chlorzoxazone 500 mg tablet</i>	\$0 (Tier 1)	
<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)	
<i>vanadom 350 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>doxepin hcl 3 mg tablet, 6 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>eszopiclone 1 mg tablet, 2 mg tablet, 3 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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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<i>zolpidem tartrate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er er 6.25 mg tab, er 12.5 mg tab</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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium oxybate 0.5 g/ml soln</i>	\$0 (Tier 1)	PA, QL (540 PER 30 DAYS)

Uncategorized

Unclassified

IMCIVREE 10 MG/ML VIAL	\$0 (Tier 2)	PA, *
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 19.

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Upper Peninsula Health Plan (UPHP) Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

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 (including pregnancy, sexual orientation, and gender identity). 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 (including pregnancy, sexual

orientation, and gender identity), you can file a grievance with UPHP:

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

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

You can file a grievance in person, mail, or fax. 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 خطتنا 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 8시부터 오후 9시까지 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)
2025 Formulary
(List of Covered Drugs)

No changes made since 12/01/2024

For more recent information or other questions, contact us at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time or 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.

