



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

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

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



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

Introduction

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

No changes made since 10/01/2024.

Important Message About What You Pay For Vaccines -

Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

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

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.



Table of Contents

A. Disclaimers.....	5
B. Frequently Asked Questions (FAQ)	6
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.)	6
B2. Does the Drug List ever change?	7
B3. What happens when there is a change to the Drug List?.....	8
B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take to get certain drugs?.....	10
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?.....	11
B6. What happens if UPHP MI Health Link changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?	11
B7. How can I find a drug on the Drug List?	11
B8. What if the drug I want to take is not on the Drug List?	12
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?.....	13

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.



B10. Can I ask for an exception to cover my drug?	14
B11. How can I ask for an exception?.....	14
B12. How long does it take to get an exception?.....	14
B13. What are generic drugs?	15
B14. What are OTC drugs?.....	15
B15. What is my copay?	16
B16. What are drug tiers?	16
C. Overview of the List of Covered Drugs	16
C1. Drugs Grouped by Medical Condition.....	17
D.	
Index of Covered Drugs	398

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.



A. Disclaimers

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

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

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.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 19 are the drugs covered by UPHP MI Health Link. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

You can also find an up-to-date list of drugs that we cover on our website at www.uphp.com/medicare/uphp-mi-health-link. If you need help, ask your Care Coordinator or call UPHP Customer Service at

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.



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

B2. Does the Drug List ever change?

Yes, and UPHP MI Health Link must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior approval (PA) for a drug. (PA is permission from UPHP MI Health Link before you can get a drug.)
- Add or change the amount of a drug you can get (called “quantity limits”).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

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.



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

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

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

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

For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same or will be lower. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.

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.



- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know what to do.

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

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

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

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

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

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



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

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

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from UPHP MI Health Link before you fill your prescription. If you don't get approval, UPHP MI Health Link may not cover the drug.
- **Quantity limits:** Sometimes UPHP MI Health Link limits the amount of a drug you can get.
- **Step therapy:** Sometimes UPHP MI Health Link requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 19-397. 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 step therapy restrictions. You may also ask us to send you a copy.

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



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

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

The table of drugs on page 19 has a column labeled “Necessary actions, restrictions, or limits on use.”

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find the index starting on page 398.

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.



The section provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page 19. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time and ask about it. If you learn that UPHP MI Health Link will not cover the drug, you can do one of these things:

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

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.



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.

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.



- 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:

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.



Magellan Rx Management
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 usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

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

B14. What are OTC drugs?

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

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

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.



B15. What is my copay?

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

B16. What are drug tiers?

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

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

All tiers have (\$0) copay.

C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by UPHP MI Health Link. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 398. 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*).

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.



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

Note: The * next to a drug means the drug is not a “Part D drug.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. You can also read Chapter 9 in the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

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

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.



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

- * = This indicates the drug is not a Medicare Part D drug however is covered under your UPHP MI Health Link plan.
- PA = Prior authorization (approval): you must have approval from the plan before you can get this drug. There are also codes that show if a PA is required because the medication may be covered under Medicare Part B, or if a medication is only available for new starts only.
- ST = Step therapy: you must try another drug before you can get this one.
- QL = Quantity Limit: There is a limit to how much of a medication you can receive.
- QLC = This medication is subject to Opioid Safety Edits.

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.



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

Analgesics

<i>acetaminophen 160 mg/5ml liquid</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>acetaminophen 80 mg tab chew, 120 mg supp.rect, 160 mg/5ml oral susp, 160 mg/5ml solution, 325 mg tablet, 325/10.15 oral susp, 325/10.15 solution, 500 mg capsule, 500 mg tablet, 650 mg supp.rect, 650 mg tablet er, 650mg/20.3 oral susp, 650mg/20.3 solution</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acetaminophen/caffeine 500mg-65mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aspirin 81 mg tab chew, 81 mg tablet dr, 300 mg supp.rect, 325 mg tablet, 325 mg tablet dr</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aspirin/calcium carbonate/magnesium carb/magnesium 325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>butalbitallacetaminophen 50mg-325mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>butalbitallacetaminophen/caffeine 50-300-40 capsule, butalbitallacetaminophen/caffeine 50-325-40 capsule, butalbitallacetaminophen/caffeine 50-325-40 tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>butalbitallaspirin/caffeine 50-325-40 capsule</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FEVERALL 80 MG, 120 MG, 325 MG, 650 MG	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine polacrilex 4 mg lozenge</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ZEBUTAL 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Nonsteroidal Anti-inflammatory Drugs

<i>acetaminophen/caffeine 500mg-65mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ARTHROTEC 50 MG-200 MCG TAB	\$0 (Tier 2)	QL (120 PER 30 DAYS)
ARTHROTEC 75 MG-200 MCG TAB	\$0 (Tier 2)	QL (90 PER 30 DAYS)
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)
DAYPRO 600 MG CAPLET	\$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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diclofenac potassium 50 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium 1 % gel (gram)</i>	\$0 (Tier 1)	
<i>diclofenac sodium 25 mg tablet dr</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>diclofenac sodium 50 mg tablet dr</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium 75 mg tablet dr, 100 mg tab er 24h</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>diclofenac sodium/misoprostol 50 mg-200 tab ir dr</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium/misoprostol 75 mg-200 tab ir dr</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>etodolac 400 mg tab er 24h, 400 mg tablet, 500 mg tab er 24h, 500 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>etodolac 600 mg tab er 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
FELDENE 10 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ibuprofen 400 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>ibuprofen 50 mg/1.25 drops susp, 100 mg tab chew, 100 mg/5ml oral susp, 200 mg capsule, 200 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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>meloxicam 15 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>naproxen 125 mg/5ml oral susp</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, 375 mg tablet dr</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>naproxen 500 mg tablet, 500 mg tablet dr</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>naproxen sodium 220 mg capsule, 220 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>naproxen sodium 275 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>oxaprozin 600 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>sulindac 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Opoid Analgesics, Long-acting

BELBUCA 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>buprenorphine 5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch</i>	\$0 (Tier 1)	PA, QL (4 PER 28 DAYS), QLC (Subject to Opioid Safety Edits)
BUTRANS 5 MCG/HR PATCH, 7.5 MCG/HR PATCH, 10 MCG/HR PATCH, 15 MCG/HR PATCH, 20 MCG/HR PATCH	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS), QLC (Subject to Opioid Safety Edits)
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 37.5mcg/hr patch, 50mcg/hr patch, 62.5mcg/hr patch, 75mcg/hr patch, 87.5mcg/hr patch, 100 mcg/hr patch</i>	\$0 (Tier 1)	PA, QL (15 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocodone bitartrate 10 mg cap er, 15 mg cap er, 20 mg cap er, 30 mg cap er, 40 mg cap er, 50 mg cap er</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>levorphanol tartrate 2 mg tablet, 3 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>methadone hcl 10 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>methadone hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 15 mg tablet er, 30 mg tablet er, 60 mg tablet er, 100 mg tablet er, 200 mg tablet er</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl 100 mg tab er, 200 mg tab er, 300 mg tab er</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Opioid Analgesics, Short-acting

<i>acetaminophen with codeine phosphate -15mg tablet, -30mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>acetaminophen with codeine phosphate 120-12mg/5, 300mg/12.5</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>acetaminophen with codeine phosphate 300mg-60mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>butorphanol tartrate 1 mg/ml vial, 2 mg/ml vial</i>	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
<i>butorphanol tartrate 10 mg/ml spray</i>	\$0 (Tier 1)	QL (48 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>codeine sulfate 15 mg tablet, 30 mg tablet, 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
DURAMORPH 5 MG/10 ML AMPUL, 10 MG/10 ML AMPUL	\$0 (Tier 2)	PA, QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fentanyl citrate 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone bitartrate/acetaminophen hydrocodone/acetaminophen 2.5, hydrocodone/acetaminophen 5-217mg/10, hydrocodone/acetaminophen 7.5</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone bitartrate/acetaminophen hydrocodone/acetaminophen 5 mg-300mg tablet, hydrocodone/acetaminophen 5 mg-325mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocodone/ibuprofen 5mg-200mg tablet, 7.5-200mg tablet, 10mg-200mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl 1 mg/ml liquid</i>	\$0 (Tier 1)	QL (1440 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl 2 mg/ml ampul, 2 mg/ml cartridge, 2 mg/ml syringe, 2 mg/ml vial</i>	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl/pf 2 mg/ml ampul, 2 mg/ml vial, 10 mg/ml ampul, 10 mg/ml vial</i>	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 10 mg/5 ml solution</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>morphine sulfate 100 mg/5ml solution</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 15 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 20 mg/5 ml solution</i>	\$0 (Tier 1)	QL (1350 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 30 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate/pf 0.5 mg/ml vial, 1 mg/ml vial</i>	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl/acetaminophen 10mg-325mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Anesthetics

Local Anesthetics

<i>lidocaine 5 % adh. 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lidocaine 5 % oint. (g)</i>	\$0 (Tier 1)	PA, QL (100 PER 30 DAYS)
<i>lidocaine hcl 2 % jell/pf app, 2 % jelly(ml), 40 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl 2 % solution, 10 mg/ml vial</i>	\$0 (Tier 1)	
lidocaine hcl laryngotracheal 4% solution	\$0 (Tier 1)	
lidocaine hcl laryngotracheal 4% solution	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl/pf 10 mg/ml ampul, 10 mg/ml vial</i>	\$0 (Tier 1)	
<i>lidocaine/prilocaine 2.5 %-2.5% cream (g)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LIDODERM 5% PATCH	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XYLOCAINE-MPF -1% AMPUL, -1% VIAL	\$0 (Tier 2)	
ZTLIDO 1.8% TOPICAL SYSTEM	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

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

Opioid Dependence

<i>buprenorphine hcl 2 mg tab, 8 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl /naloxone 2 mg-film, /naloxone 2 mg-tab subl</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>buprenorphine hcl/naloxone hcl /naloxone 4mg-1mg, /naloxone 8 mg-2 mg, /naloxone 12 mg-3 mg</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>buprenorphine hcl/naloxone hcl /naloxone 8 mg-2 mg tab sub</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)	
Opioid Reversal Agents		
KLOXXADO 8 MG NASAL SPRAY	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>naloxone hcl 0.4 mg/ml cartridge, 0.4 mg/ml syringe, 0.4 mg/ml vial, 1 mg/ml syringe, 4 mg spray</i>	\$0 (Tier 1)	
NARCAN 4 MG NASAL SPRAY	\$0 (Tier 2)	
Smoking Cessation Agents		
<i>bupropion hcl 150 mg tablet 12h</i>	\$0 (Tier 1)	
NICODERM CQ 7 MG/24HR PATCH, 14 MG/24HR PATCH	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NICORETTE 2 MG CHEWING GUM, 2 MG LOZENGE, 2 MG MINI LOZENGE, 4 MG CHEWING GUM, 4 MG LOZENGE, 4 MG MINI LOZENGE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine 14mg/24hr patch td24</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nicotine 7mg/24hr patch td24, 21 mg/24hr patch td24, 21-14-7mg patch dysq</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine polacrilex 2 mg gum, 2 mg lozenge, 2 mg lozng mini, 4 mg gum, 4 mg lozenge, 4 mg lozng mini</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 (11)-1 tab ds pk, 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	

Anti-Obesity Agents

Anti-Obesity Agents, Other

ADIPEX-P ADIEX-37.5 MG TABLET	\$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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>benzphetamine hcl 50 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
CONTRA VE ER 8-90 MG TABLET	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>diethylpropion hcl 25 mg tablet, 75 mg tablet er</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>orlistat 120 mg capsule</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>phendimetrazine tartrate 35 mg tablet</i>	\$0 (Tier 2)	PA, * (Medicaid Benefit Drug), *
<i>phentermine hcl 15 mg capsule, 30 mg capsule</i>	\$0 (Tier 2)	PA, * (Medicaid Benefit Drug), *
<i>phentermine hcl 37.5 mg capsule, 37.5 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
QSYMIA 3.75 MG-23 MG CAPSULE, 7.5 MG-46 MG CAPSULE, 11.25 MG-69 MG CAPSULE, 15 MG-92 MG CAPSULE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SAXENDA 18 MG/3 ML PEN	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
WEGOVY 0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN, 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
XENICAL 120 MG CAPSULE	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *

Antibacterials

Aminoglycosides

<i>amikacin sulfate 500 mg/2ml vial, 1000mg/4ml vial</i>	\$0 (Tier 1)	
<i>gentamicin sulfate 40 mg/ml vial</i>	\$0 (Tier 1)	
<i>gentamicin sulfate in sodium chloride, iso-osmotic -60 mg/50ml, -80 mg/50ml, -80mg/100ml, -100mg/0.1l, -120mg/0.1l</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>gentamicin sulfate/pf 20 mg/2 ml vial</i>	\$0 (Tier 1)	
HUMATIN 250 MG CAPSULE	\$0 (Tier 2)	
<i>neomycin sulfate 500 mg tablet</i>	\$0 (Tier 1)	
<i>paromomycin sulfate 250 mg capsule</i>	\$0 (Tier 1)	
<i>streptomycin sulfate 1 g vial</i>	\$0 (Tier 1)	
<i>tobramycin sulfate 1.2 g vial, 10 mg/ml vial, 40 mg/ml vial</i>	\$0 (Tier 1)	
Antibacterials, Other		
AZACTAM 1 GM VIAL, 2 GM VIAL	\$0 (Tier 2)	
<i>aztreonam 1 vial, 2 vial</i>	\$0 (Tier 1)	
<i>chloramphenicol sod succinate 1 g vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CLEOCIN 2% VAGINAL CREAM	\$0 (Tier 2)	
CLEOCIN HCL 75 MG CAPSULE, 150 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	
CLEOCIN PHOSPHATE 9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN	\$0 (Tier 2)	
CLEOCIN T 1% LOION	\$0 (Tier 2)	
<i>clindamycin hcl 75 mg capsule, 150 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl 75 mg/5 ml soln recon</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clindamycin phosphate 1 % gel (gram), 1 % gel daily, 1 % lotion, 1 % med. swab, 1 % solution, 2 % cream/appl, 150 mg/ml vial</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in 0.9 % sodium chloride 0.9 % 300mg/50ml, 0.9 % 600mg/50ml, 0.9 % 900mg/50ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate/dextrose 5 % in water phosphate/d5w 300mg/50ml piggybk btl, phosphate/d5w 300mg/50ml piggyback, phosphate/d5w 600mg/50ml piggybk btl, phosphate/d5w 600mg/50ml piggyback, phosphate/d5w 900mg/50ml piggybk btl, phosphate/d5w 900mg/50ml piggyback</i>	\$0 (Tier 1)	
<i>colistin (as colistimethate sodium) (colistimethate na) 150 mg vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CUBICIN 500 MG VIAL	\$0 (Tier 2)	
CUBICIN RF 500 MG VIAL	\$0 (Tier 2)	
DALVANCE 500 MG VIAL	\$0 (Tier 2)	
<i>daptomycin 500 mg vial</i>	\$0 (Tier 1)	
FLAGYL 375 CAPSULE	\$0 (Tier 2)	
IMPAVIDO 50 MG CAPSULE	\$0 (Tier 2)	
<i>linezolid 100 mg/5ml susp recon, 600 mg tablet</i>	\$0 (Tier 1)	PA
<i>linezolid in 0.9 % sodium chloride in 0.9% 600mg/300 piggyback</i>	\$0 (Tier 1)	
<i>linezolid in dextrose 5 % in water in 5% 600mg/300 piggyback</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methenamine hippurate 1 g tablet</i>	\$0 (Tier 1)	
METRO IV 500 MG/100 ML	\$0 (Tier 2)	
<i>metronidazole 0.75 % gel w/appl, 250 mg tablet, 375 mg capsule, 500 mg tablet</i>	\$0 (Tier 1)	
<i>metronidazole in sodium chloride metronidazole/sodium 500mg/0.1l piggyback</i>	\$0 (Tier 1)	
<i>neomycin sulfate/polymyxin b sulfate /polymyxin 40-200k/ml ampul, /polymyxin 40-200k/ml vial</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal 50 mg capsule, 100 mg capsule</i>	\$0 (Tier 1)	
<i>nitrofurantoin monohydrate/macrocrystals monohyd/m-100 mg capsule</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>trimethoprim 100 mg tablet</i>	\$0 (Tier 1)	
TYGACIL 50 MG VIAL	\$0 (Tier 2)	
<i>vancomycin hcl 1 g vial, 1 g vial port, 1.25 g vial, 1.5 g vial, 5 g vial, 10 g vial, 100 g bulkbaginj, 500 mg vial, 500 mg vial port, 750 mg vial, 750 mg vial port</i>	\$0 (Tier 1)	
<i>vancomycin hcl 125 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

vancomycin hcl in water for injection (peg-400, nada)
vancomycin/water (peg)
1g/200ml,
vancomycin/water (peg)
1.25 g/250,
vancomycin/water (peg)
1.5g/300ml,
vancomycin/water (peg)
1.75 g/350,
vancomycin/water (peg) 2
g/400 ml,
vancomycin/water (peg)
500mg/0.1l,
vancomycin/water (peg)
750mg/.15l

\$0 (Tier 1)

vancomycin in 0.9 % sodium chloride
vancomycin/0.9 %
1g/200ml, vancomycin/0.9 %
500mg/0.1l,
vancomycin/0.9 %
750mg/.15l

\$0 (Tier 1)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>vancomycin in 5 % dextrose in water 5 % 1.25 g/250, 5 % 1.5g/300ml, 5 % 1g/200ml, 5 % 500mg/0.1l, 5 % 750mg/.15l</i>	\$0 (Tier 1)	
VANDAZOLE VAGINAL 0.75% GEL	\$0 (Tier 2)	
ZYVOX 100 MG/5 ML SUSPENSION, 600 MG TABLET	\$0 (Tier 2)	PA
ZYVOX 200 MG/100 ML, 600 MG/300 ML	\$0 (Tier 2)	
Beta-lactam, Cephalosporins		
<i>cefactor 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
<i>cefadroxil 1 g tablet, 250 mg/5ml susp recon, 500 mg capsule, 500 mg/5ml susp recon</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefazolin sodium 1 g vial, 1 g vial port, 2 g vial, 10 g vial, 20 g vial, 100 g bulkbaginj, 300g bulkbaginj, 500 mg vial</i>	\$0 (Tier 1)	
<i>cefazolin sodium/dextrose, iso-osmotic sodium/dextrose, iso 1 g/50 ml froz.piggy, sodium/dextrose, iso 1 g/50 ml piggyback, sodium/dextrose, iso 2 g/50 ml piggyback</i>	\$0 (Tier 1)	
<i>cefdinir 125 mg/5ml susp recon, 250 mg/5ml susp recon, 300 mg capsule</i>	\$0 (Tier 1)	
<i>cefepime hcl 1 vial, 2 vial</i>	\$0 (Tier 1)	
<i>cefepime hcl in dextrose 5 % in water 5 % 1 g/50 ml, 5 % 2 g/50 ml</i>	\$0 (Tier 1)	
<i>cefepime hcl in iso-osmotic dextrose -1 g/50 ml, -2 g/100 ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefixime 400 mg capsule</i>	\$0 (Tier 1)	
<i>cefoxitin sodium 1 vial, 2 vial, 10 vial</i>	\$0 (Tier 1)	
<i>cefoxitin sodium/dextrose, iso-osmotic sodium/dextrose, iso 1 g/50 ml, sodium/dextrose, iso 2 g/50 ml</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil 50 mg/5 ml susp recon, 100 mg tablet, 100 mg/5ml susp recon, 200 mg tablet</i>	\$0 (Tier 1)	
<i>cefprozil 125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tablet</i>	\$0 (Tier 1)	
<i>ceftazidime 1 vial, 1 vial port, 2 vial, 2 vial port, 6 vial</i>	\$0 (Tier 1)	
<i>ceftazidime in dextrose 5 % and water in 1 g/50 ml, in 2 g/50 ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ceftriaxone sodium 1 g vial, 1 g vial port, 2 g vial, 2 g vial port, 10 g vial, 100 g bulkbaginj, 250 mg vial, 500 mg vial</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium in isotonic dextrose in -1 g/50 ml froz.piggy, in -1 g/50 ml piggyback, in -2 g/50 ml froz.piggy, in -2 g/50 ml piggyback</i>	\$0 (Tier 1)	
<i>cefuroxime axetil 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
<i>cefuroxime sodium 1.5 g vial, 750 mg vial</i>	\$0 (Tier 1)	
<i>cephalexin 125 mg/5ml susp recon, 250 mg capsule, 250 mg/5ml susp recon, 500 mg capsule, 750 mg capsule</i>	\$0 (Tier 1)	
SUPRAX 100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

TEFLARO 400 MG VIAL, 600 MG VIAL

\$0 (Tier 2)

Beta-lactam, Penicillins

amoxicillin 125 mg tab chew, 125 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg capsule, 250 mg tab chew, 250 mg/5ml susp recon, 400 mg/5ml susp recon, 500 mg capsule, 500 mg tablet, 875 mg tablet

\$0 (Tier 1)

amoxicillin/potassium clavulanate 200-28.5/5 susp recon, 200-28.5mg tab chew, 250-125 mg tablet, 250-62.5/5 susp recon, 400-57mg tab chew, 400-57mg/5 susp recon, 500-125 mg tablet, 600-42.9/5 susp recon, 875-125 mg tablet, 1000-62.5 tab er 12h

\$0 (Tier 1)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ampicillin sodium 1 g vial, 1 g vial port, 2 g vial, 2 g vial port, 10 g vial, 250 mg vial, 500 mg vial</i>	\$0 (Tier 1)	
<i>ampicillin sodium/sulbactam sodium sod/sulbactam sod 3 vial, sodium/sulbactam na 3 vial, sodium/sulbactam na 3 vial port</i>	\$0 (Tier 1)	
<i>ampicillin trihydrate 500 mg capsule</i>	\$0 (Tier 1)	
AUGMENTIN 500-125 TABLET	\$0 (Tier 2)	
BICILLIN L-A L-600,000 UNIT/ML, L-1,200,000 UNITS, L-2,400,000 UNITS	\$0 (Tier 2)	
<i>dicloxacillin sodium 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
EXTENCILLINE 1,200,000 UNIT VL, 2,400,000 UNIT VL	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nafcillin in dextrose, iso-osmotic in -1 g/50 ml, in -2 g/100 ml</i>	\$0 (Tier 1)	
<i>nafcillin sodium 1 vial, 1 vial port, 2 vial, 2 vial port, 10 vial</i>	\$0 (Tier 1)	
<i>penicillin g benzathine 1.2mm unit vial</i>	\$0 (Tier 1)	
<i>penicillin g potassium 5mm vial, 20mm vial</i>	\$0 (Tier 1)	
<i>penicillin g potassium/dextrose-water pot/dextrose-1mm/50ml froz.piy, pot/dextrose-2mm/50ml froz.piy, pot/dextrose-3mm/50ml froz.piy</i>	\$0 (Tier 1)	
<i>penicillin g sodium 5mm unit vial</i>	\$0 (Tier 1)	
<i>penicillin v potassium 125 mg/5ml soln recon, 250 mg tablet, 250 mg/5ml soln recon, 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>piperacillin sodium/tazobactam sodium</i> 2.25 vial, 2.25 vial port, 3.375 vial, 3.375 vial port, 4.5 vial, 4.5 vial port	\$0 (Tier 1)	
ZOSYN 2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG	\$0 (Tier 2)	
Carbapenems		
<i>ertapenem sodium 1 g vial</i>	\$0 (Tier 1)	
<i>imipenem/cilastatin sodium</i> 250 mg vial, 500 mg vial	\$0 (Tier 1)	
INVANZ 1 GM VIAL	\$0 (Tier 2)	
<i>meropenem 1 g vial, 500 mg vial</i>	\$0 (Tier 1)	
<i>meropenem in 0.9 % sodium chloride -0.9% 1 g/50 ml, -0.9% 500mg/50ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Macrolides

<i>azithromycin 1 g packet, 100 mg/5ml susp recon, 200 mg/5ml susp recon, 250 mg tablet, 500 mg tablet, 500 mg vial, 500 mg vial port, 600 mg tablet</i>	\$0 (Tier 1)	
<i>clarithromycin 125 mg/5ml susp recon, 250 mg tablet, 250 mg/5ml susp recon, 500 mg tab er 24h, 500 mg tablet</i>	\$0 (Tier 1)	
DIFICID 200 MG TABLET	\$0 (Tier 2)	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	\$0 (Tier 2)	QL (136 PER 10 OVER TIME)
E.E.S. 200 MG/5 ML SUSPENSION	\$0 (Tier 2)	
ERY-TAB -TAB DR 250 MG TABLET, -TAB DR 333 MG TABLET, -TAB 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
ERYTHROCIN STEARATE 250 MG TABLET	\$0 (Tier 2)	
<i>erythromycin base 250 mg capsule dr, 250 mg tablet, 250 mg tablet dr, 333 mg tablet dr, 500 mg tablet, 500 mg tablet dr</i>	\$0 (Tier 1)	
<i>erythromycin base in ethanol 2 % med. swab, 2 % solution</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate 200 mg/5ml, 400 mg/5ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>erythromycin lactobionate</i> <i>500 mg vial</i>	\$0 (Tier 1)	
ZITHROMAX 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL	\$0 (Tier 2)	
ZITHROMAX TRI-PAK -500 MG TAB	\$0 (Tier 2)	
Quinolones		
CIPRO 5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	
<i>ciprofloxacin 250 mg/5ml, 500 mg/5ml</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl 100 mg tablet, 250 mg tablet, 500 mg tablet, 750 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ciprofloxacin lactate/dextrose 5 % in water 5 % 200mg/0.1l, 5 % 400mg/0.2l</i>	\$0 (Tier 1)	
<i>levofloxacin 25 mg/ml vial, 250 mg tablet, 250mg/10ml solution, 500 mg tablet, 750 mg tablet</i>	\$0 (Tier 1)	
<i>levofloxacin/dextrose 5 % in water in 5 % 250mg/50ml, in 5 % 500mg/0.1l, in 5 % 750mg/0.15l</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl 400 mg tablet</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl in sodium acetate and sulfate, water, iso-osm moxifloxacin/sod. ace, sull/w ater 400mg/0.25l piggyback</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl in sodium chloride, iso-osmotic - sod. chloride(iso) 400mg/0.25l piggyback</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
<i>sulfamethoxazole/trimethoprim 80-16mg/ml vial, 200-40mg/5 oral susp, 400mg-80mg tablet, 800-160 mg tablet, 800-160/20 oral susp</i>	\$0 (Tier 1)	
Tetracyclines		
<i>demeclocycline hcl 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 20 mg tablet, 50 mg capsule, 100 mg capsule, 100 mg tablet, 100 mg vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>doxycycline monohydrate</i> 50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet, 150 mg capsule, 150 mg tablet	\$0 (Tier 1)	
<i>minocycline hcl</i> 50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet	\$0 (Tier 1)	
NUZYRA 100 MG VIAL, 150 MG TABLET	\$0 (Tier 2)	
<i>tetracycline hcl</i> 250 mg capsule, 500 mg capsule	\$0 (Tier 1)	
VIBRAMYCIN 100 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Anticonvulsants

Anticonvulsants, Other

BRIVIACT 10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 50 MG/5 ML VIAL, 75 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
DEPAKOTE DR 125 MG TABLET, DR 250 MG TABLET, DR 500 MG TABLET	\$0 (Tier 2)	
DEPAKOTE ER ER 250 MG TABLET, ER 500 MG TABLET	\$0 (Tier 2)	
DEPAKOTE SPRINKLE DR 125 MG CP	\$0 (Tier 2)	
DIACOMIT 250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>divalproex sodium 125 mg cap dr spr, 125 mg tablet dr, 250 mg tab er 24h, 250 mg tablet dr, 500 mg tab er 24h, 500 mg tablet dr</i>	\$0 (Tier 1)	
EPIDIOLEX 100 MG/ML SOLN PACK, 100 MG/ML SOLUTION	\$0 (Tier 2)	PA
EPRONTIA 25 MG/ML SOLUTION	\$0 (Tier 2)	
<i>felbamate 400 mg tablet, 600 mg tablet, 600 mg/5ml oral susp</i>	\$0 (Tier 1)	
FINTEPLA 2.2 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KEPPRA 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET	\$0 (Tier 2)	
LAMICTAL (BLUE) TAB START KIT	\$0 (Tier 2)	
LAMICTAL 5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	
<i>lamotrigine 5 mg tb chw dsp, 25 mg tab er 24, 25 mg tablet, 25 mg tb chw dsp, 25mg (35) tab ds pk, 50 mg tab er 24, 100 mg tab er 24, 100 mg tablet, 150 mg tablet, 200 mg tab er 24, 200 mg tablet, 300 mg tab er 24</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>levetiracetam 100 mg/ml solution, 250 mg tablet, 500 mg tab er 24h, 500 mg tablet, 500 mg/5ml solution, 500 mg/5ml vial, 750 mg tab er 24h, 750 mg tablet, 1000 mg tablet</i>	\$0 (Tier 1)	
<i>levetiracetam in sodium chloride, iso-osmotic -os) 500mg/0.1l, -os) 1000mg/100, -os) 1500mg/100</i>	\$0 (Tier 1)	
SPRITAM 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET	\$0 (Tier 2)	
<i>topiramate 15 mg cap sprink, 25 mg cap sprink, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>valproic acid (as sodium salt) (valproate sodium) 250 mg/5ml solution, 500 mg/5ml vial, 500mg/10ml solution</i>	\$0 (Tier 1)	
<i>valproic acid 250 mg capsule</i>	\$0 (Tier 1)	
XCOPRI 12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK	\$0 (Tier 2)	
Calcium Channel Modifying Agents		
CELONTIN 300 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ethosuximide 250 mg capsule, 250 mg/5ml solution</i>	\$0 (Tier 1)	
LYRICA 20 MG/ML ORAL SOLUTION	\$0 (Tier 2)	QL (900 PER 30 DAYS)
LYRICA 225 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYRICA 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>methsuximide 300 mg capsule</i>	\$0 (Tier 1)	
<i>pregabalin 20 mg/ml solution</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)
<i>pregabalin 225 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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)
---	--------------	---------------------

ZARONTIN 250 MG CAPSULE	\$0 (Tier 2)	
-------------------------	--------------	--

Gamma-aminobutyric Acid (GABA) Augmenting Agents

<i>clobazam 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
--	--------------	-------------------------

<i>clobazam 2.5 mg/ml oral susp</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)
-------------------------------------	--------------	--------------------------

<i>diazepam 2.5 mg, 5-7.5-10mg, 12.5-15-20</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
--	--------------	--------------------

<i>gabapentin 100 mg capsule</i>	\$0 (Tier 1)	QL (1080 PER 30 DAYS)
----------------------------------	--------------	-----------------------

<i>gabapentin 250 mg/5ml, 300 mg/6ml</i>	\$0 (Tier 1)	QL (2160 PER 30 DAYS)
--	--------------	-----------------------

<i>gabapentin 300 mg capsule</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
----------------------------------	--------------	----------------------

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>gabapentin 400 mg capsule</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
GABITRIL 2 MG TABLET, 4 MG TABLET, 12 MG TABLET, 16 MG TABLET	\$0 (Tier 2)	
LIBERVANT 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM	\$0 (Tier 2)	QL (10 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NEURONTIN 250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION	\$0 (Tier 2)	QL (2160 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	\$0 (Tier 2)	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	\$0 (Tier 2)	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	\$0 (Tier 2)	QL (135 PER 30 DAYS)
ONFI 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (480 PER 30 DAYS)
<i>phenobarbital 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml elixir, 30 mg tablet, 32.4 mg tablet, 60 mg tablet, 64.8 mg tablet, 97.2mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>phenobarbital sodium 65 mg/ml vial, 130mg/ml vial</i>	\$0 (Tier 1)	
<i>primidone 50 mg tablet, 125 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	
SABRIL 500 MG POWDER PACKET, 500 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM, 20 MG FILM	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl 2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet</i>	\$0 (Tier 1)	
VALTOCO 5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY	\$0 (Tier 2)	QL (10 PER 30 DAYS)
<i>vigabatrin 500 mg powd pack, 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIGAFYDE 100 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (750 PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	\$0 (Tier 2)	
Sodium Channel Agents		
APTIOM 200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET	\$0 (Tier 2)	
BANZEL 40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
<i>carbamazepine 100 mg cpm 12hr, 100 mg tab chew, 100 mg tab er 12h, 100 mg/5ml oral susp, 200 mg cpm 12hr, 200 mg tab er 12h, 200 mg tablet, 200mg/10ml oral susp, 300 mg cpm 12hr, 400 mg tab er 12h</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CARBATROL ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE	\$0 (Tier 2)	
DILANTIN 30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE	\$0 (Tier 2)	
DILANTIN-125 MG/5 ML SUSP	\$0 (Tier 2)	
<i>fosphenytoin sodium 100mg pe/2 vial, 500 pe/10 vial</i>	\$0 (Tier 1)	
<i>lacosamide 10 mg/ml solution, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 200mg/20ml vial</i>	\$0 (Tier 1)	
<i>oxcarbazepine 150 mg tablet, 300 mg tablet, 300 mg/5ml oral susp, 600 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PHENYTEK 200 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	
<i>phenytoin 50 mg tab chew, 100 mg/4ml oral susp, 125 mg/5ml oral susp</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended 100 mg capsule, 200 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<i>rufinamide 40 mg/ml oral susp, 200 mg tablet, 400 mg tablet</i>	\$0 (Tier 1)	
TEGRETOL 100 MG/5 ML SUSP, 200 MG TABLET	\$0 (Tier 2)	
TEGRETOL XR 100 MG TABLET, 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
TRILEPTAL 150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIMPAT 10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 200 MG/20 ML VIAL	\$0 (Tier 2)	
ZONEGRAN 25 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	
ZONISADE 100 MG/5 ML ORAL SUSP	\$0 (Tier 2)	
<i>zonisamide 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	\$0 (Tier 1)	

Antidementia Agents

Cholinesterase Inhibitors

ADLARITY 5 MG/DAY PATCH, 10MG/DAY PATCH	\$0 (Tier 2)	
---	--------------	--

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARICEPT 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
<i>donepezil hcl 5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 10 mg tablet, 23 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)	
<i>galantamine hbr 4 mg tablet, 4 mg/ml solution, 8 mg cap24h pel, 8 mg tablet, 12 mg tablet, 16 mg cap24h pel, 24 mg cap24h pel</i>	\$0 (Tier 1)	
<i>rivastigmine 4.6mg/24hr patch, 9.5mg/24hr patch, 13.3mg/24h patch</i>	\$0 (Tier 1)	
<i>rivastigmine tartrate 1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl 2 mg/ml solution, 5 mg tablet, 5 mg-10 mg tab ds pk, 7 mg cap spr 24, 10 mg tablet, 14 mg cap spr 24, 21 mg cap spr 24, 28 mg cap spr 24</i>	\$0 (Tier 1)	PA
NAMENDA 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET	\$0 (Tier 2)	PA

Antidepressants

Antidepressants, Other

AUVELITY ER 45-105 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tab sr 12h, 150 mg tab er 24h</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>bupropion hcl 100 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>bupropion hcl 300 mg tablet 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet, 200 mg tab sr 12h</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	\$0 (Tier 1)	QL (60 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 tab rapdis, 30 mg tab rapdis, 30 mg tablet, 45 mg tab rapdis, 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)
SPRAVATO 56 MG DOSE PACK	\$0 (Tier 2)	PA, QL (16 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SPRAVATO 84 MG DOSE PACK	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR 100 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
WELLBUTRIN SR SR 150 MG TABLET, SR 200 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ZURZUVAE 20 MG CAPSULE, 25 MG CAPSULE	\$0 (Tier 2)	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	\$0 (Tier 2)	QL (14 PER 365 OVER TIME)
Monoamine Oxidase Inhibitors		
EMSAM 6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

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 tablet</i>	\$0 (Tier 1)	
<i>tranylcypromine sulfate 10 mg tablet</i>	\$0 (Tier 1)	

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

CELEXA 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>citalopram hydrobromide 10 mg tablet, 20 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>citalopram hydrobromide</i> <i>10 mg/5 ml, 20 mg/10ml</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>citalopram hydrobromide</i> <i>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)
<i>desvenlafaxine succinate</i> 25 mg tab er, 50 mg tab er, 100 mg tab er	\$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</i> 20 mg capsule dr, 60 mg capsule dr	\$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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>duloxetine hcl 30 mg capsule dr</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml solution</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fluoxetine hcl 10 mg capsule, 10 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule, 20 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5 ml solution</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluoxetine hcl 90 mg capsule dr</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
LEXAPRO 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
LEXAPRO 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
<i>nefazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>paroxetine hcl 10 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml oral susp</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)
<i>paroxetine hcl 12.5 mg tab er 24h, 20 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine hcl 25 mg tab er 24h, 30 mg tablet, 37.5 mg tab er 24h</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PROZAC 10 MG PULVULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml oral conc</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>sertraline hcl 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>trazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
TRINTELLIX 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>venlafaxine besylate 112.5 mg tab er 24</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>venlafaxine hcl 150 mg cap er 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>venlafaxine hcl 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg cap er 24h, 75 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>venlafaxine hcl 37.5 mg cap er 24h</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
VIIBRYD 10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>vilazodone hcl 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ZOLOFT 100 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	\$0 (Tier 2)	QL (300 PER 30 DAYS)
ZOLOFT 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Tricyclics

<i>amitriptyline hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet</i>	\$0 (Tier 1)	
<i>amoxapine 25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet</i>	\$0 (Tier 1)	
<i>clomipramine hcl 25 mg capsule, 50 mg capsule, 75 mg capsule</i>	\$0 (Tier 1)	
<i>desipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet</i>	\$0 (Tier 1)	
<i>doxepin hcl 10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule</i>	\$0 (Tier 1)	
<i>imipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NORPRAMIN 10 MG TABLET, 25 MG TABLET	\$0 (Tier 2)	
<i>nortriptyline hcl 10 mg capsule, 10 mg/5 ml solution, 25 mg capsule, 50 mg capsule, 75 mg capsule</i>	\$0 (Tier 1)	
<i>protriptyline hcl 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>trimipramine maleate 25 mg capsule, 50 mg capsule, 100 mg capsule</i>	\$0 (Tier 1)	

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl 10 mg tablet, 25 mg tablet, 25 mg/ml ampul, 25 mg/ml vial, 30 mg/ml oral conc, 50 mg tablet, 100 mg tablet, 100 mg/ml oral conc, 200 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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.rect</i>	\$0 (Tier 1)	
<i>prochlorperazine edisylate 10 mg/2 ml vial</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>promethazine hcl 6.25mg/5ml syrup, 12.5 mg supp.rect, 12.5 mg tablet, 25 mg supp.rect, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	PA
<i>scopolamine 1 mg/3 day patch td 3</i>	\$0 (Tier 1)	PA
Emetogenic Therapy Adjuncts		
<i>aprepitant 40 mg capsule, 80 mg capsule, 125 mg capsule, 125mg-80mg caps pk</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dronabinol 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA
EMEND 80 MG CAPSULE, TRIPACK	\$0 (Tier 2)	PA
<i>fosaprepitant dimeglumine 150 mg vial</i>	\$0 (Tier 1)	
<i>granisetron hcl 1 mg tablet</i>	\$0 (Tier 1)	PA
<i>granisetron hcl 1 mg/ml vial, 1 mg/ml(1) vial</i>	\$0 (Tier 1)	
<i>granisetron hcl/pf 1 mg/ml(1) vial</i>	\$0 (Tier 1)	
<i>ondansetron 4 mg tab rapdis, 8 mg tab rapdis</i>	\$0 (Tier 1)	
<i>ondansetron hcl 2 mg/ml vial, 4 mg tablet, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet</i>	\$0 (Tier 1)	
<i>ondansetron hcl/pf 4 mg/2 ml ampul, 4 mg/2 ml syringe, 4 mg/2 ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>palonosetron hcl</i> 0.25mg/2ml vial, 0.25mg/5ml syringe, 0.25mg/5ml vial	\$0 (Tier 1)	
Antifungals		
3-DAY VAGINAL CREAM 3-CREAM, SM 3-CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
AMBISOME 50 MG VIAL	\$0 (Tier 2)	PA
<i>amphotericin b 50 mg vial</i>	\$0 (Tier 1)	PA
<i>amphotericin b liposome 50 mg vial</i>	\$0 (Tier 1)	PA
ATHLETE'S FOOT 1% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
CANCIDAS IV 50 MG VIAL, IV 70 MG VIAL	\$0 (Tier 2)	
<i>casposfungin acetate 50 mg vial, 70 mg vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ciclopirox 0.77 % gel (gram), 1 % shampoo</i>	\$0 (Tier 1)	
<i>ciclopirox 8 % solution</i>	\$0 (Tier 1)	QL (6.6 PER 30 DAYS)
<i>ciclopirox olamine 0.77 % cream (g), 0.77 % suspension</i>	\$0 (Tier 1)	
<i>clotrimazole 1 % cream (g)</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>clotrimazole 1 % cream/appl, 2 % cream/appl</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>clotrimazole 1 % solution, 10 mg troche</i>	\$0 (Tier 1)	
CRESEMBA 74.5 MG CAPSULE, 186 MG CAPSULE, 372 MG VIAL	\$0 (Tier 2)	PA
DIFLUCAN 10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>econazole nitrate 1 % cream (g)</i>	\$0 (Tier 1)	
<i>fluconazole 10 mg/ml susp recon, 40 mg/ml susp recon, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride, iso-osmotic in - 200mg/0.1l pggymbk btl, in - 200mg/0.1l piggyback, in - 400mg/0.2l pggymbk btl, in - 400mg/0.2l piggyback</i>	\$0 (Tier 1)	
<i>flucytosine 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
FUNGOID TINCTURE 2%	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>griseofulvin ultramicrosize 125 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	
<i>griseofulvin, microsize 125 mg/5ml oral 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>itraconazole 100 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ketoconazole 2 % cream (g), 2 % shampoo, 200 mg tablet</i>	\$0 (Tier 1)	
LAMISIL AT 1% CREAM	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
LOPROX 1% SHAMPOO	\$0 (Tier 2)	
<i>micafungin sodium 50 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
<i>micafungin sodium in 0.9 % sodium chloride 50 mg/50ml piggyback</i>	\$0 (Tier 1)	
<i>miconazole nitrate 2 % cream (g), 4 % cream/appl, 100 mg supp. vag, 200 mg-2 % kit</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>miconazole nitrate 2 % cream/appl, 1200mg-2% kit</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NOXAFIL 40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP, 300 MG/16.7 ML VIAL	\$0 (Tier 2)	PA
<i>nystatin 500k unit tablet, 100000/g cream (g), 100000/g oint. (g), 100000/g powder, 100000/ml oral susp</i>	\$0 (Tier 1)	
<i>posaconazole 100 mg tablet dr, 200 mg/5ml oral susp, 300mg/16.7 vial</i>	\$0 (Tier 1)	PA
SPORANOX 100 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>terbinafine hcl 1 % cream (g)</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/appl, 0.8 % cream/appl, 80 mg supp. vag</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tioconazole 6.5 % oin/pf app</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tolnaftate 1 % cream (g), 1 % powder</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
VFEND IV 200 MG VIAL	\$0 (Tier 2)	PA
<i>voriconazole 50 mg tablet, 200 mg tablet, 200 mg vial, 200 mg/5ml susp recon</i>	\$0 (Tier 1)	PA

Antigout Agents

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>probenecid 500 mg tablet</i>	\$0 (Tier 1)	
<i>probenecid/colchicine 500-0.5 mg tablet</i>	\$0 (Tier 1)	
ZYLOPRIM 100 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	

Antimigraine Agents

AIMOVIG AUTOINJECTOR 140 MG/ML	\$0 (Tier 2)	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
<i>dihydroergotamine mesylate 0.5mg/spry spray/pump</i>	\$0 (Tier 1)	PA, QL (8 PER 28 DAYS)
EMGALITY PEN 120 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EMGALITY SYRINGE 100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)	\$0 (Tier 2)	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
<i>ergotamine tartrate/caffeine 1 mg- 100mg tablet</i>	\$0 (Tier 1)	
MIGRANAL NASAL SPRAY	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)
NURTEC ODT 75 MG TABLET	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)
UBRELVY 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
IMITREX 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
IMITREX 4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT	\$0 (Tier 2)	ST, QL (6 PER 30 DAYS)
IMITREX 5 MG SPRAY, 20 MG SPRAY	\$0 (Tier 2)	ST, QL (12 PER 30 DAYS)
IMITREX 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT	\$0 (Tier 2)	QL (6 PER 30 DAYS)
MAXALT 10 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl 1 mg tablet, 2.5 mg tablet</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>rizatriptan benzoate 5 mg tab rapdis, 5 mg tablet, 10 mg tab rapdis, 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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/0.5ml cartridge, 4 mg/0.5ml pen injctr, 6 mg/0.5ml cartridge, 6 mg/0.5ml pen injctr</i>	\$0 (Tier 1)	QL (6 PER 30 DAYS)
<i>sumatriptan succinate 6 mg/0.5ml vial</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
<i>zolmitriptan 2.5 mg tab rapdis, 5 mg tab rapdis</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Antimycobacterials

Antimycobacterials, Other

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

Antituberculars

<i>cycloserine 250 mg capsule</i>	\$0 (Tier 1)	
<i>ethambutol hcl 100 mg tablet, 400 mg tablet</i>	\$0 (Tier 1)	
<i>isoniazid 50 mg/5 ml solution, 100 mg tablet, 100 mg/ml vial, 300 mg tablet</i>	\$0 (Tier 1)	
PRIFTIN 150 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pyrazinamide 500 mg tablet</i>	\$0 (Tier 1)	
RIFADIN IV 600 MG VIAL	\$0 (Tier 2)	
<i>rifampin 150 mg capsule, 300 mg capsule, 600 mg vial</i>	\$0 (Tier 1)	
SIRTURO 20 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
TRECTOR 250 MG TABLET	\$0 (Tier 2)	

Antineoplastics

Alkylating Agents

<i>busulfan 60 mg/10ml vial</i>	\$0 (Tier 1)	
<i>cyclophosphamide 1 g vial, 2 g vial, 500 mg vial, 500 mg/ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cyclophosphamide 25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet</i>	\$0 (Tier 1)	PA
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 200 MG/ML VIAL, CYCLOPHOSPHAMIDE 1 GM/5 ML VL, CYCLOPHOSPHAMIDE 500 MG/2.5 ML	\$0 (Tier 2)	
EVOMELA 50 MG VIAL	\$0 (Tier 2)	
GLEOSTINE 10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	
LEUKERAN 2 MG TABLET	\$0 (Tier 2)	
MATULANE 50 MG CAPSULE	\$0 (Tier 2)	PA
<i>melphalan hcl 50 mg vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TEMODAR 100 MG VIAL	\$0 (Tier 2)	
VALCHLOR 0.016% GEL	\$0 (Tier 2)	
YONDELIS 1 MG VIAL	\$0 (Tier 2)	PA
ZEPZELCA 4 MG VIAL	\$0 (Tier 2)	PA
Antiandrogens		
<i>abiraterone acetate 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>bicalutamide 50 mg tablet</i>	\$0 (Tier 1)	
CASODEX 50 MG TABLET	\$0 (Tier 2)	
ERLEADA 240 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EULEXIN 125 MG CAPSULE	\$0 (Tier 2)	
NILANDRON 150 MG TABLET	\$0 (Tier 2)	
<i>nilutamide 150 mg tablet</i>	\$0 (Tier 1)	
NUBEQA 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XTANDI 40 MG CAPSULE, 40 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
YONSA 125 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
POMALYST 1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
REVLIMID 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
REVLIMID 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
THALOMID 150 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
THALOMID 50 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZALTRAP 100 MG/4 ML VIAL, 200 MG/8 ML VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Antiestrogens/Modifiers

EMCYT 140 MG CAPSULE	\$0 (Tier 2)	
FARESTON 60 MG TABLET	\$0 (Tier 2)	
FASLODEX 250 MG/5 ML SYRINGE	\$0 (Tier 2)	PA
<i>fulvestrant 250 mg/5ml syringe</i>	\$0 (Tier 1)	PA
ORSERDU 345 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SOLTAMOX 20 MG/10 ML SOLN	\$0 (Tier 2)	
<i>tamoxifen citrate 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
<i>toremifene citrate 60 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Antimetabolites

<i>fluorouracil 1 g/20 ml vial, 2.5 g/50ml vial, 5 g/100 ml vial, 500mg/10ml vial</i>	\$0 (Tier 1)	PA
FOLOTYN 20 MG/ML VIAL, 40 MG/2 ML VIAL	\$0 (Tier 2)	PA
HYDREA 500 MG CAPSULE	\$0 (Tier 2)	
<i>hydroxyurea 500 mg capsule</i>	\$0 (Tier 1)	
<i>mercaptopurine 50 mg tablet</i>	\$0 (Tier 1)	
PURIXAN 20 MG/ML ORAL SUSP	\$0 (Tier 2)	
TABLOID 40 MG TABLET	\$0 (Tier 2)	

Antineoplastics, Other

ABRAXANE 100 MG VIAL	\$0 (Tier 2)	PA
----------------------	--------------	----

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ADRIAMYCIN 50 MG VIAL	\$0 (Tier 2)	PA
ALIMTA 100 MG VIAL, 500 MG VIAL	\$0 (Tier 2)	PA
ARRANON 250 MG/50 ML VIAL	\$0 (Tier 2)	PA
<i>arsenic trioxide 10 mg/10ml vial, 12 mg/6 ml vial</i>	\$0 (Tier 1)	
ASPARLAS 3,750 UNIT/5 ML VIAL	\$0 (Tier 2)	
<i>azacitidine 100 mg vial</i>	\$0 (Tier 1)	
<i>bendamustine hcl 25 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
BENDEKA 100 MG/4 ML VIAL	\$0 (Tier 2)	
BICNU 100 MG VIAL	\$0 (Tier 2)	
<i>bleomycin sulfate 15 vial, 30 vial</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BLINCYTO 35MCG VL W-STABILIZER	\$0 (Tier 2)	PA
<i>carboplatin 10 mg/ml vial</i>	\$0 (Tier 1)	
<i>carmustine 100 mg vial</i>	\$0 (Tier 1)	
<i>cisplatin 1 mg/ml vial</i>	\$0 (Tier 1)	
<i>cladribine 10 mg/10ml vial</i>	\$0 (Tier 1)	PA
<i>clofarabine 20 mg/20ml vial</i>	\$0 (Tier 1)	
CLOLAR 20 MG/20 ML VIAL	\$0 (Tier 2)	
COSMEGEN 500 MCG VIAL	\$0 (Tier 2)	
<i>cytarabine 20 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>cytarabine/pf 2 g/20 ml vial, 20 mg/ml vial, 100 mg/5ml vial</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dacarbazine 100 mg vial, 200 mg vial</i>	\$0 (Tier 1)	
<i>dactinomycin 0.5 mg vial</i>	\$0 (Tier 1)	
<i>daunorubicin hcl 5 mg/ml vial</i>	\$0 (Tier 1)	
<i>decitabine 50 mg vial</i>	\$0 (Tier 1)	
<i>docetaxel 20 mg/2 ml vial, 20mg/ml(1) vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/8ml vial, 160mg/16ml vial</i>	\$0 (Tier 1)	
<i>doxorubicin hcl 2 mg/ml vial, 10 mg vial, 10 mg/5 ml vial, 20 mg/10ml vial, 50 mg vial, 50 mg/25ml vial</i>	\$0 (Tier 1)	PA
<i>doxorubicin hcl pegylated liposomal -2 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>eribulin mesylate 1 mg/2 ml vial</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fludarabine phosphate 50 mg vial, 50 mg/2 ml vial</i>	\$0 (Tier 1)	
<i>gemcitabine hcl 1 g vial, 1 g/26.3ml vial, 2 g vial, 2 g/52.6ml vial, 200 mg vial, 200mg/5.26 vial</i>	\$0 (Tier 1)	
HALAVEN 1 MG/2 ML VIAL	\$0 (Tier 2)	PA
<i>idarubicin hcl 1 mg/ml vial</i>	\$0 (Tier 1)	
IFEX 3 GM VIAL	\$0 (Tier 2)	
<i>ifosfamide 1 g vial, 1 g/20 ml vial, 3 g vial, 3 g/60 ml vial</i>	\$0 (Tier 1)	
IMLYGIC 1 MILLION PFU/ML VIAL, 100 MILLION PFU/ML VL	\$0 (Tier 2)	
INQOVI 35 MG-100 MG TABLET	\$0 (Tier 2)	PA, QL (5 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ISTODAX 10 MG KIT, 10 MG VIAL	\$0 (Tier 2)	PA
IXEMPRA 15 MG KIT, 15 MG VIAL, 45 MG KIT, 45 MG VIAL	\$0 (Tier 2)	
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 tablet, 10 mg tablet, 10 mg/ml vial, 15 mg tablet, 25 mg tablet, 50 mg vial, 100 mg vial, 200 mg vial, 350 mg vial, 500 mg vial</i>	\$0 (Tier 1)	
LONSURF 15 MG-6.14 MG TABLET	\$0 (Tier 2)	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	\$0 (Tier 2)	PA, QL (80 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mitomycin 5 mg vial, 20 mg vial, 40 mg vial</i>	\$0 (Tier 1)	
<i>mitoxantrone hcl 2 mg/ml vial</i>	\$0 (Tier 1)	
MUTAMYCIN 5 MG VIAL, 20 MG VIAL, 40 MG VIAL	\$0 (Tier 2)	
<i>nelarabine 250mg/50ml vial</i>	\$0 (Tier 1)	PA
NINLARO 2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
NIPENT 10 MG VIAL	\$0 (Tier 2)	
ONCASPAR 3,750 UNIT/5 ML VIAL	\$0 (Tier 2)	
ONUREG 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (14 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>oxaliplatin 50 mg vial, 50 mg/10ml vial, 100 mg vial, 100mg/20ml vial, 200mg/40ml vial</i>	\$0 (Tier 1)	
<i>paclitaxel 6 mg/ml vial</i>	\$0 (Tier 1)	
<i>pemetrexed 100 mg vial, 500 mg vial</i>	\$0 (Tier 1)	PA
<i>pemetrexed disodium 25 mg/ml vial, 100 mg vial, 500 mg vial, 750 mg vial, 1000 mg vial</i>	\$0 (Tier 1)	PA
<i>romidepsin 10 mg/2 ml vial</i>	\$0 (Tier 1)	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	\$0 (Tier 2)	PA
RYLAZE 10 MG/0.5 ML VIAL	\$0 (Tier 2)	
SYNRIBO 3.5 MG/ML VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>thiotepa 15 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
TREANDA 25 MG VIAL, 100 MG VIAL	\$0 (Tier 2)	
TRISENOX 12 MG/6 ML VIAL	\$0 (Tier 2)	
<i>vinblastine sulfate 1 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>vincristine sulfate 1 mg/ml vial, 2 mg/2 ml vial</i>	\$0 (Tier 1)	PA
<i>vinorelbine tartrate 10 mg/ml vial, 50 mg/5 ml vial</i>	\$0 (Tier 1)	
VYXEOS 44 MG-100 MG VIAL	\$0 (Tier 2)	PA
WELIREG 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
XPOVIO 40 MG TWICE, 80 MG ONCE, 100 MG ONCE	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)
XPOVIO 40 MG, 60 MG	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XPOVIO 60 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (32 PER 28 DAYS)
ZANOSAR 1 GM POWDER VIAL	\$0 (Tier 2)	
ZOLINZA 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

<i>anastrozole 1 mg tablet</i>	\$0 (Tier 1)	
ARIMIDEX 1 MG TABLET	\$0 (Tier 2)	
AROMASIN 25 MG TABLET	\$0 (Tier 2)	
<i>exemestane 25 mg tablet</i>	\$0 (Tier 1)	
FEMARA 2.5 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>letrozole 2.5 mg tablet</i>	\$0 (Tier 1)	
Enzyme Inhibitors		
ETOPOPHOS 100 MG VIAL	\$0 (Tier 2)	
<i>etoposide 20 mg/ml vial</i>	\$0 (Tier 1)	
<i>irinotecan hcl 40 mg/2 ml vial, 100 mg/5ml vial, 500mg/25ml vial</i>	\$0 (Tier 1)	
IWILFIN 192 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ONIVYDE 43 MG/10 ML VIAL	\$0 (Tier 2)	PA
<i>topotecan hcl 4 mg vial, 4 mg/4 ml vial</i>	\$0 (Tier 1)	
Molecular Target Inhibitors		
AFINITOR 2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AFINITOR 5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 2 MG TABLET, 5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
AKEEGA 50-500 MG TABLET, 100-500 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ALIQOPA 60 MG VIAL	\$0 (Tier 2)	PA
ALUNBRIG 30 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
BELEODAQ 500 MG VIAL	\$0 (Tier 2)	PA
<i>bortezomib 1 mg vial, 2.5 mg vial, 3.5 mg vial</i>	\$0 (Tier 1)	PA
BOSULIF 100 MG CAPSULE, 100 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BOSULIF 400 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
CABOMETYX 20 MG TABLET, 40 MG TABLET, 60 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
CALQUENCE 100 MG CAPSULE, 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COMETRIQ 100 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
COPIKTRA 15 MG CAPSULE, 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COTELLIC 20 MG TABLET	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
CYRAMZA 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>erlotinib hcl 100 mg tablet, 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>everolimus 2 mg tab susp, 5 mg tab 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 susp</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
EXKIVITY 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
FARYDAK 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE	\$0 (Tier 2)	PA, QL (6 PER 21 DAYS)
FOTIVDA 0.89 MG CAPSULE, 1.34 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FRUZAQLA 5 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>gefitinib 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
GILOTRIF 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
IBRANCE 75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INLYTA 5 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
INREBIC 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IRESSA 250 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JAKAFI 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JEVTANA 60 MG/1.5 ML KIT, 60 MG/1.5 ML VIAL	\$0 (Tier 2)	PA
KISQALI 200 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KISQALI 400 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
KRAZATI 200 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
KYPROLIS 10 MG VIAL, 30 MG VIAL, 60 MG VIAL	\$0 (Tier 2)	PA
<i>lapatinib ditosylate 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
LENVIMA 12 MG DAILY, 18 MG DAILY, 24 MG DAILY	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LYTGOBI 20 MG DOSE (5X 4MG TB)	\$0 (Tier 2)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NERLYNX 40 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NEXAVAR 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ODOMZO 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OJEMDA 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	\$0 (Tier 2)	PA, QL (96 PER 28 DAYS)
OJJAARA 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
PEMAZYRE 4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET	\$0 (Tier 2)	PA, QL (14 PER 21 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PIQRAY 250 MG DAILY PACK, 300 MG DAILY PACK	\$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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
QINLOCK 50 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
RETEVMO 80 MG TABLET, 120 MG TABLET, 160 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
REZLIDHIA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	\$0 (Tier 2)	PA, QL (336 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 tosylate 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
SPRYCEL 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SPRYCEL 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
STIVARGA 40 MG TABLET	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate 12.5 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>sunitinib malate 25 mg capsule, 37.5 mg capsule, 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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TAGRISSE 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TALZENNA 0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TARCEVA 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TASIGNA 50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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)
<i>temsirolimus fcn 30mg/3 vial</i>	\$0 (Tier 1)	
TEPMETKO 225 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TIBSOVO 250 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TORISEL 25 MG KIT, 25 MG VIAL	\$0 (Tier 2)	
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 18.

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)
VELCADE 3.5 MG VIAL	\$0 (Tier 2)	PA
VENCLEXTA 10 MG TAB (10MG X 2), 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
VERZENIO 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VITRAKVI 20 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VIZIMPRO 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VOTRIENT 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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 CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ZYDELIG 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS 50 MG VIAL	\$0 (Tier 2)	PA
ALYMSYS 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARZERRA 100 MG/5 ML VIAL, 1,000 MG/50 ML VIAL	\$0 (Tier 2)	PA
AVASTIN 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
BAVENCIO 200 MG/10 ML VIAL	\$0 (Tier 2)	PA
BESPONSA 0.9 MG VIAL	\$0 (Tier 2)	PA
BLENREP 100 MG VIAL	\$0 (Tier 2)	PA
DANYELZA 40 MG/10 ML VIAL	\$0 (Tier 2)	PA
DARZALEX 100 MG/5 ML VIAL, 400 MG/20 ML VIAL	\$0 (Tier 2)	PA
DARZALEX FASPRO 1,800MG-30,000	\$0 (Tier 2)	PA
EMPLICITI 300 MG VIAL, 400 MG VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ENHERTU 100 MG VIAL	\$0 (Tier 2)	PA
ERBITUX 100 MG/50 ML VIAL, 200 MG/100 ML VIAL	\$0 (Tier 2)	PA
GAZYVA 1,000 MG/40 ML VIAL	\$0 (Tier 2)	PA
HERCEPTIN 150 MG VIAL	\$0 (Tier 2)	PA
HERCEPTIN HYLECTA 600MG-10,000	\$0 (Tier 2)	PA
HERZUMA 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA
IMFINZI 120 MG/2.4 ML VIAL, 500 MG/10 ML VIAL	\$0 (Tier 2)	PA
JEMPERLI 500 MG/10 ML VIAL	\$0 (Tier 2)	PA
KADCYLA 100 MG VIAL, 160 MG VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KANJINTI 150 MG VIAL, 420 MG VIAL, 420 MG VIAL W-DILUENT	\$0 (Tier 2)	PA
KEYTRUDA 100 MG/4 ML VIAL	\$0 (Tier 2)	PA
LIBTAYO 350 MG/7 ML VIAL	\$0 (Tier 2)	PA
LUMOXITI 1 MG VIAL	\$0 (Tier 2)	PA
MARGENZA 250 MG/10 ML VIAL	\$0 (Tier 2)	PA
MONJUVI 200 MG VIAL	\$0 (Tier 2)	PA
MVASI 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
MYLOTARG 4.5 MG VIAL	\$0 (Tier 2)	PA
OGIVRI 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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
OPDIVO 40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 120 MG/12 ML VIAL, 240 MG/24 ML VIAL	\$0 (Tier 2)	PA
PADCEV 20 MG VIAL, 30 MG VIAL	\$0 (Tier 2)	PA
PERJETA 420 MG/14 ML VIAL	\$0 (Tier 2)	PA
PHESGO 600-600 MG-20,000 UNIT, 1,200-600MG-30,000 UNIT	\$0 (Tier 2)	PA
POLIVY 30 MG VIAL, 140 MG VIAL	\$0 (Tier 2)	PA
PORTRAZZA 800 MG/50 ML VIAL	\$0 (Tier 2)	PA
POTELIGEO 20 MG/5 ML VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RIABNI 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
RITUXAN 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
RITUXAN HYCELA 1,400 MG-23,400, 1,600 MG-26,800	\$0 (Tier 2)	PA
RUXIENCE 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
RYBREVANT 350 MG/7 ML VIAL	\$0 (Tier 2)	PA
SARCLISA 100 MG/5 ML VIAL, 500 MG/25 ML VIAL	\$0 (Tier 2)	PA
TECENTRIQ 840 MG/14 ML VIAL, 1,200 MG/20 ML VIAL	\$0 (Tier 2)	PA
TRAZIMERA 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRODELVY 180 MG VIAL	\$0 (Tier 2)	PA
TRUXIMA 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
UNITUXIN 17.5 MG/ 5 ML VIAL	\$0 (Tier 2)	PA
VECTIBIX 100 MG/5 ML VIAL, 400 MG/20 ML VIAL	\$0 (Tier 2)	PA
VEGZELMA 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
YERVOY 50 MG/10 ML VIAL, 200 MG/40 ML VIAL	\$0 (Tier 2)	PA
ZIRABEV 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
ZYNLONTA 10 MG VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Retinoids

<i>bexarotene 1 % gel (gram), 75 mg capsule</i>	\$0 (Tier 1)	PA
PANRETIN 0.1% GEL	\$0 (Tier 2)	PA
TARGRETIN 1% GEL, 75 MG CAPSULE	\$0 (Tier 2)	PA
<i>tretinoin 10 mg capsule</i>	\$0 (Tier 1)	PA

Treatment Adjuncts

COSELA 300 MG VIAL	\$0 (Tier 2)	
<i>dexrazoxane hcl 250 mg vial, 500 mg vial</i>	\$0 (Tier 1)	
ELITEK 1.5 MG VIAL, 7.5 MG VIAL	\$0 (Tier 2)	
<i>mesna 100 mg/ml vial</i>	\$0 (Tier 1)	
MESNEX 400 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Antiparasitics

Anthelmintics

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

Antiprotozoals

<i>atovaquone 750 mg/5ml oral susp</i>	\$0 (Tier 1)	PA, QL (600 PER 30 DAYS)
<i>atovaquone/proguanil hcl 62.5-25 mg tablet, 250-100 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>chloroquine phosphate 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
COARTEM TABLETS	\$0 (Tier 2)	
DARAPRIM 25 MG TABLET	\$0 (Tier 2)	PA
<i>hydroxychloroquine sulfate 200 mg tablet</i>	\$0 (Tier 1)	
MALARONE 62.5-25 MG PED TAB, 250-100 MG TABLET	\$0 (Tier 2)	
<i>mefloquine hcl 250 mg tablet</i>	\$0 (Tier 1)	
NEBUPENT 300 MG INHAL POWDER	\$0 (Tier 2)	PA
<i>nitazoxanide 500 mg tablet</i>	\$0 (Tier 1)	QL (20 PER 30 OVER TIME)
PENTAM 300 MG VIAL	\$0 (Tier 2)	
<i>pentamidine isethionate 300 mg vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pentamidine isethionate 300 mg vial-neb</i>	\$0 (Tier 1)	PA
PLAQUENIL 200 MG TABLET	\$0 (Tier 2)	
<i>primaquine phosphate 26.3 mg tablet</i>	\$0 (Tier 1)	
<i>pyrimethamine 25 mg tablet</i>	\$0 (Tier 1)	PA
<i>quinine sulfate 324 mg capsule</i>	\$0 (Tier 1)	PA

Antiparkinson Agents

Antiparkinson Agents, Other

<i>amantadine hcl 50 mg/5 ml solution, 100 mg capsule, 100 mg tablet</i>	\$0 (Tier 1)	
<i>benztropine mesylate 0.5 mg tablet, 1 mg tablet, 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>carbidopa/levodopa/entacapone 12.5-50 mg tablet, 18.75-75mg tablet, 25-100-200 tablet, 31.25-125 tablet, 37.5-150mg tablet, 50-200-200 tablet</i>	\$0 (Tier 1)	
COMTAN 200 MG TABLET	\$0 (Tier 2)	
<i>entacapone 200 mg tablet</i>	\$0 (Tier 1)	
TASMAR 100 MG TABLET	\$0 (Tier 2)	
<i>tolcapone 100 mg tablet</i>	\$0 (Tier 1)	
Dopamine Agonists		
APOKYN 30 MG/3 ML CARTRIDGE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl 10 mg/ml cartridge</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate 2.5 mg tablet, 5 mg capsule</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

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)

pramipexole di-hcl -0.125 mg tablet, -0.25 mg tablet, -0.5 mg tablet, -0.75 mg tablet, -1 mg tablet, -1.5 mg tablet

\$0 (Tier 1)

ropinirole hcl 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tab er 24h, 2 mg tablet, 3 mg tablet, 4 mg tab er 24h, 4 mg tablet, 5 mg tablet, 6 mg tab er 24h, 8 mg tab er 24h, 12 mg tab er 24h

\$0 (Tier 1)

Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

carbidopa 25 mg tablet

\$0 (Tier 1)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>carbidopa/levodopa 10mg-100mg tab rapdis, 10mg-100mg tablet, 25mg-100mg tab rapdis, 25mg-100mg tablet, 25mg-100mg tablet er, 25mg-250mg tab rapdis, 25mg-250mg tablet, 50mg-200mg tablet er</i>	\$0 (Tier 1)	
INBRIJA 42 MG INHALATION CAP	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
RYTARY ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP	\$0 (Tier 2)	
SINEMET 10-100 -MG TABLET	\$0 (Tier 2)	
SINEMET 25-100 -MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Monoamine Oxidase B (MAO-B) Inhibitors

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

Antipsychotics

1st Generation/Typical

<i>fluphenazine decanoate 25 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>fluphenazine hcl 1 mg tablet, 2.5 mg tablet, 2.5 mg/5ml elixir, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml oral conc, 10 mg tablet</i>	\$0 (Tier 1)	PA
HALDOL DECANOATE 100 AMPUL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml ampul, 100 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>haloperidol lactate 2 mg/ml oral conc, 5 mg/ml ampul, 5 mg/ml syringe, 5 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>loxapine succinate 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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

<i>thiothixene 1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA
<i>trifluoperazine hcl 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA

2nd Generation/Atypical

ABILIFY 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ABILIFY 2 MG TABLET, 5 MG TABLET	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	\$0 (Tier 2)	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	\$0 (Tier 2)	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL	\$0 (Tier 2)	QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>aripiprazole 1 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (750 PER 30 DAYS)
<i>aripiprazole 10 mg tab rapdis, 15 mg tab rapdis</i>	\$0 (Tier 1)	PA, QL (60 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)
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 tab, 5 mg tab, 10 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CAPLYTA 10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
GEODON 20 MG CAPSULE, 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA ER 3 MG TABLET, ER 9 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVEGA ER 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	\$0 (Tier 2)	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	\$0 (Tier 2)	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	\$0 (Tier 2)	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	\$0 (Tier 2)	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	\$0 (Tier 2)	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	\$0 (Tier 2)	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	\$0 (Tier 2)	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	\$0 (Tier 2)	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	\$0 (Tier 2)	QL (1.32 PER 84 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 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 5 mg tab rapdis, 10 mg tab rapdis, 15 mg tab rapdis, 15 mg tablet, 20 mg tab rapdis, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>paliperidone 1.5 mg tab er 24, 3 mg tab er 24, 9 mg tab er 24</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>paliperidone 6 mg tab 24</i>	\$0 (Tier 1)	PA, QL (60 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>quetiapine fumarate 150 mg tab er, 200 mg tab er</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 50 mg tab er 24h, 300 mg tab er 24h, 300 mg tablet, 400 mg tab er 24h, 400 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
REXULTI 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
RISPERDAL 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 tab rapdis, 0.25 mg tablet, 0.5 mg tab rapdis, 0.5 mg tablet, 1 mg tab rapdis, 1 mg tablet, 2 mg tab rapdis, 2 mg tablet, 3 mg tab rapdis, 3 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg tab rapdis, 4 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>risperidone microspheres 12.5mg/2ml vial, 25 mg/2 ml vial, 37.5mg/2ml vial, 50 mg/2 ml vial</i>	\$0 (Tier 1)	QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SAPHRIS 2.5 MG TAB, 5 MG TAB, 10 MG TAB	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SECUADO 3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
SEROQUEL 300 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SEROQUEL XR 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL XR 50 MG TABLET, 300 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
UZEDY ER 50 MG/0.14 ML SYRINGE	\$0 (Tier 2)	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	\$0 (Tier 2)	QL (0.21 PER 28 DAYS)
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	\$0 (Tier 2)	QL (28 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 fml 20mg/1 vial</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ZYPREXA 10 MG VIAL	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZYPREXA 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG VIAL, 405 MG VL KIT	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 12.5 mg tab rapdis, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>clozapine 150 mg tab rapdis</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>clozapine 200 mg tab rapdis, 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clozapine 25 mg tab rapdis, 100 mg tab rapdis, 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CLOZARIL 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>efavirenz 200 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>efavirenz 50 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz/lemtricitabine/tenofovir disoproxil fumarate efavirenz/lemtricit/tenofovir df 600-200mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate efavirenz/lamivul/tenofovir 400-300 mg tablet, efavirenz/lamivul/tenofovir 600-300mg tablet</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INTELENCE 25 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>nevirapine 100 mg tab er 24h</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>nevirapine 400 mg tab er 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml oral susp</i>	\$0 (Tier 1)	QL (1200 PER 30 DAYS)
PIFELTRO 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI 600-300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI LO 400-300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>abacavir sulfate 300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>abacavir sulfate/lamivudine 600-300 mg tablet, 600-300mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CIMDUO 300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
COMPLERA TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DESCOVY 120-15 MG TABLET, 200-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>emtricitabine 200 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>emtricitabine/tenofovir disoproxil fumarate (tdf) 100-150 mg tablet, (tdf) 133-200 mg tablet, (tdf) 167-250 mg tablet, (tdf) 200-300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	\$0 (Tier 2)	QL (850 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 solution</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lamivudine/zidovudine 150-300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ODEFSEY 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RETROVIR 10 MG/ML SYRUP	\$0 (Tier 2)	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	\$0 (Tier 2)	
<i>stavudine 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SUSP	\$0 (Tier 2)	QL (180 PER 30 DAYS)
TRIZIVIR TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIREAD 150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIREAD POWDER	\$0 (Tier 2)	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	\$0 (Tier 2)	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>zidovudine 10 mg/ml syrup</i>	\$0 (Tier 1)	QL (1920 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)
Anti-HIV Agents, Other		
FUZEON 90 MG 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>maraviroc 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
RUKOBIA ER 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SELZENTRY 75 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	\$0 (Tier 2)	QL (5 PER 28 OVER TIME)
TROGARZO 200 MG/1.33 ML VIAL	\$0 (Tier 2)	QL (18.62 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

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 capsule, 300 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
--	--------------	---------------------

<i>atazanavir sulfate 200 mg capsule</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)
--------------------------------	--------------	---------------------

<i>darunavir ethanolate 600 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
---	--------------	---------------------

<i>darunavir ethanolate 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)
-----------------------------	--------------	---------------------

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fosamprenavir calcium 700 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	\$0 (Tier 2)	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	\$0 (Tier 2)	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>lopinavir/ritonavir 100mg-25mg tablet</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>lopinavir/ritonavir 200mg-50mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>lopinavir/ritonavir 400-100/5 solution</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
NORVIR 100 MG POWDER PACKET, 100 MG TABLET	\$0 (Tier 2)	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PREZCOBIX 800 MG-150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	\$0 (Tier 2)	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
<i>ritonavir 100 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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		
<i>cidofovir 75 mg/ml vial</i>	\$0 (Tier 1)	
<i>ganciclovir sodium 500 mg vial</i>	\$0 (Tier 1)	PA
PREVYMIS 240 MG TABLET, 480 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VALCYTE 50 MG/ML SOLUTION, 450 MG TABLET	\$0 (Tier 2)	
<i>valganciclovir hcl 50 mg/ml soln recon, 450 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil 10 mg tablet</i>	\$0 (Tier 1)	
BARACLUDE 0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET	\$0 (Tier 2)	
<i>entecavir 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	
<i>lamivudine 100 mg tablet</i>	\$0 (Tier 1)	

Anti-hepatitis C (HCV) Agents

EPCLUSA 150-37.5 MG PELLET PKT, 200 MG-50 MG TABLET, 200-50 MG PELLET PACK, 400 MG-100 MG TABLET	\$0 (Tier 2)	
HARVONI 33.75-150 MG PELLET PK, 45-200 MG PELLET PACKT, 45-200 MG TABLET, 90-400 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ledipasvir/sofosbuvir 90mg-400mg tablet</i>	\$0 (Tier 1)	
<i>ribavirin 200 mg capsule, 200 mg tablet</i>	\$0 (Tier 1)	
<i>sofosbuvir/velpatasvir 400-100 mg tablet</i>	\$0 (Tier 1)	
SOVALDI 150 MG PELLETT PACKET, 200 MG PELLETT PACKET, 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
VOSEVI 400-100-100 MG TABLET	\$0 (Tier 2)	
ZEPATIER 50-100 MG TABLET	\$0 (Tier 2)	
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>oseltamivir phosphate 6 mg/ml susp recon</i>	\$0 (Tier 1)	QL (1080 PER 365 OVER TIME)
RELENZA 5 MG DISKHALER	\$0 (Tier 2)	QL (120 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	\$0 (Tier 2)	QL (168 PER 365 OVER TIME)
TAMIFLU 45 MG CAPSULE, 75 MG CAPSULE	\$0 (Tier 2)	QL (84 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	\$0 (Tier 2)	QL (1080 PER 365 OVER TIME)
XOFLUZA 40 MG TAB (80 MG DOSE), 40 MG TABLET	\$0 (Tier 2)	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	\$0 (Tier 2)	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
<i>acyclovir 200 mg capsule, 200 mg/5ml oral susp, 400 mg tablet, 800 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>acyclovir 5 % oint. (g)</i>	\$0 (Tier 1)	PA
<i>acyclovir sodium 50 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>famciclovir 125 mg tablet, 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
<i>valacyclovir hcl 500 mg tablet, 1000 mg tablet</i>	\$0 (Tier 1)	
VALTREX 1 GM, 500 MG	\$0 (Tier 2)	
ZOVIRAX 5% OINTMENT	\$0 (Tier 2)	PA

Anxiolytics

<i>alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>buspirone hcl 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>clonazepam 0.125 mg tab rapdis, 0.25 mg tab rapdis, 0.5 mg tab rapdis, 1 mg tab rapdis</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 tab rapdis, 2 mg tablet</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (360 PER 30 DAYS)
<i>diazepam 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5 ml solution</i>	\$0 (Tier 1)	PA, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml oral conc</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydroxyzine hcl 10 mg tablet, 10 mg/5 ml solution, 25 mg tablet, 50 mg tablet, 50 mg/25ml solution</i>	\$0 (Tier 1)	PA
<i>hydroxyzine pamoate 25 mg capsule, 50 mg capsule</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 conc</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>oxazepam 10 mg capsule, 15 mg capsule, 30 mg capsule</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

Bipolar Agents

<i>lithium carbonate 150 mg capsule, 300 mg capsule, 300 mg tablet, 300 mg tablet er, 450 mg tablet er, 600 mg capsule</i>	\$0 (Tier 1)	
<i>lithium citrate 8 meq/5 ml solution</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
<i>acarbose 25 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ACTOS 15 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
ACTOS 30 MG TABLET, 45 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	\$0 (Tier 2)	PA, QL (3.4 PER 28 DAYS)
BYETTA 5 MCG PEN INJ, 10 MCG PEN INJ	\$0 (Tier 2)	PA, QL (2.4 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CYCLOSET 0.8 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x 2</i>	\$0 (Tier 2)	
<i>glimepiride 1 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tab er 24</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide 2.5 mg tab er 24, 5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>glipizide 5 mg tab er 24, 10 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glipizide/metformin hcl 2.5-250 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide/metformin hcl 2.5-500 mg tablet, 5 mg-500mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glyburide, micronized 1.5 mg 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 18.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JANUVIA 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JENTADUETO 2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KOMBIGLYZE XR 5-1,000 MG TAB, 5-500 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>metformin hcl 1000 mg tablet</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet 24h</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>metformin hcl 750 mg tablet 24h</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
MOUNJARO 2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nateglinide 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
OZEMPIC 0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>pioglitazone hcl 30 mg tablet, 45 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone hcl/glimepiride 30 mg-2 mg tablet, 30 mg-4 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone hcl/metformin hcl /metformin -500mg tablet, /metformin -850mg 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 18.

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</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin hcl/metformin hcl /metformin 2.5-1000mg tbmp 24hr</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>saxagliptin hcl/metformin hcl /metformin 5 mg-500mg, /metformin 5mg-1000mg</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SOLIQUA 100-33 UNIT-MCG/ML PEN	\$0 (Tier 2)	QL (18 PER 30 DAYS)
SYMLINPEN 120 SYMLININJECTOR	\$0 (Tier 2)	
SYMLINPEN 60 SYMLININJECTOR	\$0 (Tier 2)	
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10-MG TABLET, 12.5-MG TAB	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VICTOZA 2-PAK -18 MG/3 ML PEN	\$0 (Tier 2)	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK -18 MG/ML PEN	\$0 (Tier 2)	PA, QL (9 PER 30 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
XIGDUO XR 2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI 3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK	\$0 (Tier 2)	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	\$0 (Tier 1)	
GLUCAGEN 1 MG HYPOKIT	\$0 (Tier 2)	QL (4 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>glucagon 1 mg vial</i>	\$0 (Tier 2)	QL (4 PER 30 DAYS)
GLUCAGON EMERGENCY KIT 1 MG EMERGENCY KIT, 1 MG VIAL	\$0 (Tier 2)	QL (4 PER 30 DAYS)
GVOKE 1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK -PK 1 MG/0.ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMALOG KWIKPEN U-200 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 - VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 - VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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 18.

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 admin. supplies insuln pen</i>	\$0 (Tier 2)	
<i>insulin pen needle</i>	\$0 (Tier 2)	
<i>insulin pen, reusable, bluetooth for use with insulin aspart ,reusable,bt,aspart insuln</i>	\$0 (Tier 2)	
<i>insulin pen, reusable, bluetooth for use with insulin lispro ,reusable,bt insuln</i>	\$0 (Tier 2)	
<i>insulin pump cart,automated dosing,bt,g6/g7 with controller pmp cart,aut,g6/7,cntr each</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>insulin pump cartridge, basal rate 10 units/day, disposable cart,10</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 15 units/day, disposable cart,15</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 20 units/day, disposable cart,20</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 25 units/day, disposable cart,25</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 30 units/day, disposable cart,30</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 35 units/day, disposable cart,35</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, basal rate 40 units/day, disposable cart,40</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>insulin pump cartridge, subcut automated dosing, bluetooth cart, automated, bt</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, automated dosing, bt with controller cart, auto, bt/cntr each</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, continuous infusion, bt and controller cart, cont bt/cntr each</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, continuous subcut infusion, bluetooth cart, cont inf, bt</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, continuous subcut infusion, radio freq cart, cont inf, rf</i>	\$0 (Tier 2)	
<i>insulin pump cartridge, subcut automated dosing, bt, g6/g7 cart, auto, bt, g6/7</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>insulin pump controller each</i>	\$0 (Tier 2)	
<i>insulin pump controller, radio frequency rf each</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 1 ml</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 1/2 ml</i>	\$0 (Tier 2)	
LANTUS 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LYUMJEV TEMPO PEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	\$0 (Tier 2)	
<i>sub-q insulin delivery device, 20 unit, disposable - each</i>	\$0 (Tier 2)	
<i>sub-q insulin delivery device, 30 unit, disposable - each</i>	\$0 (Tier 2)	
<i>sub-q insulin delivery device, 40 unit, disposable - each</i>	\$0 (Tier 2)	
<i>syringe, insulin u-500 with needle, disposable, 0.5 ml ge, insl -500, ndl, 0.5ml 31gx15/64"</i>	\$0 (Tier 2)	
TOUJEO MAX SOLOSTAR SOLOSTR 300 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate mesylate 110 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dabigatran etexilate mesylate 75 mg capsule, 150 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET, DVT-PE TREAT START 5MG	\$0 (Tier 2)	QL (74 PER 30 DAYS)
<i>enoxaparin sodium 100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3ml vial, 300mg/3ml vial</i>	\$0 (Tier 1)	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium 30mg/0.3ml syringe</i>	\$0 (Tier 1)	QL (9 PER 90 OVER TIME)
<i>enoxaparin sodium 40mg/0.4ml syringe</i>	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>enoxaparin sodium 60mg/0.6ml syringe</i>	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium 80mg/0.8ml, 120mg/0.8ml</i>	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 10mg/0.8ml syringe</i>	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5 syringe</i>	\$0 (Tier 1)	QL (15 PER 90 OVER TIME)
<i>fondaparinux sodium 5mg/0.4ml syringe</i>	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)
<i>fondaparinux sodium 7.5mg/0.6 syringe</i>	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)
<i>heparin sodium, porcine 1000/ml vial, 5000/ml syringe, 5000/ml vial, 5000/ml(1) cartridge, 10000/ml vial, 20000/ml vial</i>	\$0 (Tier 1)	
<i>heparin sodium, porcine/dextrose 5 % in water sodium, porcine/d5w 20k/500ml iv soln</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>heparin sodium, porcine/pf 1000/ml vial, 5000/0.5ml cartridge, 5000/0.5ml syringe, 5000/0.5ml vial, 5000/ml syringe</i>	\$0 (Tier 1)	
LOVENOX 100 MG/ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL	\$0 (Tier 2)	QL (30 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	\$0 (Tier 2)	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	\$0 (Tier 2)	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	\$0 (Tier 2)	QL (18 PER 90 OVER TIME)
LOVENOX 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE	\$0 (Tier 2)	QL (24 PER 90 OVER TIME)
PRADAXA 110 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
PRADAXA 75 MG CAPSULE, 150 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)	
XARELTO 1 MG/ML SUSPENSION	\$0 (Tier 2)	QL (620 PER 30 DAYS)
XARELTO 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
XARELTO 2.5 MG TABLET, 15 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	\$0 (Tier 2)	QL (51 PER 30 DAYS)
ZONTIVITY 2.08 MG TABLET	\$0 (Tier 2)	
Blood Products and Modifiers, Other		
AGRYLIN 0.5 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>anagrelide hcl 0.5 mg capsule, 1 mg capsule</i>	\$0 (Tier 1)	
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE	\$0 (Tier 2)	PA
FULPHILA 6 MG/0.6 ML SYRINGE	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GRANIX 300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL	\$0 (Tier 2)	PA
LEUKINE 250 MCG VIAL	\$0 (Tier 2)	PA
MOZOBIL 24 MG/1.2 ML VIAL	\$0 (Tier 2)	
NIVESTYM 300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL	\$0 (Tier 2)	PA
<i>plerixafor 24mg/1.2ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZIEXTENZO 6 MG/0.6 ML SYRINGE	\$0 (Tier 2)	PA
Hemostasis Agents		
CYKLOKAPRON MG/10 ML AMP, MG/10 ML VL	\$0 (Tier 2)	
<i>phytonadione (vit k1)</i> <i>1mg/0.5ml ampul, 10 mg/ml vial</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>phytonadione (vit k1)</i> <i>1mg/0.5ml syringe, 1mg/0.5ml vial, 5 mg tablet, 10 mg/ml ampul</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tranexamic acid 650 mg tablet, 1000 mg/10 ampul, 1000 mg/10 vial</i>	\$0 (Tier 1)	
Platelet Modifying Agents		
<i>aspirin/dipyridamole 25mg-200mg cpmp 12hr</i>	\$0 (Tier 1)	
BRILINTA 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CABLIVI 11 MG KIT, 11 MG VIAL	\$0 (Tier 2)	
<i>cilostazol 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>clopidogrel bisulfate 75 mg tablet</i>	\$0 (Tier 1)	
<i>dipyridamole 25 mg tablet, 50 mg tablet, 75 mg tablet</i>	\$0 (Tier 1)	
PLAVIX 75 MG TABLET	\$0 (Tier 2)	
<i>prasugrel hcl 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	

Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine 0.1mg/24hr patch, 0.2mg/24hr patch, 0.3mg/24hr patch</i>	\$0 (Tier 1)
<i>clonidine hcl 0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet</i>	\$0 (Tier 1)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>droxidopa 100 mg capsule, 200 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	PA
<i>guanfacine hcl 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	
<i>midodrine hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
NORTHERA 100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	PA
Alpha-adrenergic Blocking Agents		
CARDURA 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 8 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>doxazosin mesylate 1 mg tablet, 2 mg tablet, 4 mg tablet, 8 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MINIPRESS 1 MG CAPSULE, 2 MG CAPSULE, 5 MG CAPSULE	\$0 (Tier 2)	
<i>phenoxybenzamine hcl 10 mg capsule</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 18.

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 tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>candesartan cilexetil 4 mg tablet, 8 mg tablet, 16 mg tablet</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIOVAN 40 MG TABLET, 80 MG TABLET, 160 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EDARBI 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>irbesartan 75 mg tablet, 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>losartan potassium 100 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>losartan potassium 25 mg tablet, 50 mg tablet</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 tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	
ALTACE 1.25 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	\$0 (Tier 2)	
<i>benazepril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
<i>fosinopril sodium 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	
<i>lisinopril 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	
LOTENSIN 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	
<i>moexipril hcl 7.5 mg tablet, 15 mg tablet</i>	\$0 (Tier 1)	
<i>perindopril erbumine 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 18.

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

Antiarrhythmics

<i>amiodarone hcl 100 mg tablet, 200 mg tablet, 400 mg tablet</i>	\$0 (Tier 1)	
<i>dofetilide 125 mcg capsule, 250 mcg capsule, 500 mcg capsule</i>	\$0 (Tier 1)	
<i>flecainide acetate 50 mg tablet, 100 mg tablet, 150 mg tablet</i>	\$0 (Tier 1)	
<i>lidocaine hcl/pf 50 mg/5 ml syringe</i>	\$0 (Tier 1)	
<i>mexiletine hcl 150 mg capsule, 200 mg capsule, 250 mg capsule</i>	\$0 (Tier 1)	
MULTAQ 400 MG TABLET	\$0 (Tier 2)	
PACERONE 100 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>propafenone hcl 150 mg tablet, 225 mg cap er 12h, 225 mg tablet, 300 mg tablet, 325 mg cap er 12h, 425 mg cap er 12h</i>	\$0 (Tier 1)	
<i>quinidine gluconate 324 mg tablet er</i>	\$0 (Tier 1)	
<i>quinidine sulfate 200 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
RYTHMOL SR SR 225 MG CAPSULE, SR 325 MG CAPSULE, SR 425 MG CAPSULE	\$0 (Tier 2)	
<i>sotalol hcl 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	\$0 (Tier 1)	
TIKOSYN 125 MCG CAPSULE, 250 MCG CAPSULE, 500 MCG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Beta-adrenergic Blocking Agents

<i>acebutolol hcl 200 mg capsule, 400 mg capsule</i>	\$0 (Tier 1)	
<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 tablet, 10 mg tablet</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 phosphate 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CORGARD 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	
INDERAL LA 60 MG CAPSULE, 80 MG CAPSULE, 120 MG CAPSULE, 160 MG CAPSULE	\$0 (Tier 2)	
INDERAL XL 80 MG CAPSULE, 120 MG CAPSULE	\$0 (Tier 2)	
INNOPRAN XL 80 MG CAPSULE, 120 MG CAPSULE	\$0 (Tier 2)	
<i>labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
LOPRESSOR 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
<i>metoprolol succinate 25 mg tab er, 50 mg tab er, 100 mg tab er, 200 mg tab er</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>metoprolol tartrate 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet</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)	
<i>pindolol 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>propranolol hcl 1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml solution, 40 mg tablet, 40mg/5ml solution, 60 mg cap sa 24h, 60 mg tablet, 80 mg cap sa 24h, 80 mg tablet, 120 mg cap sa 24h, 160 mg cap sa 24h</i>	\$0 (Tier 1)	
TENORMIN 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

<i>timolol maleate 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
TOPROL XL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	

Calcium Channel Blocking Agents, Dihydropyridines

<i>amlodipine besylate 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>felodipine 2.5 mg tab er, 5 mg tab er, 10 mg tab er</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 30 mg tab er 24, 30 mg tablet er, 60 mg tab er 24, 60 mg tablet er, 90 mg tab er 24, 90 mg tablet er</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nimodipine 30 mg capsule</i>	\$0 (Tier 1)	
<i>nisoldipine 8.5mg tab er, 17 mg tab er, 25.5 mg tab er, 34 mg tab er</i>	\$0 (Tier 1)	
NORVASC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
PROCARDIA XL 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	
SULAR ER 8.5 MG TABLET, ER 17 MG TABLET, ER 34 MG TABLET	\$0 (Tier 2)	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM 30 MG TABLET, 60 MG TABLET, 120 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CARDIZEM CD 120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE	\$0 (Tier 2)	
CARDIZEM LA 120 MG TABLET, 180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 360 MG TABLET, 420 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

diltiazem hcl 30 mg tablet, 60 mg cap er 12h, 60 mg tablet, 90 mg cap er 12h, 90 mg tablet, 120 mg cap er 12h, 120 mg cap er 24h, 120 mg cap er deg, 120 mg cap sa 24h, 120 mg tab er 24h, 120 mg tablet, 180 mg cap er 24h, 180 mg cap er deg, 180 mg cap sa 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg cap er deg, 240 mg cap sa 24h, 240 mg tab er 24h, 300 mg cap er 24h, 300 mg cap sa 24h, 300 mg tab er 24h, 360 mg cap er 24h, 360 mg cap sa 24h, 360 mg tab er 24h, 420 mg cap sa 24h, 420 mg tab er 24h

\$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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>verapamil hcl 40 mg tablet, 80 mg tablet, 100 mg cap24h pct, 120 mg cap24h pel, 120 mg tablet, 120 mg tablet er, 180 mg cap24h pel, 180 mg tablet er, 200 mg cap24h pct, 240 mg cap24h pel, 240 mg tablet er, 300 mg cap24h pct, 360 mg cap24h pel</i>	\$0 (Tier 1)	
VERELAN 120 MG CAP PELLET, 180 MG CAP PELLET, 240 MG CAP PELLET, 360 MG CAP PELLET	\$0 (Tier 2)	
VERELAN PM 100 MG CAP PELLET, 200 MG CAP PELLET, 300 MG CAP PELLET	\$0 (Tier 2)	
Cardiovascular Agents, Other		
ACCURETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>acetazolamide 125 mg tablet, 250 mg tablet, 500 mg capsule er</i>	\$0 (Tier 1)	
ALDACTAZIDE 25-25 TABLET	\$0 (Tier 2)	
<i>aliskiren hemifumarate 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amiloride hcl/hydrochlorothiazide amiloride/hydrochlorothiazide 5 mg-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 18.

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

amlodipine
besylate/atorvastatin
calcium
amlodipine/atorvastatin
2.5mg-10mg tablet,
amlodipine/atorvastatin
2.5mg-20mg tablet,
amlodipine/atorvastatin
2.5mg-40mg tablet,
amlodipine/atorvastatin 5
mg-10 mg tablet,
amlodipine/atorvastatin 5
mg-20 mg tablet,
amlodipine/atorvastatin 5
mg-40 mg tablet,
amlodipine/atorvastatin 5
mg-80 mg tablet,
amlodipine/atorvastatin 10
mg-10mg tablet,
amlodipine/atorvastatin 10
mg-20mg tablet,
amlodipine/atorvastatin 10
mg-40mg tablet,
amlodipine/atorvastatin 10
mg-80mg tablet

\$0 (Tier 1)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amlodipine besylate/benazepril hcl 2.5mg-10mg capsule, 5 mg-10 mg capsule, 5 mg-20 mg capsule, 5 mg-40 mg capsule, 10 mg-20mg capsule, 10 mg-40mg capsule</i>	\$0 (Tier 1)	
<i>amlodipine besylate/olmesartan medoxomil bes/olmesartan 5 mg-20 mg tablet, bes/olmesartan 5 mg-40 mg tablet, bes/olmesartan 10 mg-20mg tablet, bes/olmesartan 10 mg-40mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amlodipine besylate/valsartan 5 mg-160mg tablet, 5 mg-320mg tablet, 10mg-160mg tablet, 10mg-320mg 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 18.

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

<i>amlodipine besylate/valsartan/hydrochlorothiazide</i> <i>amlodipine/valsartan/hydrochlorothiazide 5-160-12.5 tablet,</i> <i>amlodipine/valsartan/hydrochlorothiazide 5-160-25mg tablet,</i> <i>amlodipine/valsartan/hydrochlorothiazide 10-160-25 tablet,</i> <i>amlodipine/valsartan/hydrochlorothiazide 10-320-25 tablet,</i> <i>amlodipine/valsartan/hydrochlorothiazide 10mg-160mg tablet</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 mg-tablet, 100mg-tablet</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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>benazepril hcl/hydrochlorothiazide benazepril/hydrochlorothiazide 5-6.25mg tablet, benazepril/hydrochlorothiazide 10-12.5 mg tablet, benazepril/hydrochlorothiazide 10-12.5mg tablet, benazepril/hydrochlorothiazide 20 mg-25mg tablet, benazepril/hydrochlorothiazide 20-12.5 mg tablet</i>	\$0 (Tier 1)	
BENICAR HCT 20-12.5 MG TABLET, 40-12.5 MG TABLET, 40-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>bisoprolol fumarate/hydrochlorothiazide de bisoprolol/hydrochlorothiazide 2.5-tablet, bisoprolol/hydrochlorothiazide 5-tablet, bisoprolol/hydrochlorothiazide 10-tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>candesartan</i> <i>cilexetil/hydrochlorothiazid</i> <i>e</i> <i>candesartan/hydrochlorothi</i> <i>azid 16-12.5mg tablet,</i> <i>candesartan/hydrochlorothi</i> <i>azid 32-12.5mg tablet,</i> <i>candesartan/hydrochlorothi</i> <i>azid 32mg-25mg tablet</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>digoxin 50 mcg/ml solution</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>digoxin 62.5 mcg tablet,</i> <i>125 mcg tablet, 250 mcg</i> <i>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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 maleate/hydrochlorothiazide</i> <i>enalapril/hydrochlorothiazide 5mg-12.5mg tablet,</i> <i>enalapril/hydrochlorothiazide 10 mg-25mg 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 18.

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 sodium/hydrochlorothiazide fosinopril/hydrochlorothiazide 10-12.5mg tablet, fosinopril/hydrochlorothiazide 20-12.5 mg tablet</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-tablet, 300-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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ivabradine hcl 5 mg tablet, 7.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LANOXIN 62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lisinopril/hydrochlorothiazide 10-12.5 mg tablet, 10-12.5mg tablet, 20 mg-25mg tablet, 20-12.5 mg tablet</i>	\$0 (Tier 1)	
<i>losartan potassium/hydrochlorothiazide losartan/hydrochlorothiazide 50-12.5 mg tablet, losartan/hydrochlorothiazide 100-12.5mg tablet, losartan/hydrochlorothiazide 100mg-25mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
LOTENSIN HCT 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MAXZIDE 75 MG-50 MG TABLET	\$0 (Tier 2)	
MAXZIDE-25 MG 37.5 - TABLET	\$0 (Tier 2)	
<i>methazolamide 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
<i>metoprolol tartrate/hydrochlorothiazide</i>	\$0 (Tier 1)	
<i>metoprolol/hydrochlorothiazide 50 mg-25mg tablet, metoprolol/hydrochlorothiazide 100mg-25mg tablet, metoprolol/hydrochlorothiazide 100mg-50mg tablet</i>		
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>olmesartan</i> <i>medoxomil/amlodipine besylate/hydrochlorothiazide</i> <i>olmesartan/amlodipin/hcthidiazide 20-5-12.5 tablet,</i> <i>olmesartan/amlodipin/hcthidiazide 40-10-12.5 tablet,</i> <i>olmesartan/amlodipin/hcthidiazide 40-10-25mg tablet,</i> <i>olmesartan/amlodipin/hcthidiazide 40-5-12.5 tablet,</i> <i>olmesartan/amlodipin/hcthidiazide 40-5-25 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan</i> <i>medoxomil/hydrochlorothiazide</i> <i>olmesartan/hydrochlorothiazide 20-12.5 mg tablet,</i> <i>olmesartan/hydrochlorothiazide 40 mg-25mg tablet,</i> <i>olmesartan/hydrochlorothiazide 40-12.5 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pentoxifylline 400 mg tablet er</i>	\$0 (Tier 1)	
<i>quinapril hcl/hydrochlorothiazide quinapril/hydrochlorothiazide 10-12.5 mg tablet, quinapril/hydrochlorothiazide 10-12.5mg tablet, quinapril/hydrochlorothiazide 20 mg-25mg tablet, quinapril/hydrochlorothiazide 20-12.5 mg tablet</i>	\$0 (Tier 1)	
<i>ranolazine 500 mg tab er, 1000 mg tab er</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>spironolactone/hydrochlorothiazide spironolact/hydrochlorothiazid 25 mg-25mg tablet</i>	\$0 (Tier 1)	
TEKTURNA 150 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>telmisartan/amlodipine besylate 40 mg-10mg tablet, 40 mg-5 mg tablet, 80 mg-10mg tablet, 80 mg-5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>telmisartan/hydrochlorothiazide 40-12.5 mg tablet, 80 mg-25mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>telmisartan/hydrochlorothiazide 80-12.5mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
TENORETIC 100 TABLET	\$0 (Tier 2)	
TENORETIC 50 TABLET	\$0 (Tier 2)	
<i>trandolapril/verapamil hcl 1mg-240 mg tab, 2 mg-180mg tab, 2mg-240 mg tab, 4mg-240 mg tab</i>	\$0 (Tier 1)	
<i>triamterene/hydrochlorothiazide 37.5-25 mg capsule, 37.5-25 mg tablet, 75 mg-50mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 80-12.5mg tablet, 160-12.5mg tablet, 160mg-25mg tablet, 320-12.5mg tablet, 320mg-25mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VASERETIC 10-25 MG TABLET	\$0 (Tier 2)	
VERQUVO 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ZESTORETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	\$0 (Tier 2)	
ZIAC 2.5-6.25 MG TABLET, 5-6.25 MG TABLET, 10-6.25 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Diuretics, Loop

<i>bumetanide 0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	
<i>furosemide 10 mg/ml solution, 10 mg/ml syringe, 10 mg/ml vial, 20 mg tablet, 40 mg tablet, 40mg/5ml solution, 80 mg tablet</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

ALDACTONE 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
---	--------------	--

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>amiloride hcl 5 mg tablet</i>	\$0 (Tier 1)	
<i>eplerenone 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
INSPRA 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	
KERENDIA 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>spironolactone 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
Diuretics, Thiazide		
<i>chlorthalidone 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide 12.5 mg capsule, 12.5 mg tablet, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
<i>indapamide 1.25 mg tablet, 2.5 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

<i>metolazone 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
--	--------------	--

Dyslipidemics, Fibrin Acid Derivatives

<i>fenofibrate 160 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
----------------------------------	--------------	---------------------

<i>fenofibrate 54 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
---------------------------------	--------------	---------------------

<i>fenofibrate nanocrystallized 145 mg tablet, 160 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
--	--------------	---------------------

<i>fenofibrate nanocrystallized 48 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
--	--------------	---------------------

<i>fenofibrate, micronized 43 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
--	--------------	---------------------

<i>fenofibrate, micronized 67 mg capsule, 130 mg capsule, 134 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
--	--------------	---------------------

<i>fenofibric acid (choline) 135 mg capsule dr</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fenofibric acid (choline) 45 mg capsule dr</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>gemfibrozil 600 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
LOPID 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)

Dyslipidemics, HMG CoA Reductase Inhibitors

<i>atorvastatin calcium 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CRESTOR 40 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
CRESTOR 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
<i>fluvastatin sodium 20 mg capsule, 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>simvastatin 20 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>simvastatin 5 mg tablet, 10 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ZOCOR 10 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
Dyslipidemics, Other		
<i>cholestyramine (with sugar) suar) 4 powd pack, suar) 4 powder</i>	\$0 (Tier 1)	
<i>cholestyramine/aspartame 4 powd pack, 4 powder</i>	\$0 (Tier 1)	
COLESTID 1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>colestipol hcl 1 tablet, 5 packet, 5 ranules</i>	\$0 (Tier 1)	
<i>ezetimibe 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>ezetimibelsimvastatin 10 mg-10mg tablet, 10 mg-20mg tablet, 10 mg-40mg tablet, 10 mg-80mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>icosapent ethyl 0.5 gram capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 g capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
JUXTAPID 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE	\$0 (Tier 2)	PA
LOVAZA 1 GM CAPSULE	\$0 (Tier 2)	
<i>niacin 500 mg tab er 24h</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>niacin 750 mg tab er, 1000 mg tab er</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>omega-3 acid ethyl esters omea-1 capsule</i>	\$0 (Tier 1)	
REPATHA PUSHTRONEX 420 MG/3.5ML PUSHTRONX	\$0 (Tier 2)	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK 140 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE 140 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

ZETIA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
--------------------	--------------	---------------------

Vasodilators, Direct-acting Arterial

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

<i>minoxidil 2.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)
--	--------------

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE 5 MG TAB	\$0 (Tier 2)
----------------------------	--------------

<i>isosorbide dinitrate 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)
---	--------------

<i>isosorbide mononitrate 10 mg tablet, 20 mg tablet, 30 mg tab er 24h, 60 mg tab er 24h, 120 mg tab er 24h</i>	\$0 (Tier 1)
---	--------------

NITRO-BID -2% OINTMENT	\$0 (Tier 2)
------------------------	--------------

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nitroglycerin 0.1mg/hr patch td24, 0.2mg/hr patch td24, 0.3 mg tab subl, 0.4 mg tab subl, 0.4% (w/w) oint. (g), 0.4mg/hr patch td24, 0.6 mg tab subl, 0.6mg/hr patch td24, 400mcg/spr spray</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)	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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)
---	-----------------	---------------------

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

DEXEDRINE 10 MG, 15 MG	\$0 (Tier 2)	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulf-saccharat/amphetamine sulf-aspartate dextroamphetaminelamphe tamine 20 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i> <i>dextroamphetaminelamphe tamine 5 mg cap er,</i> <i>dextroamphetaminelamphe tamine 10 mg cap er,</i> <i>dextroamphetaminelamphe tamine 15 mg cap er,</i> <i>dextroamphetaminelamphe tamine 20 mg cap er,</i> <i>dextroamphetaminelamphe tamine 25 mg cap er,</i> <i>dextroamphetaminelamphe tamine 30 mg cap er</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dextroamphetamine sulfate 10 mg capsule er, 15 mg capsule er</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dextroamphetamine sulfate 10 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate 5 mg capsule er, 5 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>lisdexamfetamine dimesylate 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VYVANSE 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

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 0.1 mg tab er 12h</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet</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 1 mg tab er, 2 mg tab er, 3 mg tab er, 4 mg tab er</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methylphenidate hcl 10 mg/5 ml solution</i>	\$0 (Tier 1)	PA, QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 20 mg tablet er</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5 ml solution</i>	\$0 (Tier 1)	PA, QL (450 PER 30 DAYS)
RITALIN 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
STRATTERA 10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
STRATTERA 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

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)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NUEDEXTA 20-10 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>riluzole 50 mg tablet</i>	\$0 (Tier 1)	
<i>tetrabenazine 12.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA ER 10 MG TABLET	\$0 (Tier 2)	PA
AVONEX 30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
AVONEX PEN 30 MCG/0.5 ML KIT	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 10 mg tab er 12h</i>	\$0 (Tier 1)	PA
<i>dimethyl fumarate 120 mg capsule dr, 120-240 mg capsule dr, 240 mg capsule dr</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>fingolimod hcl 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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KESIMPTA PEN 20 MG/0.4 ML	\$0 (Tier 2)	PA, QL (1.6 PER 28 DAYS)
MAYZENT 0.25 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	\$0 (Tier 2)	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	\$0 (Tier 2)	PA, QL (12 PER 28 DAYS)
MAYZENT 1 MG TABLET, 2 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN 125 MCG/0.5 ML PEN, PEN INJ STARTER PACK	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
TECFIDERA DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TYSABRI 300 MG/15 ML VIAL	\$0 (Tier 2)	PA
VUMERITY DR 231 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl 30 mg capsule</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate 0.12 % mouthwash</i>	\$0 (Tier 1)	
KEPIVANCE 5.16 MG VIAL, 6.25 MG VIAL	\$0 (Tier 2)	
<i>pilocarpine hcl 5 mg tablet, 7.5 mg tablet</i>	\$0 (Tier 1)	
SALAGEN 5 MG TABLET, 7.5 MG TABLET	\$0 (Tier 2)	
<i>triamcinolone acetonide 0.1 % paste (g)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Dermatological Agents

Acne and Rosacea Agents

<i>acitretin 10 mg capsule, 17.5 mg capsule, 25 mg capsule</i>	\$0 (Tier 1)	
ACNE MEDICATION 5% GEL, 10% GEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>adapalene 0.1 % gel (gram)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
AVITA 0.025% CREAM, 0.025% GEL	\$0 (Tier 2)	PA
<i>azelaic acid 15 % gel (gram)</i>	\$0 (Tier 1)	
AZELEX 20% CREAM	\$0 (Tier 2)	
BENZAMYCIN GEL	\$0 (Tier 2)	
<i>benzoyl peroxide 2.5 % gel (gram), 5 % cleanser, 10 % gel (gram)</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>benzoyl peroxide 5 % gel (gram)</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>clindamycin phosphatel/benzoyl peroxide phos/benzoyl 1 %-5 % gel (gram), phos/benzoyl 1 %-5 % gel w/pump</i>	\$0 (Tier 1)	
DIFFERIN 0.1% GEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>doxycycline monohydrate 40 mg cap ir</i>	\$0 (Tier 1)	
<i>erythromycin base/benzoyl peroxide erythromycin/benzoyl 3 %-5 % gel (gram)</i>	\$0 (Tier 1)	
FINACEA 15% FOAM, 15% GEL	\$0 (Tier 2)	
<i>isotretinoin 10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KLARON 10% LOTION	\$0 (Tier 2)	
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 10 % suspension</i>	\$0 (Tier 1)	
<i>tazarotene 0.05 % gel (gram), 0.1 % cream (g), 0.1 % gel (gram)</i>	\$0 (Tier 1)	PA
TAZORAC 0.05% CREAM, 0.05% GEL, 0.1% GEL	\$0 (Tier 2)	PA
<i>tretinoin 0.01 % gel (gram), 0.025 % cream (g), 0.025 % gel (gram), 0.05 % cream (g), 0.1 % cream (g)</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Dermatitis and Pruitus Agents

ALA-CORT -1% CREAM	\$0 (Tier 2)	
<i>alclometasone dipropionate 0.05 % cream (g), 0.05 % oint. (g)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ammonium lactate 12 % cream (g), 12 % lotion</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>betamethasone dipropionate 0.05 % cream (g), 0.05 % oint. (g)</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>betamethasone dipropionate 0.05 % gel (gram)</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate 0.05 % lotion</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone dipropionate/propylene glycol betamethasone/propylene 0.05 % cream (g), betamethasone/propylene 0.05 % oint. (g)</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>betamethasone dipropionate/propylene glycol betamethasone/propylene 0.05 % lotion</i>	\$0 (Tier 1)	QL (210 PER 30 DAYS)
<i>betamethasone valerate 0.1 % cream (g), 0.1 % oint. (g)</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>betamethasone valerate 0.1 % lotion</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clobetasol propionate 0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g)</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05 % foam, 0.05 % solution</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>clobetasol propionate 0.05 % shampoo</i>	\$0 (Tier 1)	QL (236 PER 30 DAYS)
<i>clobetasol propionate/emollient base 0.05 % cream (g)</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)
<i>desonide 0.05 % cream (g), 0.05 % oint. (g)</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desonide 0.05 % lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>desoximetasone 0.05 % cream (g), 0.05 % gel (gram), 0.25 % cream (g), 0.25 % oint. (g)</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 (g)</i>	\$0 (Tier 1)	PA
ELIDEL 1% CREAM	\$0 (Tier 2)	PA
<i>fluocinolone acetonide 0.01 % cream (g), 0.01 % solution, 0.025 % cream (g), 0.025 % oint. (g)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide 0.01 % oil</i>	\$0 (Tier 1)	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide/shower cap fluocinolone/shower 0.01 % oil</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fluocinonide 0.05 % cream (g), 0.05 % gel (gram), 0.05 % oint. (g), 0.05 % solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluocinonide/emollient base 0.05 % cream (g)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluticasone propionate 0.005 % oint. (g), 0.05 % cream (g)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>halobetasol propionate 0.05 % cream (g), 0.05 % oint. (g)</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>hydrocortisone 0.5 % cream (g), 1 % cream (g), 1 % oint. (g)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>hydrocortisone 1 % crml/pe app</i>	\$0 (Tier 1)	
<i>hydrocortisone 2.5 % cream (g), 2.5 % oint. (g)</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocortisone acetate 0.5 % cream (g)</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>hydrocortisone acetate 1 % cream (g)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>hydrocortisone butyrate 0.1 % cream (g), 0.1 % oint. (g)</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1 % solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate/emollient base 0.1 % cream (g)</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate 0.2 % cream (g), 0.2 % oint. (g)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone/aloe vera 1 % cream (g)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
LOCOID LIPOCREAM 0.1%	\$0 (Tier 2)	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1 % cream (g), 0.1 % oint. (g)</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mometasone furoate 0.1 % solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>pimecrolimus 1 % cream (g)</i>	\$0 (Tier 1)	PA
<i>prednicarbate 0.1 % oint. (g)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
PRUDOXIN 5% CREAM	\$0 (Tier 2)	PA
<i>selenium sulfide 2.5 % lotion</i>	\$0 (Tier 1)	
<i>tacrolimus 0.03 % (g), 0.1 % (g)</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide 0.025 % cream (g), 0.025 % oint. (g), 0.1 % cream (g), 0.1 % oint. (g), 0.5 % cream (g)</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide 0.025 % lotion, 0.1 % lotion, 0.5 % oint. (g)</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZONALON 5% CREAM	\$0 (Tier 2)	PA
Dermatological Agents, Other		
BETADINE 10% SOLUTION	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcipotriene 0.005 % cream (g), 0.005 % oint. (g), 0.005 % solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clotrimazole/betamethason e dipropionate 1 %-0.05 % cream (g), 1 %-0.05 % lotion</i>	\$0 (Tier 1)	
<i>diclofenac sodium 3 % gel (gram)</i>	\$0 (Tier 1)	PA
EFUDEX 5% CREAM	\$0 (Tier 2)	
<i>fluorouracil 0.5 % cream (g), 2 % solution, 5 % cream (g), 5 % solution</i>	\$0 (Tier 1)	
<i>imiquimod 5 % cream pack</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lidocaine 4 % cream (g)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>methoxsalen 10 mg cap lq rap</i>	\$0 (Tier 1)	
<i>nystatin/triamcinolone acetonide nystatin/triamcin 100000-0.1 cream (g), nystatin/triamcin 100000-0.1 oint. (g), nystatin/triamcinolone acet 100000-0.1 cream (g), nystatin/triamcinolone acet 100000-0.1 oint. (g)</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 % solution</i>	\$0 (Tier 1)	
<i>povidone-iodine -10 % solution</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REGRANEX 0.01% GEL	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
RENOVA 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RENOVA PUMP 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SANTYL OINTMENT	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SILVADENE 1% CREAM	\$0 (Tier 2)	
<i>silver sulfadiazine 1 % cream (g)</i>	\$0 (Tier 1)	
SSD 1% CREAM	\$0 (Tier 2)	
Pediculicides/Scabicides		
<i>ivermectin 1 % cream (g)</i>	\$0 (Tier 1)	PA
<i>lindane 1 % shampoo</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>malathion 0.5 % lotion</i>	\$0 (Tier 1)	
OVIDE 0.5% LOTION	\$0 (Tier 2)	
<i>permethrin 1 % liquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>permethrin 5 % cream (g)</i>	\$0 (Tier 1)	
<i>piperonyl butoxide/pyrethrins 4%-0.33% shampoo</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RENOVA 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RENOVA PUMP 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SOOLANTRA 1% CREAM	\$0 (Tier 2)	PA
Topical Anti-infectives		
ACNE MEDICATION 10% LOTION	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>bacitracin 500 unit/g oint. (g), 500 unit/g packet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
FIRST AID ANTISEPTIC 10% OINT	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>gentamicin sulfate 0.1 % cream (g), 0.1 % oint. (g)</i>	\$0 (Tier 1)	
METROCREAM METRO0.75%	\$0 (Tier 2)	
METROGEL 1% GEL, 1% PUMP	\$0 (Tier 2)	
METROLOTION TOPICAL 0.75%	\$0 (Tier 2)	
<i>metronidazole 0.75 % cream (g), 0.75 % gel (gram), 0.75 % lotion, 1 % gel (gram), 1 % gel w/pump</i>	\$0 (Tier 1)	
<i>mupirocin 2 % oint. (g)</i>	\$0 (Tier 1)	QL (30 PER 30 OVER TIME)
<i>mupirocin calcium 2 % cream (g)</i>	\$0 (Tier 1)	QL (30 PER 30 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>neomycin sulfate/bacitracin zinc/polymyxin b neomycin/bacitracin/polymyxinb 3.5-400-5k oint. (g)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TRIPLE ANTIBIOTIC OINTMENT	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

Diagnostic Test Devices, Supplies, And Services

Diagnostics

<i>covid-19 antigen immunoassay test - kit</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>covid-19 molecular nucleic acid test assay - kit</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>0.9 % sodium chloride 0.9 % pggybk prt, 0.9 % pgy vl prt, 0.9 % 0.9 % ampul, 0.9 % 0.9 % iv soln, 0.9 % 0.9 % vial</i>	\$0 (Tier 1)	
---	--------------	--

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcium carbonate 500(1250) tablet, 600 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium carbonate/cholecalciferol (vit d3)/minerals carb/vit d3/minerals 600 mg-200 tablet, carb/vit d3/minerals 600 mg-400 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcium carbonate/cholecalciferol (vitamin d3) carbonate/vitamin 600 mg-20 tablet, carbonate/vitamin 600 mg-400 tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>calcium carbonate/vit d3/mag ox/zinc/copper/manganesel boron cal/d3/mag ox/zinc/cop/mang/bor 600 mg-400 tab chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
CARBAGLU 200 MG TAB FOR SUSP	\$0 (Tier 2)	PA
<i>carglumic acid 200 mg tab disper</i>	\$0 (Tier 1)	PA
<i>chromic chloride 4 mcg/ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>cupric chloride 0.4 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dextrose 2.5 % and 0.45 % sodium chloride nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5 % and 0.2 % sodium chloride --iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5 % and 0.3 % sodium chloride nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5 % and 0.45 % sodium chloride -0.4chlrd -0.4iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5 % and 0.9 % sodium chloride nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5 % in lactated ringers -iv soln</i>	\$0 (Tier 1)	
FLORIVA 0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET, 1 MG CHEWABLE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
K-PHOS ORIGINAL - TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
KLOR-CON 10 -MEQ TABLET	\$0 (Tier 2)	
KLOR-CON 8 -MEQ TABLET	\$0 (Tier 2)	
KLOR-CON M15 - TABLET	\$0 (Tier 2)	
<i>magnesium chloride 71.5 mg tablet dr</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium oxide 400 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>magnesium oxide 420 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium sulfate 4 meq/ml syringe, 4 meq/ml vial, 500 mg/ml vial</i>	\$0 (Tier 1)	
MAGOX 400 TABLET	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>manganese chloride 0.1 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pediatric multivitamin no. 45/sodium fluorid/ferrous sulfate 45/fluorid/iron 0.25-10/ml drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>potassium chloride 2 meq/ml ampul, 2 meq/ml iv soln, 2 meq/ml vial, 8 meq capsule er, 8 meq tablet er, 10 meq capsule er, 10 meq tab er prt, 10 meq tablet er, 15 meq tab er prt, 20 meq tab er prt, 20 meq tablet er, 20meq/15ml liquid, 40meq/15ml liquid</i>	\$0 (Tier 1)	
<i>potassium chloride in 0.45 % sodium chloride -0.45% nacl 20 meq/l iv soln</i>	\$0 (Tier 1)	
<i>potassium chloride in 5 % dextrose in water d5w 20 meq/l iv soln</i>	\$0 (Tier 1)	
<i>potassium chloride in dextrose 5 %-0.2 % sodium chloride chloride/d5-0.2%nacl 20 meq/l iv soln</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>potassium chloride in dextrose 5 %-0.45 % sodium chloride chloride/d5-10 meq/l soln, chloride/d5-20 meq/l soln, chloride/d5-30 meq/l soln, chloride/d5-40 meq/l soln</i>	\$0 (Tier 1)	
<i>potassium chloride in lactated ringers and 5 % dextrose lr-d5 20 meq/l iv soln</i>	\$0 (Tier 1)	
<i>potassium citrate 5 tablet er, 10 tablet er, 15 tablet er</i>	\$0 (Tier 1)	
<i>pyridoxine hcl (vitamin b6) 100 mg/ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ringer's solution, lactated iv soln</i>	\$0 (Tier 1)	
SLOW-MAG -71.5 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>sodium chloride 0.45 % 0.45 % pggybk prt, 0.45 % 0.45 % iv soln</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium chloride irrigating solution 0.9 % soln</i>	\$0 (Tier 1)	
<i>thiamine hcl 100 mg/ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Electrolyte/Mineral/Metal Modifiers		
CHEMET 100 MG CAPSULE	\$0 (Tier 2)	
<i>deferasirox 90 mg gran pack, 90 mg tablet, 125 mg tab disper, 180 mg gran pack, 180 mg tablet, 250 mg tab disper, 360 mg gran pack, 360 mg tablet, 500 mg tab disper</i>	\$0 (Tier 1)	PA
EXJADE 125 MG TABLET, 250 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	PA
JADENU 90 MG TABLET, 180 MG TABLET, 360 MG TABLET	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JADENU SPRINKLE 90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE	\$0 (Tier 2)	PA
SAMSCA 15 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	PA
SYPRINE 250 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>tolvaptan 15 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	PA
<i>trientine hcl 250 mg capsule</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
BACMIN CAPLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>cholecalciferol (vitamin d3) 10(400)/ml drops, 50 mcg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>chromic chloride 4 mcg/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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cyanocobalamin (vitamin b-12) cyanocoalamin - 1000mcg/ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>cyanocobalamin/folic acid/pyridoxine ac/vit b6 1-2.2-25mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DEKAS ESSENTIAL LIQUID	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DEKAS PLUS CHEWABLE TABLET, OCEANCAPS, SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DEKAS PLUS LIQUID	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>dextrose 10 % in water 10 %10 % dehp fr bg, 10 %10 % iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5 % in water 5 % pgybk prt, 5 % pgy vl prt, 5 %5 % iv soln</i>	\$0 (Tier 1)	
DIALYVITE 3000 3,000 TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIALYVITE 5000 TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE SUPREME DIALYVITE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE ZINC WITH TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DRISDOL 1.25 MG (50,000 UNIT)	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ENLYTE SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ergocalciferol (vitamin d2) 200 mcg/ml drops, 1250 mcg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ferrous gluconate 324(38)mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ferrous sulfate 15 mg/ml drops, 324(65)mg tablet dr, 325(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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>folic acid 1 mg tablet, 5 mg/ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>folic acid/multivitamin, ther and minerals/lycopenelutein folic/mvi -min/lycop/lut 1.25-2.5mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
FOLTRATE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fomepizole 1 g/ml vial</i>	\$0 (Tier 1)	
<i>hydroxocobalamin 1000mcg/ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
INFUVITE ADULT BULK VIAL, VIAL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
INFUVITE PEDIATRIC BULK VIAL, VIAL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
INTRALIPID 20% IV FAT EMUL	\$0 (Tier 2)	PA
<i>iron, carbonyl 15mg/1.25 oral susp</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 18.

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

NASCOBAL 500 MCG NASAL SPRAY	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NEPHPLEX RX TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NUTRILIPID 20% IV FAT EMULSION	\$0 (Tier 2)	PA
<i>omega-3/dha/epa/b12/folic acid/pyridoxine hcl/phytosterols - 3/dha/epa/b2/falb6/phytost 500-0.5-capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pediatric multivit with a,c,d3 no.21/sodium fluoride no.21/fluoride 0.25 mg/ml drops, no.21/fluoride 0.5 mg/ml drops</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>pediatric multivitamin no.2/sodium fluoride -0.25 mg/ml drops, -0.5 mg/ml drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pediatric multivitamin no.45/sodium fluorid/ferrous sulfat 45/fluoride/iron 0.25-10/ml drops</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pediatric multivitamins no.17 with sodium fluoride - 0.25 mg tab che, -0.5 mg tab che, -1 mg tab che</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>phytonadione (vit k1) 10 mg/ml ampul</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
POLY-VI-FLOR --0.25 MG DROP, --0.25 MG/ML DRP, --0.5 MG TAB CHEW, --1 MG TAB CHEW	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
POLY-VI-FLOR --0.25 MG TAB CHEW	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
POLY-VI-FLOR WITH IRON ---0.25 MG DROP, ---0.5 MG CHWTB	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
QUFLORA 0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP, 1 MG CHEW TAB	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
QUFLORA FE 0.25 MG CHEW TABLET, PED 0.25 MG/ML DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
STROVITE ONE CAPLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TRAVASOL 10% SOLN VIAFLEX	\$0 (Tier 2)	PA
TRI-VI-FLOR --0.25 MG DROPS	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
TRI-VI-FLOR --0.5 MG DROPS	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TROPHAMINE 10% IV SOLUTION	\$0 (Tier 2)	PA
VITAL-D RX -TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamin a palmitate/vitamin d3/vitamin e/vit e tpgs/vit k1 a/d3//tpgs/k 2000-1000 capsul</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamin b complex and vitamin c no.20/folic acid omplex w-no.20/foli1 mg apsule</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>water for irrigation, sterile soln</i>	\$0 (Tier 1)	
Phosphate Binders		
AURYXIA 210 MG TABLET	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
<i>calcium acetate 667 mg capsule, 667 mg tablet</i>	\$0 (Tier 1)	
FOSRENOL 500 MG TABLET CHEW	\$0 (Tier 2)	QL (90 PER 30 DAYS)
FOSRENOL 750 MG POWDER PACKET, 750 MG TABLET CHEW	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FOSRENOL MG POWDER PACK, MG TABLET CHEW	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 1000 mg tab chew</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 500 mg tab chew</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>lanthanum carbonate 750 mg tab chew</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RENVELA 0.8 GM POWDER PACKET	\$0 (Tier 2)	QL (270 PER 30 DAYS)
RENVELA 2.4 GM POWDER PACKET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
RENVELA 800 MG TABLET	\$0 (Tier 2)	
<i>sevelamer carbonate 0.8 g powd pack</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>sevelamer carbonate 2.4 g powd pack</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tablet</i>	\$0 (Tier 1)	
VELPHORO 500 MG CHEWABLE TAB	\$0 (Tier 2)	QL (180 PER 30 DAYS)
Potassium Binders		
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate/sorbitol solution sulfon/sorb 15 g/60 ml oral susp</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

SPS 15 GM/60 ML
SUSPENSION, 30
GM/120 ML ENEMA
SUSP

\$0 (Tier
2)

VELTASSA 8.4 GM
POWDER PACKET, 16.8
GM POWDER PACKET,
25.2 GM POWDER
PACKET

\$0 (Tier
2)

Gastrointestinal Agents

Anti-Constipation Agents

ENEMEEZ MINI
ENEMA

\$0 (Tier
1)

* (Medicaid Benefit
Drug), *

*lactulose 10 g/15 ml, 20
g/30 ml*

\$0 (Tier
1)

LINZESS 72 MCG
CAPSULE, 145 MCG
CAPSULE, 290 MCG
CAPSULE

\$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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lubiprostone 24mcg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
MOVANTIK 12.5 MG TABLET, 25 MG TABLET	\$0 (Tier 2)	
<i>polyethylene glycol 3350 3350 17 g powd pack, 3350 17 g/dose powder</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RELISTOR 8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET	\$0 (Tier 2)	PA
Anti-Diarrheal Agents		
<i>alosetron hcl 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ANTI-DIARRHEAL FT -2 MG SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diphenoxylate hcl/atropine sulfate 2.5-.025mg tablet</i>	\$0 (Tier 1)	PA
<i>loperamide hcl 1mg/7.5ml liquid, 2 mg capsule, 2 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
LOTRONEX 0.5 MG TABLET, 1 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>polyethylene glycol 3350 17 powd pack</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
VIBERZI 75 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
XERMELO 250 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl 10 mg capsule, 10 mg/5 ml solution, 20 mg tablet</i>	\$0 (Tier 1)	PA
<i>glycopyrrolate 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methscopolamine bromide 2.5 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	PA
Gastrointestinal Agents, Other		
<i>aluminum hydroxide 320 mg/5ml oral susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bisacodyl 5 mg tablet dr, 10 mg supp.rect</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bismuth subsalicylate 262 mg tab chew, 262 mg tablet, 262mg/15ml oral susp, 525mg/15ml oral susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium carbonate 200(500)mg tab chew, 260mg(648) tablet, 400(1000) tab chew, 470(1177) tab chew, 500 mg/5ml oral susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium carbonate 300mg(750) tab chew, 320mg(750) tab chew</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CHENODAL 250 MG TABLET	\$0 (Tier 2)	PA
COLACE -T 100 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
COLACE CLEAR 50 MG SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>colloidal bismuth subcitrate/metronidazole/tracycline hcl bismuth/metronid/tetracycline 125-125 mg capsule</i>	\$0 (Tier 1)	
<i>docusate calcium 240 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>docusate sodium 50 mg/5 ml liquid, 100 mg capsule, 100 mg tablet, 250 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ENEMA ENEMA READY TO USE, FLEET ENEMA	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>famotidine/calcium carbonate/magnesium hydroxide carb/mag 10-800-165 tab chew</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
GAVISCON EXTRA STRENGTH LIQUID, LIQUID	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
GOLYTELY SOLUTION	\$0 (Tier 2)	
<i>guaifenesin/dextromethorphan hbr 100-10mg/5 syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>loperamide hcl 1mg/7.5ml liquid</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
MAG-AL -LIQUID 30 ML CUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
MAG-AL PLUS - SUSPENS 30 ML CUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>magnesium carbonate/aluminum hydroxide/alginate acid carb/aluminum hydroxide/algin 237.5, carb/aluminum hydroxide/algin 358</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium hydroxide/aluminum hydroxide/simethicone hydroxide/aluminum hyd/simeth 200-200-20 oral susp, hydroxide/aluminum hyd/simeth 200-200-25 tab chew, hydroxide/aluminum hyd/simeth 400-400-40 oral susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium oxide 400 mg tablet, 420 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>metoclopramide hcl 5 mg tablet, 5 mg/5 ml solution, 5 mg/ml vial, 10 mg tablet, 10 mg/10ml solution, 10 mg/2 ml syringe</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MOVIPREP POWDER PACKET	\$0 (Tier 2)	
MYALEPT 11.3 MG (5 MG/ML) VIAL	\$0 (Tier 2)	PA
NULYTELY SOLUTION	\$0 (Tier 2)	
OCALIVA 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PEDIA-LAX ENEMA FLEET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>peg 3350/sod sulf/sod bicarb/sod chlorid/potassium chloride peg3350/sod sulf,bicarb,cl/kcl 236-22.74g soln, peg3350/sod sulf,bicarb,cl/kcl 240-22.72g soln</i>	\$0 (Tier 1)	
<i>peg 3350/sodium sulfat/sod chlorid/kcl/ascorbate sod/vit c peg3350/sod sul/nacl/kcl/asb/c 7.5-2.691g powd pack</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>psyllium husk (with sugar) suar) 3 /7, suar) 3.4 /12</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>psyllium seed (with sugar) powder</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>psyllium seed powder</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PYLERA CAPSULE	\$0 (Tier 2)	
REGLAN 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
<i>sennosides 8.6 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>sodium bicarbonate 325 mg tablet, 650 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>sodium chloride/sodium bicarbonate/potassium chlorid/peg chlorid/nahco3/kcl/peg 420g soln recon</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium phosphate, monobasic/sodium phosphate, dibasic -19g-7g/118 enema</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>sodium sulfate/potassium sulfate/magnesium sulfate sodium, potassium, magnesium sulfates 17.5-3.13g soln recon</i>	\$0 (Tier 1)	
STOOL SOFTENER 100 MG CAPSULE, 100 MG SOFTGEL, 240 MG SOFTGEL, 250 MG SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SUPREP SUBOWEL KIT	\$0 (Tier 2)	
SUTAB SU1.479-0.225-0.188 GM	\$0 (Tier 2)	
TUMS E-X TABLET, TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TUMS KIDS 300 MG (750) CHEWTAB, 750 MG CHEWY BITES, 750 MG TABLET CHEWABLE	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TUMS SMOOTHIES CHEW TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TUMS ULTRA 1,000 MG CHEW TAB, TABLET CHEWABLE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TUMS X-STR -750 TABLET CHEWABLE	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>ursodiol 250 mg tablet, 300 mg capsule, 500 mg tablet</i>	\$0 (Tier 1)	
XIFAXAN 550 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

<i>cimetidine 200 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>cimetidine 300 mg tablet, 400 mg tablet, 800 mg tablet</i>	\$0 (Tier 1)	
<i>famotidine 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>famotidine 10 mg/ml vial, 40 mg tablet, 40mg/5ml susp recon</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>famotidine/calcium carbonate/magnesium hydroxide carb/mag 10-800-165 tab chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>famotidine/pf 20 mg/2 ml vial</i>	\$0 (Tier 1)	
<i>magnesium hydroxide/aluminum hydroxide/simethicone hydrox/aluminum hyd/simeth 400-400-40 oral susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nizatidine 150 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<i>omeprazole magnesium 20 mg capsule dr</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Protectants		
CARAFATE 1 GM TABLET, 1 GM/10 ML SUSP	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 g tablet, 1 g/10 ml oral susp</i>	\$0 (Tier 1)	
Proton Pump Inhibitors		
<i>esomeprazole magnesium 10 mg suspdr pkt, 20 mg capsule dr, 20 mg suspdr pkt, 40 mg capsule dr, 40 mg suspdr pkt</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>esomeprazole sodium 40 mg vial</i>	\$0 (Tier 1)	
<i>famotidine 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lansoprazole 15 mg capsule dr</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS), * (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lansoprazole 30 mg capsule dr</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
NEXIUM DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
NEXIUM DR 2.5 MG PACKET, DR 5 MG PACKET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
NEXIUM I.V. 40 MG VIAL	\$0 (Tier 2)	
<i>omeprazole 10 mg capsule dr</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>omeprazole 20 mg capsule dr, 40 mg capsule dr</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>omeprazole 20 mg tablet dr</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>omeprazole magnesium 20 mg capsule dr</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 18.

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

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

ALDURAZYME 2.9 MG/5 ML VIAL	\$0 (Tier 2)	
-----------------------------	--------------	--

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>betaine 1g/scoop powder</i>	\$0 (Tier 1)	
BUPHENYL 500 MG TABLET	\$0 (Tier 2)	PA
CARNITOR 1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET	\$0 (Tier 2)	
CARNITOR SF 100 MG/ML ORAL SOL	\$0 (Tier 2)	
CEREZYME 400 UNIT VIAL	\$0 (Tier 2)	PA
CREON DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE	\$0 (Tier 2)	
<i>cromolyn sodium 20 mg/ml oral conc</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
ELAPRASE 6 MG/3 ML VIAL	\$0 (Tier 2)	
ELELYSO 200 UNITS VIAL	\$0 (Tier 2)	PA
ENDARI 5 GRAM POWDER PACKET	\$0 (Tier 2)	PA
FABRAZYME 5 MG VIAL, 35 MG VIAL	\$0 (Tier 2)	
<i>glutamine lutamine 5 powd pack</i>	\$0 (Tier 1)	PA
KUVAN 100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>levocarnitine (with sugar) 100 mg/ml solution</i>	\$0 (Tier 1)	
<i>levocarnitine 100 mg/ml solution, 330 mg tablet</i>	\$0 (Tier 1)	
LUMIZYME 50 MG VIAL	\$0 (Tier 2)	
<i>miglustat 100 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
NAGLAZYME 5 MG/5 ML VIAL	\$0 (Tier 2)	
<i>nitisinone 2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule</i>	\$0 (Tier 1)	
ORFADIN 2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE	\$0 (Tier 2)	
PALYNZIQ 2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 powd pack, 100 mg tablet sol, 500 mg powd pack</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate 0.94 g/g powder, 500 mg tablet</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
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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZENPEP DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE	\$0 (Tier 2)	
ZOKINVY 50 MG CAPSULE, 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin hydrobromide</i> 7.5 mg tab er, 15 mg tab er	\$0 (Tier 1)	QL (30 PER 30 DAYS)
DETROL 1 MG TABLET, 2 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DETROL LA 2 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate 4 mg tab er, 8 mg tab er</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 10 mg tab er 24</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>oxybutynin chloride 15 mg tab er 24</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>oxybutynin chloride 5 mg tab er 24</i>	\$0 (Tier 1)	QL (30 PER 30 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 18.

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 syrup</i>	\$0 (Tier 1)	QL (600 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 tablet, 2 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tolterodine tartrate 2 mg cap er, 4 mg cap er</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 60 mg cap er 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl 10 mg tab er 24h</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
AVODART 0.5 MG SOFTGEL	\$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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dutasteride 0.5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dutasteride/tamsulosin hcl 0.5-0.4 mg cpmp 24hr</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
FLOMAX 0.4 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PROSCAR 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RAPAFLO 4 MG CAPSULE, 8 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>silodosin 4 mg capsule, 8 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tamsulosin hcl 0.4 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA 52 MG SYSTEM	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

SKYLA 13.5 MG SYSTEM	\$0 (Tier 2)	
----------------------	--------------	--

Genitourinary Agents, Other

<i>bethanechol chloride 5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
---	--------------	--

DEPEN 250 MG TITRATAB	\$0 (Tier 2)	
-----------------------	--------------	--

<i>methylergonovine maleate 0.2 mg tablet</i>	\$0 (Tier 1)	
---	--------------	--

<i>penicillamine 250 mg tablet</i>	\$0 (Tier 1)	
------------------------------------	--------------	--

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

ACTHAR GEL 400 UNIT/5 ML VIAL	\$0 (Tier 2)	PA
-------------------------------	--------------	----

ACTHAR SELFJECT 40 UNIT/0.5 ML, 80 UNIT/ML	\$0 (Tier 2)	PA
--	--------------	----

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CORTEF 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	
<i>dexamethasone 0.5 mg tablet, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 1.5mg (21) tab ds pk, 1.5mg (35) tab ds pk, 1.5mg (51) tab ds pk, 2 mg tablet, 4 mg tablet, 6 mg tablet</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 4 mg/ml syringe, 4 mg/ml vial</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate 0.1 mg tablet</i>	\$0 (Tier 1)	
HEMADY 20 MG TABLET	\$0 (Tier 2)	
<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 18.

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, 32 MG TABLET	\$0 (Tier 2)	
<i>methylprednisolone 4 mg tab ds pk, 4 mg tablet, 8 mg tablet, 16 mg tablet, 32 mg tablet</i>	\$0 (Tier 1)	
<i>methylprednisolone sodium succinate 40 mg vial, 125 mg vial, 500 mg vial, 1000 mg vial</i>	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml solution</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 5 mg/5 ml, 15 mg/5 ml, 25 mg/5 ml</i>	\$0 (Tier 1)	
<i>prednisone 1 mg tablet, 2.5 mg tablet, 5 mg tab ds pk, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab ds pk, 10 mg tablet, 20 mg tablet, 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 18.

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

SOLU-MEDROL -1
GRAM VIAL, -40 MG
VIAL, -125 MG VIAL, -
500 MG VIAL, -1,000
MG VIAL

\$0 (Tier
2)

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)

*desmopressin acetate (non-
refrigerated)
(nonrefrigerated) 10/spray
spray/pump*

\$0 (Tier
1)

*desmopressin acetate 0.1
mg tablet, 0.2 mg tablet, 4
mcg/ml ampul, 4 mcg/ml
vial, 10/spray spray/pump*

\$0 (Tier
1)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INCRELEX 40 MG/4 ML VIAL	\$0 (Tier 2)	
OMNITROPE 5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG	\$0 (Tier 2)	PA
PREGNYL 10,000 UNIT VIAL	\$0 (Tier 2)	PA

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

Androgens

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>methyltestosterone 10 mg capsule</i>	\$0 (Tier 1)	PA
<i>testosterone 1.25g-1.62 gel packet</i>	\$0 (Tier 1)	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 12.5/1.25g gel md pmp, 50 mg (1%) gel (gram), 50 mg (1%) gel packet</i>	\$0 (Tier 1)	PA, QL (300 PER 30 DAYS)
<i>testosterone 2.5g-1.62% gel packet, 20.25/1.25 gel md pmp</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>testosterone 25mg(1%) gel packet</i>	\$0 (Tier 1)	PA, QL (225 PER 30 DAYS)
<i>testosterone 30mg/1.5ml sol md pmp</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate 100 mg/ml vial, 200 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate 200 mg/ml vial</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

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)	
ESTRACE 0.01% CREAM	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

estradiol 0.01 % cream/appl, .025mg/24h patch tds, .025mg/24h patch tdw, .0375mg/24h patch tds, .0375mg/24h patch tdw, 0.05mg/24h patch tds, 0.05mg/24h patch tdw, 0.06mg/24h patch tdw, .075mg/24h patch tds, .075mg/24h patch tdw, 0.1mg/24hr patch tds, 0.1mg/24hr patch tdw, 0.25/0.25g gel packet, 0.5 mg tablet, 0.5mg/0.5g gel packet, 0.75/0.75g gel packet, 1 mg tablet, 1 mg/gram gel packet, 1.25/1.25g gel packet, 2 mg tablet, 10 mcg tablet

\$0 (Tier 1)

estradiol valerate 10 mg/ml vial, 20 mg/ml vial, 40 mg/ml vial

\$0 (Tier 1)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ESTRING 2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING	\$0 (Tier 2)	
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)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
COMBIPATCH 0.05-0.14 MG, 0.05-0.25 MG	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>desogestrel-ethinyl estradiol -0.15-0.03 tablet, - 7 days x 3 tablet</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol/ethinyl estradiol - e.estradiolle.estradiol 21-5 (28) tablet</i>	\$0 (Tier 1)	
<i>drospirenone/ethinyl estradiol/levomefolate calcium drospir/eth estrallevomefol 3-0.02 (24) tablet, drospir/eth estrallevomefol 3-0.03 (21) tablet</i>	\$0 (Tier 1)	
<i>estradiol/norethindrone acetate 0.5-0.1 mg tablet, 1 mg-0.5mg tablet</i>	\$0 (Tier 1)	
<i>ethinyl estradiol/drospirenone 0.02-3 (28) tablet, 0.03mg-3mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ethynodiol diacetate-ethinyl estradiol ethynoioi -estraiol 1 mg-35mcg tablet, ethynoioi -estraiol 1 mg-50mcg tablet</i>	\$0 (Tier 1)	
<i>etonogestrellethinyl estradiol .12-.015mg vag ring</i>	\$0 (Tier 1)	
LAYOLIS FE CHEWABLE TABLET	\$0 (Tier 2)	
<i>levonorgestrellethinyl estradiol and ethinyl estradiol -norgest/io-100-20(84), -norgest/io-150-30(84)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
LOSEASONIQUE TABLET	\$0 (Tier 2)	
MIRCETTE 28 DAY TABLET	\$0 (Tier 2)	
<i>norethindrone acetate- ethinyl estradiol -1mg- 20mcg tablet, -1.5-0.03mg tablet</i>	\$0 (Tier 1)	
<i>norethindrone acetate- ethinyl estradiol/ferrous fumarate --1mg-20(21) tablet, --1mg-20(24) capsule, --1mg-20(24) tablet, --1.5-30(21) tablet, --5-7-9-7 tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>norethindrone acetate/ethinyl estradiol acleth 1mg-20mcg tablet, acleth 1.5-0.03mg tablet</i>	\$0 (Tier 1)	
<i>norethindrone-ethinyl estradiol -0.4-0.035 tablet, -0.5-0.035 tablet, -1 mg-35mcg tablet, -7 days x 3 tablet, -7-9-5 tablet</i>	\$0 (Tier 1)	
<i>norethindrone-ethinyl estradiol/ferrous fumarate - estradiol/liron 0.4-35(21) tab chew, -estradiol/liron 0.8-25(24) tab chew</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol -0.25-0.035 tablet, -7daysx3 28 tablet, -7daysx3 lo tablet</i>	\$0 (Tier 1)	
<i>norgestrel-ethinyl estradiol -0.3-0.03mg tablet</i>	\$0 (Tier 1)	
NUVARING NUVAVAGINAL	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
SEASONIQUE 0.15-0.03-0.01 TAB	\$0 (Tier 2)	
TYBLUME 0.1-0.02 MG CHEW TAB	\$0 (Tier 2)	
YASMIN 28 TABLET	\$0 (Tier 2)	
YAZ 28 TABLET	\$0 (Tier 2)	
<i>levonorgestrel 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PLAN B ONE-STEP -1.5 MG TALET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TAKE ACTION 1.5 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Progestins

AYGESTIN 5 MG TABLET	\$0 (Tier 2)	
DEPO-PROVERA -150 MG/ML SYRINGE, -150 MG/ML VIAL	\$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 -SYRINGE	\$0 (Tier 2)	
<i>hydroxyprogesterone caproate 250 mg/ml vial</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 150 mg/ml syringe, 150 mg/ml vial</i>	\$0 (Tier 1)	
<i>megestrol acetate 20 mg tablet, 40 mg tablet, 400mg/10ml oral susp</i>	\$0 (Tier 1)	
<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 18.

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

norethindrone acetate 5 mg tablet

\$0 (Tier 1)

progesterone, micronized 100 mg capsule, 200 mg capsule

\$0 (Tier 1)

PROVERA 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET

\$0 (Tier 2)

Selective Estrogen Receptor Modifying Agents

DUAVEE 0.45-20 MG TABLET

\$0 (Tier 2)

EVISTA 60 MG TABLET

\$0 (Tier 2)

raloxifene hcl 60 mg tablet

\$0 (Tier 1)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

CYTOMEL 5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET

\$0 (Tier 2)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EUTHYROX 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	\$0 (Tier 2)	
LEVO-T -25 MCG ABLE, -50 MCG ABLE, -75 MCG ABLE, -88 MCG ABLE, -100 MCG ABLE, -112 MCG ABLE, -125 MCG ABLE, -137 MCG ABLE, -150 MCG ABLE, -175 MCG ABLE, -200 MCG ABLE, -300 MCG ABLE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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 18.

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

Hormonal Agents, Suppressant (Adrenal)

KORLYM 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
LYSODREN 500 MG TABLET	\$0 (Tier 2)	
<i>mifepristone 300 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline 0.5 mg tablet</i>	\$0 (Tier 1)	
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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)	
<i>leuprolide acetate 1 mg/0.2ml kit, 1 mg/0.2ml vial, 22.5 mg vial</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (LUPANETA) DEPO 11.25MG, DEPOT 3.75MG	\$0 (Tier 2)	PA
LUPRON DEPOT 3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT, 11.25 MG 3MO KIT, 22.5 MG 3MO KIT, 45 MG 6MO KIT	\$0 (Tier 2)	PA
LUPRON DEPOT-PED - 11.25 MG 3MO, -11.25 MG KIT, -15 MG KIT, -30 MG 3MO KIT, -45 MG 6MO KIT, -7.5 MG KIT	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

<i>octreotide acetate 50 mcg/ml ampul, 50 mcg/ml syringe, 50 mcg/ml vial, 100 mcg/ml ampul, 100 mcg/ml syringe, 100 mcg/ml vial, 200 mcg/ml vial, 500 mcg/ml ampul, 500 mcg/ml syringe, 500 mcg/ml vial, 1000mcg/ml vial</i>	\$0 (Tier 1)	PA
ORGOVYX 120 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT 10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL	\$0 (Tier 2)	PA
SIGNIFOR 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (Tier 2)	PA
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 18.

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 18.

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

Immunological Agents

Angioedema Agents

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

Immunoglobulins

ATGAM 50 MG/ML AMPUL	\$0 (Tier 2)	PA
GAMMAGARD LIQUID 10% VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
SYNAGIS 50 MG/0.5 ML VIAL, 100 MG/ML VIAL	\$0 (Tier 2)	
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 18.

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 120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL	\$0 (Tier 2)	PA
COSENTYX (2 SYRINGES) 300 MG DOSE	\$0 (Tier 2)	PA
COSENTYX SENSOREADY (2 PENS) SNRDY 300MG DOSE-2PEN	\$0 (Tier 2)	PA
COSENTYX SENSOREADY PEN 150 MG	\$0 (Tier 2)	PA
COSENTYX SYRINGE 75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COSENTYX UNOREADY PEN 300 MG	\$0 (Tier 2)	PA
DUPIXENT PEN 200 MG/1.14 ML PEN, 300 MG/2 ML PEN	\$0 (Tier 2)	PA
DUPIXENT SYRINGE 100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE	\$0 (Tier 2)	PA
ILARIS 150 MG/ML VIAL	\$0 (Tier 2)	PA
KINERET 100 MG/0.67 ML SYRINGE	\$0 (Tier 2)	PA
NULOJIX 250 MG VIAL	\$0 (Tier 2)	PA
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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TREMFYA 100 MG/ML INJECTOR, 100 MG/ML SYRINGE	\$0 (Tier 2)	PA
XELJANZ 1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA
XELJANZ XR 11 MG TABLET, 22 MG TABLET	\$0 (Tier 2)	PA
XOLAIR 75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

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)
INTRON A 10 MILLION UNITS VIL	\$0 (Tier 2)	
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>azathioprine sodium 100 mg vial</i>	\$0 (Tier 1)	PA
CELLCEPT 200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET, 500 MG VIAL	\$0 (Tier 2)	PA
<i>cyclosporine 25 mg capsule, 100 mg capsule, 250 mg/5ml ampul</i>	\$0 (Tier 1)	PA
<i>cyclosporine, modified 25 mg capsule, 50 mg capsule, 100 mg capsule, 100 mg/ml solution</i>	\$0 (Tier 1)	PA
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 (Tier 2)	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS CRH--40MG	\$0 (Tier 2)	PA
CYLTEZO(CF) PEN PEN 40 MG/0.4 ML, PEN 40 MG/0.8 ML	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CYLTEZO(CF) PEN PSORIASIS-UV -40MG	\$0 (Tier 2)	PA
ENBREL 25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE	\$0 (Tier 2)	PA
ENBREL MINI 50 MG/ML CARTRIDGE	\$0 (Tier 2)	PA
ENBREL SURECLICK 50 MG/ML	\$0 (Tier 2)	PA
<i>everolimus 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	PA
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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HADLIMA(CF) PUSHTOUCH 40MG/0.4	\$0 (Tier 2)	PA
HUMIRA 40 MG/0.8 ML SYRINGE	\$0 (Tier 2)	PA
HUMIRA PEN 40 MG/0.8 ML	\$0 (Tier 2)	PA
HUMIRA PEN CROHN'S-UC-HS --40 MG	\$0 (Tier 2)	PA
HUMIRA PEN PSOR- UVEITS-ADOL HS --40 MG	\$0 (Tier 2)	PA
HUMIRA(CF) 10 MG/0.1 ML SYRING, CDV 10 MG/0.1ML SYR, 20 MG/0.2 ML SYRING, CDV 20 MG/0.2ML SYR, 40 MG/0.4 ML SYRING, CDV 40 MG/0.4ML SYR	\$0 (Tier 2)	PA
HUMIRA(CF) PEDIATRIC CROHN'S 80-40 MG, 80MG/0.8	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMIRA(CF) PEN CDV PEN 40 MG/0.4ML, CDV PEN 80 MG/0.8ML, PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML	\$0 (Tier 2)	PA
HUMIRA(CF) PEN CROHN'S-UC-HS CRHN--80MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS -- AHS 80-40	\$0 (Tier 2)	PA
IMURAN 50 MG TABLET	\$0 (Tier 2)	PA
<i>leflunomide 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
<i>methotrexate sodium 2.5 mg tablet, 25 mg/ml vial</i>	\$0 (Tier 1)	
<i>methotrexate sodium/pf 1 g vial, 25 mg/ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mycophenolate mofetil 200 mg/ml susp recon, 250 mg capsule, 500 mg tablet</i>	\$0 (Tier 1)	PA
<i>mycophenolate mofetil hcl 500 mg vial</i>	\$0 (Tier 1)	PA
<i>mycophenolate sodium 180 mg tablet dr, 360 mg tablet dr</i>	\$0 (Tier 1)	PA
MYFORTIC 180 MG TABLET	\$0 (Tier 2)	PA
MYHIBBIN 200 MG/ML SUSPENSION	\$0 (Tier 2)	PA
NEORAL 25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION	\$0 (Tier 2)	PA
PROGRAF 0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE, 5 MG/ML AMPULE	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RAPAMUNE 1 MG/ML ORAL SOLN	\$0 (Tier 2)	PA
RENFLEXIS 100 MG VIAL	\$0 (Tier 2)	PA
SANDIMMUNE 25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN	\$0 (Tier 2)	PA
SIMULECT 10 MG VIAL, 20 MG VIAL	\$0 (Tier 2)	PA
<i>sirolimus 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet</i>	\$0 (Tier 1)	PA
<i>tacrolimus 0.5 mg capsule, 1 mg capsule, 5 mg capsule</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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Vaccines

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

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIPHThERIA-TETANUS TOXOIDS-PED	\$0 (Tier 2)	
ENGERIX-B ADULT -20 MCG/ML SYRN, -20 MCG/ML VIAL	\$0 (Tier 2)	PA
ENGERIX-B PEDIATRIC-ADOLESCENT -10 MCG/0.5 SYRN	\$0 (Tier 2)	PA
ERVEBO (NATIONAL STOCKPILE) 1 ML VIAL (STOCKPILE)	\$0 (Tier 2)	
GARDASIL 9 9 SYRINGE, 9 VIAL	\$0 (Tier 2)	
HAVRIX 720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL, 1,440 UNIT/ML SYRINGE	\$0 (Tier 2)	
HEPLISAV-B -20 MCG/0.5 ML SYRNG	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HIBERIX VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL	\$0 (Tier 2)	
IMOVAX RABIES VACCINE VIAL	\$0 (Tier 2)	PA
INFANRIX DTAP SYRINGE	\$0 (Tier 2)	
IPOL VIAL	\$0 (Tier 2)	
IXCHIQ VIAL	\$0 (Tier 2)	
IXIARO 6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR	\$0 (Tier 2)	
JYNNEOS (NATIONAL STOCKPILE) 0.5 ML VIAL(STOCKPILE)	\$0 (Tier 2)	PA
JYNNEOS 0.5 ML VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
PEDIARIX 0.5 ML SYRINGE	\$0 (Tier 2)	
PEDVAXHIB VACCINE VIAL	\$0 (Tier 2)	
PENBRAYA KIT	\$0 (Tier 2)	
PENTACEL VIAL KIT	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PREHEVBRIO 10 MCG/ML VIAL	\$0 (Tier 2)	PA
PRIORIX VIAL	\$0 (Tier 2)	
PROQUAD VIAL	\$0 (Tier 2)	
QUADRACEL DTAP-IPV -SYRINGE, -VIAL	\$0 (Tier 2)	
RABAVERT VACC W-DILUENT, VACCINE VIAL	\$0 (Tier 2)	PA
RECOMBIVAX HB 5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL	\$0 (Tier 2)	PA
ROTARIX ORAL SYRINGE, SUSPENSION	\$0 (Tier 2)	
ROTATEQ VACCINE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SHINGRIX VIAL KIT	\$0 (Tier 2)	QL (2 PER 999 OVER TIME)
STAMARIL VIAL	\$0 (Tier 2)	
TDVAX VIAL	\$0 (Tier 2)	PA
TENIVAC SYRINGE, VIAL	\$0 (Tier 2)	PA
TICOVAC 1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE	\$0 (Tier 2)	
TRUMENBA 120 MCG/0.5 ML VACCIN	\$0 (Tier 2)	
TWINRIX VACCINE SYRINGE	\$0 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG	\$0 (Tier 2)	
VAQTA 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

VARIVAX VACCINE VIAL, WITH DILUENT	\$0 (Tier 2)	
YF-VAX -1 VIAL, -5 VIAL	\$0 (Tier 2)	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO ER 0.375 GRAM CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
ASACOL HD DR 800 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
AZULFIDINE 500 MG TABLET, ENTAB 500 MG	\$0 (Tier 2)	
<i>balsalazide disodium 750 mg capsule</i>	\$0 (Tier 1)	
CANASA 1,000 MG SUPPOSITORY	\$0 (Tier 2)	
COLAZAL 750 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 0.375g cap er 24h, 1.2 g tablet dr</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>mesalamine 4 g/60 ml enema, 1000 mg supp.rect</i>	\$0 (Tier 1)	
<i>mesalamine 400 mg cap(drtab), 800 mg tablet dr</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>mesalamine 500 mg capsule er</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>mesalamine with cleansing wipes w/cleansing 4 g/60 ml enema kit</i>	\$0 (Tier 1)	
PENTASA 250 MG CAPSULE	\$0 (Tier 2)	QL (480 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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, 500 mg tablet dr</i>	\$0 (Tier 1)	
Glucocorticoids		
<i>budesonide 3 mg capdr - er</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>budesonide 9 mg tabdr - er</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 1 % crml/pe app, 100mg/60ml enema</i>	\$0 (Tier 1)	
<i>hydrocortisone 2.5 % cream (g), 2.5 % crml/pe app</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents		
<i>alendronate sodium 10 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>alendronate sodium 35 mg tablet, 70 mg tablet</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
ATELVIA DR 35 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
<i>calcitonin, salmon, synthetic 200/ml vial, 200/spray spray/pump</i>	\$0 (Tier 1)	
<i>calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution, 1 mcg/ml vial</i>	\$0 (Tier 1)	
<i>cinacalcet hcl 30 mg tablet, 60 mg tablet, 90 mg tablet</i>	\$0 (Tier 1)	PA
FORTEO 600 MCG/2.4 ML PEN INJ	\$0 (Tier 2)	PA
FOSAMAX 70 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tablet</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
<i>ibandronate sodium 3 mg/3 ml syringe, 3 mg/3 ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MIACALCIN 400 UNIT/2 ML VIAL	\$0 (Tier 2)	
NATPARA 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>paricalcitol 1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial</i>	\$0 (Tier 1)	
PROLIA 60 MG/ML SYRINGE	\$0 (Tier 2)	PA
<i>risedronate sodium 150 mg tablet</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tablet, 35 mg tablet dr</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>risedronate sodium 5 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ROCALTROL 0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SENSIPAR 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	PA
TERIPARATIDE TERIPARATIDE 20MCG/DOSE PEN INJCTR, 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
ZEMPLAR 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL	\$0 (Tier 2)	
<i>zoledronic acid 4 mg/5 ml vial</i>	\$0 (Tier 1)	
<i>zoledronic acid in mannitol and water for injection acid/mannitol-5 mg/100ml pggymbk btl, acid/mannitol-5 mg/100ml piggyback</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine sulfate 1 % drops</i>	\$0 (Tier 1)	
<i>atropine sulfate/pf 1 % droperette</i>	\$0 (Tier 1)	
<i>brimonidine tartrate/timolol maleate 0.2%-0.5% drops</i>	\$0 (Tier 1)	
<i>carboxymethylcellulose sodium 0.5 % droperette, 0.5 % drops</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dorzolamide hcl/timolol maleate 22.3-6.8/1 drops</i>	\$0 (Tier 1)	
GENTEAL TEARS SEVERE 0.3% GEL, 3-94% OIN	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
MAXITROL EYE OINTMENT	\$0 (Tier 2)	
<i>mineral oil/petrolatum, white 15 %-83 % (g), 42.5-57.3% (g)</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone neomycin/bacit/p-myx/hydrocort 3.5-10k-1 oint. (g)</i>	\$0 (Tier 1)	
<i>neomycin/polymyxin b sulfate/dexamethasone b/dexametha 0.1 % drops susp, b/dexametha 3.5-10k-.1 oint. (g)</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>polyvinyl alcohol/povidone 0.5%-0.6% drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REFRESH CELLUVISC 1% EYE GEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REFRESH LACRI-LUBE -OINTMENT	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
REFRESH LIQUIGEL 1% EYE DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REFRESH PLUS 0.5% EYE DROPS	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REFRESH TEARS 0.5% EYE DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RESTASIS 0.05% EYE EMULSION	\$0 (Tier 2)	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05% EYE	\$0 (Tier 2)	QL (11 PER 30 DAYS)
<i>sulfacetamide sodium/prednisolone sodium phosphate sulfacetamid/prednisolone 10 %-0.23% drops</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

TOBRADEX DROPS, OINTMENT	\$0 (Tier 2)	
<i>tobramycin/dexamethasone 0.3 %-0.1% drops susp</i>	\$0 (Tier 1)	

Ophthalmic Anti-Infectives

<i>bacitracin 500 unit/g oint. (g)</i>	\$0 (Tier 1)	
<i>bacitracin/polymyxin b sulfate 500-10k/g oint. (g)</i>	\$0 (Tier 1)	
BESIVANCE 0.6% SUSP	\$0 (Tier 2)	
<i>ciprofloxacin hcl 0.3 % drops</i>	\$0 (Tier 1)	
<i>erythromycin base 5 mg/gram oint. (g)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate 0.3 % drops</i>	\$0 (Tier 1)	
LACRISERT 5 MG EYE INSERT	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MOXEZA 0.5% EYE DROPS	\$0 (Tier 2)	
<i>moxifloxacin hcl 0.5 % drops, 0.5 % drops visc</i>	\$0 (Tier 1)	
NATACYN 5% EYE DROPS	\$0 (Tier 2)	
<i>neomycin sulfat/bacitracin/polymyxin b</i>	\$0 (Tier 1)	
<i>neomycin/bacitracin/polymyxin b 3.5mg-400 oint. (g)</i>		
<i>neomycin sulfat/polymyxin b sulfat/gramicidin d neomycin/polymyxin b/gramicidin 1.75mg-10k drops</i>	\$0 (Tier 1)	
OCUFLOX 0.3% EYE DROPS	\$0 (Tier 2)	
<i>ofloxacin 0.3 % drops</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>polymyxin b sulfatel/trimethoprim sulf/trimethoprim 10000-1/ml drops</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium 10 % drops, 10 % oint. (g)</i>	\$0 (Tier 1)	
<i>tobramycin 0.3 % drops</i>	\$0 (Tier 1)	
<i>trifluridine 1 % drops</i>	\$0 (Tier 1)	
VIGAMOX 0.5% EYE DROPS	\$0 (Tier 2)	
Ophthalmic Anti-allergy Agents		
ALAWAY 0.025% EYE DROPS	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>azelastine hcl 0.05 % drops</i>	\$0 (Tier 1)	
CHILDREN'S ALAWAY CHILD'S 0.025% EYE DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cromolyn sodium 4 % drops</i>	\$0 (Tier 1)	
<i>epinastine hcl 0.05 % drops</i>	\$0 (Tier 1)	
<i>ketotifen fumarate 0.025 % drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>olopatadine hcl 0.1 % drops, 0.2 % drops</i>	\$0 (Tier 1)	
SYSTANE NIGHTTIME EYE OINTMENT	\$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 % drops, 0.09 % drops</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 0.1 % drops</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diclofenac sodium 0.1 % drops</i>	\$0 (Tier 1)	
<i>difluprednate 0.05 % drops</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 % drops susp</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium 0.03 % drops</i>	\$0 (Tier 1)	
FML LIQUIFILM 0.1% EYE DROP	\$0 (Tier 2)	
ILEVRO 0.3% OPHTH DROPS	\$0 (Tier 2)	
INVELTYS 1% EYE DROP	\$0 (Tier 2)	
<i>ketorolac tromethamine 0.4 % drops, 0.5 % drops</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PRED FORTE 1% EYE DROPS	\$0 (Tier 2)	
PRED MILD 0.12% EYE DROPS	\$0 (Tier 2)	
<i>prednisolone acetate 1 % drops susp</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 1 % drops</i>	\$0 (Tier 1)	
PROLENSA 0.07% EYE DROPS	\$0 (Tier 2)	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5 % drops</i>	\$0 (Tier 1)	
BETOPTIC S 0.25% DROP, 0.25% DROP	\$0 (Tier 2)	
<i>carteolol hcl 1 % drops</i>	\$0 (Tier 1)	
ISTALOL 0.5% EYE DROPS	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>levobunolol hcl 0.5 % drops</i>	\$0 (Tier 1)	
<i>timolol maleate 0.25 % drops, 0.25 % sol-gel, 0.5 % drop daily, 0.5 % drops, 0.5 % sol-gel</i>	\$0 (Tier 1)	
<i>timolol maleate/pf 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
TIMOPTIC 0.25% DROP, 0.5% DROP	\$0 (Tier 2)	
TIMOPTIC OCUDOSE 0.25% DROP, 0.5% DROP	\$0 (Tier 2)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P ALHAGAN 0.1% DROS, ALHAGAN 0.15% EYE DROS	\$0 (Tier 2)	
AZOPT 1% EYE DROPS	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>brimonidine tartrate 0.1 % drops, 0.15 % drops, 0.2 % drops</i>	\$0 (Tier 1)	
<i>brinzolamide 1 % drops susp</i>	\$0 (Tier 1)	
<i>dorzolamide hcl 2 % 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 Prostamide Analogs		
<i>bimatoprost 0.03 % drops</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005 % drops</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 % drops</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)

Otic Agents

<i>acetic acid 2 % solution</i>	\$0 (Tier 1)	
CIPRODEX OTIC SUSPENSION	\$0 (Tier 2)	
<i>ciprofloxacin hcl/dexamethasone 0.3 %-0.1% drops susp</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide oil 0.01 % drops</i>	\$0 (Tier 1)	
<i>hydrocortisone/acetic acid 1 %-2 % drops</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>neomycin sulfate/polymyxin b sulfate/hydrocortisone neomycin/polymyxin b/hydrocort 3.5--1 drops susp, neomycin/polymyxin b/hydrocort 3.5--1 solution</i>	\$0 (Tier 1)	
<i>ofloxacin 0.3 % drops</i>	\$0 (Tier 1)	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY 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 18.

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 0.25mg/2ml, 0.5 mg/2ml, 1 mg/2 ml</i>	\$0 (Tier 1)	PA
<i>budesonide 32mcg spray/pump</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>flunisolide 25 mcg spray</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>fluticasone propionate 110 mcg aer w/adap</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)
<i>fluticasone propionate 220 mcg aer w/adap</i>	\$0 (Tier 1)	QL (24 PER 30 DAYS)
<i>fluticasone propionate 44 mcg aer w/adap</i>	\$0 (Tier 1)	QL (10.6 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray susp</i>	\$0 (Tier 1)	QL (16 PER 30 DAYS), * (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>loratadine 10 mg tab rapdis</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mometasone furoate 50 mcg spray/pump</i>	\$0 (Tier 1)	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	\$0 (Tier 2)	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	\$0 (Tier 2)	QL (21.2 PER 30 DAYS)
XHANCE 93 MCG NASAL SPRAY	\$0 (Tier 2)	QL (32 PER 30 DAYS)

Antihistamines

AHIST 25 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ALLER-CHLOR -4 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>azelastine hcl 137 mcg spray/pump, 205.5 mcg spray/pump</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>cetirizine hcl 1 mg/ml solution, 5 mg tab chew, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab chew, 10 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>chlorpheniramine maleate 2 mg/5 ml syrup, 4 mg tablet, 12 mg tablet er</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>clemastine fumarate 2.68 mg tablet</i>	\$0 (Tier 1)	PA
<i>cyproheptadine hcl 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrup</i>	\$0 (Tier 1)	PA
<i>desloratadine 5 mg tablet</i>	\$0 (Tier 1)	
<i>dexbrompheniramine maleate 2 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>diphenhydramine hcl 12.5mg/5ml liquid, 25 mg capsule, 25 mg tablet, 50 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>diphenhydramine hcl 50 mg/ml cartridge, 50 mg/ml syringe, 50 mg/ml vial</i>	\$0 (Tier 1)	
<i>fexofenadine hcl 30 mg/5 ml oral susp, 60 mg tablet, 180 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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HISTEX 2.5 MG/5 ML SYRUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
HISTEX PD 0.938 MG/ML DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>levocetirizine dihydrochloride 5 mg tablet</i>	\$0 (Tier 1)	
<i>loratadine 10 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>loratadine 5 mg/5 ml solution</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>olopatadine hcl 0.6 % spray/pump</i>	\$0 (Tier 1)	QL (30.5 PER 30 DAYS)
PEDIACLEAR PD 0.625 MG/ML DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PEDIAVENT 2 MG/5 ML SYRUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>triprolidine hcl 0.938mg/ml drops</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 18.

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

Antileukotrienes

ACCOLATE 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	
<i>montelukast sodium 4 mg gran pack, 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)	

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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ipratropium bromide 0.2 mg/ml solution</i>	\$0 (Tier 1)	PA
<i>ipratropium bromide 21 mcg spray</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>ipratropium bromide 42 mcg spray</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER 18 MCG CAP	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG, 2.5 MCG	\$0 (Tier 2)	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	\$0 (Tier 1)	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	\$0 (Tier 1)	QL (36 PER 30 DAYS)
<i>albuterol sulfate 0.63mg/3ml vial-neb, 1.25mg/3ml vial-neb, 2.5 mg/0.5 vial-neb, 2.5 mg/3ml vial-neb, 5 mg/ml solution</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>albuterol sulfate 2 mg tablet, 2 mg/5 ml syrup, 4 mg tablet</i>	\$0 (Tier 1)	
<i>epinephrine 0.15/0.15, 0.15mg/0.3, 0.3mg/0.3</i>	\$0 (Tier 1)	
PROAIR HFA 90 MCG INHALER	\$0 (Tier 2)	QL (36 PER 30 DAYS)
PROAIR RESPICLICK 90 MCG INHLR	\$0 (Tier 2)	QL (2 PER 30 DAYS)
SEREVENT DISKUS 50 MCG	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	
VENTOLIN HFA 90 MCG INHALER	\$0 (Tier 2)	QL (36 PER 30 DAYS)
XOPENEX HFA 45 MCG INHALER	\$0 (Tier 2)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Cystic Fibrosis Agents

KALYDECO 5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
PULMOZYME 1 MG/ML AMPUL	\$0 (Tier 2)	PA
<i>tobramycin in 0.225 % sodium chloride 0.225% 300 mg/5ml ampul-neb</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 ampul-neb</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide 55 mcg spray</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Phosphodiesterase Inhibitors, Airways Disease		
<i>caffeine citrate 60 mg/3 ml solution</i>	\$0 (Tier 1)	
DALIRESP 250 MCG TABLET, 500 MCG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>roflumilast 250 mcg tablet, 500 mcg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

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 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h</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)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LETAIRIS 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OPSUMIT 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
REMODULIN 1 MG/ML VIAL, 2.5 MG/ML VIAL, 5 MG/ML VIAL, 10 MG/ML VIAL	\$0 (Tier 2)	PA
<i>sildenafil citrate 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TRACLEER 62.5 MG TABLET, 125 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>treprostinil sodium 1 mg/ml vial, 2.5 mg/ml vial, 5 mg/ml vial, 10 mg/ml vial</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

VENTAVIS 10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
---	--------------	--------------------------

Pulmonary Fibrosis Agents

ESBRIET 267 MG CAPSULE, 267 MG TABLET	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
---------------------------------------	--------------	--------------------------

ESBRIET 801 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
-----------------------	--------------	-------------------------

OFEV 100 MG CAPSULE, 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
-------------------------------------	--------------	-------------------------

<i>pirfenidone 267 mg capsule, 267 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
--	--------------	--------------------------

<i>pirfenidone 801 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
----------------------------------	--------------	-------------------------

Respiratory Tract Agents, Other

<i>acetylcysteine 100 mg/ml vial, 200 mg/ml vial</i>	\$0 (Tier 1)	PA
--	--------------	----

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
BREZTRI AEROSPHERE INHALER	\$0 (Tier 2)	QL (10.7 PER 30 DAYS)
<i>budesonide/formoterol fumarate 80-4.5 mcg, 160-4.5mcg</i>	\$0 (Tier 1)	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	\$0 (Tier 2)	QL (8 PER 30 DAYS)
<i>cromolyn sodium 5.2 mg spray/pump</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DULERA 50 MCG-5 MCG INHALER, 100 MCG-5 MCG INHALER, 200 MCG-5 MCG INHALER	\$0 (Tier 2)	QL (39 PER 30 DAYS)
FASENRA 10 MG/0.5 ML SYRINGE, 30 MG/ML SYRINGE	\$0 (Tier 2)	PA
FASENRA PEN 30 MG/ML	\$0 (Tier 2)	PA
<i>fluticasone propionate/salmeterol xinafoate propion/salmeterol 100-50 mcg w/dev, propion/salmeterol 250-50 mcg w/dev, propion/salmeterol 500-50 mcg w/dev</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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>guaifenesin/dextromethorphan hbr 100-10mg/5 liquid, 100-10mg/5 syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ipratropium bromide/albuterol sulfate ipratropium/albuterol 0.5-3mg/3 ampul-neb</i>	\$0 (Tier 1)	PA
LAGEVRIO (COMMERCIAL)	\$0 (Tier 2)	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	\$0 (Tier 2)	
ORALAIR 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	\$0 (Tier 2)	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	\$0 (Tier 2)	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 g vial-neb</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

Skeletal Muscle Relaxants

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

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
--	--------------	-------------------------

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DAYVIGO 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl 3 mg tablet, 6 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>ramelteon 8 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ROZEREM 8 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SILENOR 3 MG TABLET, 6 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

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

<i>zaleplon 5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

<i>armodafinil 50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
LUMRYZ ER 4.5 GM PACKET, ER 6 GM PACKET, ER 7.5 GM PACKET, ER 9 GM PACKET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<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 18.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sodium oxybate 500 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 18.

Index of Covered Drugs

0

0.9 % sodium chloride 277

3

3-DAY VAGINAL CREAM 90

A

abacavir sulfate 169,170

abacavir sulfate/lamivudine. 170

ABILIFY 153

ABILIFY ASIMTUFII 153

ABILIFY MAINTENA 153

abiraterone acetate 103

ABRAXANE 107

ABRYSVO 354

acamprosate calcium 34

acarbose 185

ACCOLATE 383

ACCUPRIL 216

ACCURETIC 228

acebutolol hcl 221

acetaminophen 19

acetaminophen with codeine
phosphate 28

acetaminophen/caffeine 19,21

acetazolamide 229

acetic acid 377

acetylcysteine 390

acitretin 263

ACNE MEDICATION 263,275

ACTHAR 317

ACTHAR SELFJECT 317

ACTHIB 354

ACTIMMUNE 347

ACTOS 185

ACULAR 372

ACULAR LS 372

acyclovir 181,182

acyclovir sodium 182

ADACEL TDAP 354

adapalene 263

ADCETRIS 137

ADCIRCA 388

ADDERALL XR 252

adefovir dipivoxil 179

ADEMPAS 388

ADIPEX-P 37

ADLARITY 74

ADRIAMYCIN 108

ADVAIR HFA 391

AFINITOR 117,118

AFINITOR DISPERZ 118

AGRYLIN 206

AHIST 380

AIMOVIG

AUTOINJECTOR 96

AKEEGA 118

ALA-CORT 266

ALAWAY 371

albendazole 145

ALBUTEROL HFA 90 MCG

INHALER (generic ProAir
HFA) 384

ALBUTEROL HFA 90 MCG

INHALER (generic Proventil
HFA) 384

albuterol sulfate 384,385

alclometasone dipropionate. 266

ALDACTAZIDE 229

ALDACTONE 243

ALDURAZYME 308

ALECENSA 118

alendronate sodium 362,363

alfuzosin hcl 315

ALIMTA 108

ALIQOPA 118

aliskiren hemifumarate 229

ALLER-CHLOR 380

allopurinol 95

allopurinol sodium 95

ALOPRIM 95

alosetron hcl.....	295	anagrelide hcl.....	207
ALPHAGAN P.....	375	anastrozole.....	116
alprazolam.....	182	ANDROGEL.....	321
ALTACE.....	216	ANORO ELLIPTA.....	391
aluminum hydroxide.....	297	ANTI-DIARRHEAL.....	295
ALUNBRIG.....	118	APOKYN.....	148
ALYMSYS.....	137	apomorphine hcl.....	148
amantadine hcl.....	147	aprepitant.....	88
AMBISOME.....	90	APRISO.....	360
ambrisentan.....	388	APTIOM.....	71
amikacin sulfate.....	39	APTIVUS.....	175
amiloride hcl.....	244	ARANESP.....	207
amiloride		ARCALYST.....	343
hcl/hydrochlorothiazide.....	229	AREXVY.....	354
amiodarone hcl.....	219	ARICEPT.....	75
amitriptyline hcl.....	86	ARIMIDEX.....	116
amlodipine besylate.....	224	aripiprazole.....	154
amlodipine		ARISTADA.....	154
besylate/atorvastatin		ARISTADA INITIO.....	154
calcium.....	230	armodafinil.....	396
amlodipine besylate/benazepril		ARNUITY ELLIPTA.....	378
hcl.....	231	AROMASIN.....	116
amlodipine besylate/olmesartan		ARRANON.....	108
medoxomil.....	231	arsenic trioxide.....	108
amlodipine		ARTHROTEC 50.....	21
besylate/valsartan.....	231	ARTHROTEC 75.....	21
amlodipine		ARZERRA.....	138
besylate/valsartan/hydrochlorot		ASACOL HD.....	360
hiazide.....	232	asenapine maleate.....	154
ammonium lactate.....	266	ASMANEX.....	379
amoxapine.....	86	ASMANEX HFA.....	378
amoxicillin.....	51	ASPARLAS.....	108
amoxicillin/potassium		aspirin.....	19
clavulanate.....	51	aspirin/calcium	
amphotericin b.....	90	carbonate/magnesium.....	19
amphotericin b liposome.....	90	aspirin/dipyridamole.....	210
ampicillin sodium.....	52	ASTAGRAF XL.....	347
ampicillin sodium/sulbactam		ATACAND.....	213
sodium.....	52	ATACAND HCT.....	232
ampicillin trihydrate.....	52	atazanavir sulfate.....	175
AMPYRA.....	259	ATELVIA.....	363

atenolol.....	221	AZULFIDINE.....	360
atenolol/chlorthalidone.....	232	B	
ATGAM.....	341	bacitracin.....	276,369
ATHLETE'S FOOT.....	90	bacitracin/polymyxin b	
atomoxetine hcl.....	256	sulfate.....	369
atorvastatin calcium.....	246	baclofen.....	165
atovaquone.....	145	BACMIN.....	285
atovaquone/proguanil hcl.....	145	BACTRIM.....	59
atropine sulfate.....	366	BACTRIM DS.....	59
atropine sulfate/pf.....	366	balsalazide disodium.....	360
ATROVENT HFA.....	383	BALVERSA.....	119
AUGMENTIN.....	52	BANZEL.....	71
AUGTYRO.....	119	BAQSIMI.....	194
AURYXIA.....	292	BARACLUDGE.....	179
AUSTEDO.....	258	BAVENCIO.....	138
AUSTEDO XR.....	258	BCG VACCINE (TICE	
AUSTEDO XR TITRATION		STRAIN).....	354
KT(WK1-4).....	258	BELBUCA.....	26
AUVELITY.....	76	BELEODAQ.....	119
AVALIDE.....	232	BELSOMRA.....	394
AVAPRO.....	214	benazepril hcl.....	216
AVASTIN.....	138	benazepril	
AVITA.....	263	hcl/hydrochlorothiazide.....	233
AVODART.....	315	bendamustine hcl.....	108
AVONEX.....	259	BENDEKA.....	108
AVONEX PEN.....	259	BENICAR.....	214
AYGESTIN.....	331	BENICAR HCT.....	233
AYVAKIT.....	119	BENLYSTA.....	343
azacitidine.....	108	BENZAMYCIN.....	263
AZACTAM.....	40	benznidazole.....	145
AZASAN.....	347	benzoyl peroxide.....	263,264
azathioprine.....	347	benzphetamine hcl.....	38
azathioprine sodium.....	348	benztropine mesylate.....	147
azelaic acid.....	263	BESIVANCE.....	369
azelastine hcl.....	371,380	BESPONSA.....	138
AZELEX.....	263	BESREMI.....	347
AZILECT.....	151	BETADINE.....	272
azithromycin.....	55	betaine.....	309
AZOPT.....	375	betamethasone	
AZOR.....	232	dipropionate.....	266
aztreonam.....	40		

betamethasone		
dipropionate/propylene glycol	266,267	
betamethasone valerate	267	
BETASERON	260	
betaxolol hcl	221,374	
bethanechol chloride	317	
BETOPTIC S	374	
bexarotene	144	
BEXSERO	354	
bicalutamide	103	
BICILLIN L-A	52	
BICNU	108	
BIKTARVY	166	
BILTRICIDE	145	
bimatoprost	376	
bisacodyl	297	
bismuth subsalicylate	297	
bisoprolol fumarate	221	
bisoprolol fumarate/hydrochlorothiazide	233	
BLENREP	138	
bleomycin sulfate	108	
BLINCYTO	109	
BOOSTRIX TDAP	354	
bortezomib	119	
bosentan	388	
BOSULIF	119,120	
BRAFTOVI	120	
BREO ELLIPTA	391	
BREZTRI AEROSPHERE	391	
BRILINTA	210	
brimonidine tartrate	376	
brimonidine tartrate/timolol maleate	366	
brinzolamide	376	
BRIVIACT	61	
bromfenac sodium	372	
bromocriptine mesylate	148	
BRUKINSA	120	
budesonide	362,379	
budesonide/formoterol fumarate	391	
bumetanide	243	
BUPHENYL	309	
buprenorphine	26	
buprenorphine hcl	34	
buprenorphine hcl/naloxone hcl	34,35	
bupropion hcl	36,76,77	
bupropion hcl sr 150mg tablet	77	
bupirone hcl	182	
busulfan	101	
butalbital/acetaminophen	20	
butalbital/acetaminophen/caffeine	20	
butalbital/aspirin/caffeine	20	
butorphanol tartrate	28	
BUTRANS	26	
BYDUREON BCISE	185	
BYETTA	185	
BYSTOLIC	221	
C		
CABENUVA	166	
cabergoline	337	
CABLIVI	211	
CABOMETYX	120	
caffeine citrate	387	
calcipotriene	272	
calcitonin, salmon, synthetic	363	
calcitriol	363	
calcium acetate	292	
calcium carbonate	278,297	
calcium carbonate/cholecalciferol (vit d3)/minerals	278	
calcium carbonate/cholecalciferol (vitamin d3)	278,279	

calcium carbonate/vit d3/mag ox/zinc/copper/manganese/boro n.....	279	cefazolin sodium/dextrose, iso- osmotic.....	48
CALQUENCE.....	120	cefdinir.....	48
CANASA.....	360	cefepime hcl.....	48
CANCIDAS.....	90	cefepime hcl in dextrose 5 % in water.....	48
candesartan cilexetil.....	214	cefepime hcl in iso-osmotic dextrose.....	48
candesartan cilexetil/hydrochlorothiazide.....	234	cefixime.....	49
CAPLYTA.....	155	cefoxitin sodium.....	49
CAPRELSA.....	120	cefoxitin sodium/dextrose, iso- osmotic.....	49
captopril.....	217	cefpodoxime proxetil.....	49
CARAFATE.....	305	cefprozil.....	49
CARBAGLU.....	279	ceftazidime.....	49
carbamazepine.....	71	ceftazidime in dextrose 5 % and water.....	49
CARBATROL.....	72	ceftriaxone sodium.....	50
carbidopa.....	149	ceftriaxone sodium in iso- osmotic dextrose.....	50
carbidopa/levodopa.....	150	cefuroxime axetil.....	50
carbidopa/levodopa/entacapon e.....	148	cefuroxime sodium.....	50
carboplatin.....	109	CELEBREX.....	21
carboxymethylcellulose sodium.....	366	celecoxib.....	21
CARDIZEM.....	225	CELEXA.....	79
CARDIZEM CD.....	226	CELLCEPT.....	348
CARDIZEM LA.....	226	CELONTIN.....	65
CARDURA.....	212	cephalexin.....	50
carglumic acid.....	279	CEREZYME.....	309
carmustine.....	109	cetirizine hcl.....	380
CARNITOR.....	309	cevimeline hcl.....	262
CARNITOR SF.....	309	CHEMET.....	284
carteolol hcl.....	374	CHENODAL.....	298
carvedilol.....	221	CHILDREN'S ALAWAY.....	371
carvedilol phosphate.....	221	chloramphenicol sod succinate.....	40
CASODEX.....	103	chlorhexidine gluconate.....	262
casopofungin acetate.....	90	chloroquine phosphate.....	146
cefaclor.....	47	chlorpheniramine maleate.....	381
cefadroxil.....	47	chlorpromazine hcl.....	87
cefazolin sodium.....	48	chlorthalidone.....	244

cholecalciferol (vitamin d3)	285	clobazam	67
cholestyramine (with sugar)	248	clobetasol propionate	267
cholestyramine/aspartame	248	clobetasol propionate/emollient base	267
CHORIONIC		clofarabine	109
GONADOTROPIN	320	CLOLAR	109
chromic chloride	279,285	clomipramine hcl	86
ciclopirox	91	clonazepam	183
ciclopirox olamine	91	clonidine	211
cidofovir	178	clonidine hcl	211,256
cilostazol	211	clopidogrel bisulfate	211
CIMDUO	170	clorazepate dipotassium	183
cimetidine	304	clotrimazole	91
cinacalcet hcl	363	clotrimazole/betamethasone dipropionate	272
CINRYZE	341	clozapine	164
CIPRO	57	CLOZARIL	164,165
CIPRODEX	377	COARTEM	146
ciprofloxacin	57	codeine sulfate	28
ciprofloxacin hcl	57,369	COLACE	298
ciprofloxacin hcl/dexamethasone	377	COLACE CLEAR	298
ciprofloxacin lactate/dextrose 5 % in water	58	COLAZAL	360
cisplatin	109	colchicine	95
citalopram hydrobromide	79,80	COLCRYS	95
cladribine	109	COLESTID	248
clarithromycin	55	colestipol hcl	249
clemastine fumarate	381	colistin (as colistimethate sodium)	42
CLEOCIN	41	colloidal bismuth subcitrate/metronidazole/tetracycline hcl	298
CLEOCIN HCL	41	COMBIGAN	366
CLEOCIN PHOSPHATE	41	COMBIPATCH	325
CLEOCIN T	41	COMBIVENT RESPIMAT	391
clindamycin hcl	41	COMETRIQ	121
clindamycin palmitate hcl	41	COMPLERA	170
clindamycin phosphate	42	COMTAN	148
clindamycin phosphate in 0.9 % sodium chloride	42	CONTRAVE	38
clindamycin phosphate/benzoyl peroxide	264	COPAXONE	260
clindamycin phosphate/dextrose 5 % in water	42	COPIKTRA	121
		COREG CR	221

CORGARD.....	222	CYKLOKAPRON.....	210
CORLANOR.....	234	CYLTEZO(CF).....	348
CORTEF.....	318	CYLTEZO(CF) PEN.....	348
COSELA.....	144	CYLTEZO(CF) PEN.....	
COSENTYX (2 SYRINGES).....	343	CROHN'S-UC-HS.....	348
COSENTYX SENSOREADY (2 PENS).....	343	CYLTEZO(CF) PEN.....	
COSENTYX SENSOREADY PEN.....	343	PSORIASIS-UV.....	349
COSENTYX SYRINGE.....	343	CYMBALTA.....	80
COSENTYX UNOREADY PEN.....	344	cyproheptadine hcl.....	381
COSMEGEN.....	109	CYRAMZA.....	121
COSOPT.....	366	CYSTADANE.....	310
COTELLIC.....	121	CYSTADROPS.....	366
covid-19 antigen immunoassay test.....	277	CYSTAGON.....	310
covid-19 molecular nucleic acid test assay.....	277	CYSTARAN.....	366
COZAAR.....	214	cytarabine.....	109
CREON.....	309	cytarabine/pf.....	109
CRESEMBA.....	91	CYTOMEL.....	332
CRESTOR.....	246	CYTOTEC.....	306
cromolyn sodium.....	309,372,387,391	D	
CRYSVITA.....	310	dabigatran etexilate mesylate.....	203
CUBICIN.....	43	dacarbazine.....	110
CUBICIN RF.....	43	dactinomycin.....	110
cupric chloride.....	279	dalfampridine.....	260
cyanocobalamin (vitamin b-12).....	286	DALIRESP.....	387
cyanocobalamin/folic acid/pyridoxine.....	286	DALVANCE.....	43
cyclobenzaprine hcl.....	394	danazol.....	321
cyclophosphamide.....	101,102	DANTRIUM.....	165
CYCLOPHOSPHAMIDE.....	102	dantrolene sodium.....	165
cycloserine.....	100	DANYELZA.....	138
CYCLOSET.....	186	dapsone.....	100
cyclosporine.....	348	DAPTACEL DTAP.....	354
cyclosporine, modified.....	348	daptomycin.....	43
		DARAPRIM.....	146
		darifenacin hydrobromide.....	313
		darunavir.....	175
		darunavir ethanolate.....	175
		DARZALEX.....	138
		DARZALEX FASPRO.....	138
		daunorubicin hcl.....	110

DAURISMO.....	121	DEXEDRINE.....	253
DAYPRO.....	21	dexmethylphenidate hcl.....	256
DAYVIGO.....	395	dexrazoxane hcl.....	144
DDAVP.....	320	dextroamphetamine sulf-	
decitabine.....	110	saccharate/amphetamine sulf-	
deferasirox.....	284	aspartate.....	253,254
DEKAS ESSENTIAL.....	286	dextroamphetamine sulfate.....	255
DEKAS PLUS.....	286	dextrose 10 % in water.....	286
DELSTRIGO.....	167	dextrose 2.5 % and 0.45 %	
DELZICOL.....	361	sodium chloride.....	280
demeclocycline hcl.....	59	dextrose 5 % and 0.2 % sodium	
DEMSEER.....	234	chloride.....	280
DENGVAXIA.....	354	dextrose 5 % and 0.3 % sodium	
DEPAKOTE.....	61	chloride.....	280
DEPAKOTE ER.....	61	dextrose 5 % and 0.45 %	
DEPAKOTE SPRINKLE.....	61	sodium chloride.....	280
DEPEN.....	317	dextrose 5 % and 0.9 % sodium	
DEPO-ESTRADIOL.....	323	chloride.....	280
DEPO-PROVERA.....	331	dextrose 5 % in lactated	
DEPO-SUBQ PROVERA		ringers.....	280
104.....	331	dextrose 5 % in water.....	286
DEPO-TESTOSTERONE.....	321	DIACOMIT.....	61
DESCOVY.....	170	DIALYVITE.....	287
desipramine hcl.....	86	DIALYVITE 3000.....	286
desloratadine.....	381	DIALYVITE 5000.....	287
desmopressin acetate.....	320	DIALYVITE SUPREME	
desmopressin acetate (non-		D.....	287
refrigerated).....	320	DIALYVITE ZINC.....	287
desogestrel-ethinyl estradiol.....	326	diazepam.....	67,183
desogestrel-ethinyl		diazoxide.....	194
estradiol/ethinyl estradiol.....	326	diclofenac potassium.....	22
desonide.....	267,268	diclofenac sodium.....	22,272,373
desoximetasone.....	268	diclofenac	
desvenlafaxine succinate.....	80	sodium/misoprostol.....	22
DETROL.....	313	dicloxacillin sodium.....	52
DETROL LA.....	314	dicyclomine hcl.....	296
dexamethasone.....	318	diethylpropion hcl.....	38
dexamethasone sodium		DIFFERIN.....	264
phosphate.....	318,372	DIFICID.....	55
dexbrompheniramine		DIFLUCAN.....	91
maleate.....	381	difluprednate.....	373

digoxin.....	234	drosiprenone/ethinyl	
dihydroergotamine mesylate.....	96	estradiol/levomefolate	
DILANTIN.....	72	calcium.....	326
DILANTIN-125.....	72	droxidopa.....	212
diltiazem hcl.....	227	DUAVEE.....	332
dimethyl fumarate.....	260	DULERA.....	392
DIOVAN.....	214,215	duloxetine hcl.....	80,81
DIOVAN HCT.....	235	DUPIXENT PEN.....	344
DIPENTUM.....	361	DUPIXENT SYRINGE.....	344
diphenhydramine hcl.....	381	DURAMORPH.....	28
diphenoxylate hcl/atropine		DUREZOL.....	373
sulfate.....	296	dutasteride.....	316
DIPHThERIA-TETANUS		dutasteride/tamsulosin hcl.....	316
TOXOIDS-PED.....	355	E	
DIPROLENE.....	268	E.E.S. 200.....	55
dipyridamole.....	211	econazole nitrate.....	92
disulfiram.....	34	EDARBI.....	215
divalproex sodium.....	62	EDARBYCLOR.....	235
DIVIGEL.....	323	EDURANT.....	167
docetaxel.....	110	efavirenz.....	168
docusate calcium.....	298	efavirenz/emtricitabine/tenofovi	
docusate sodium.....	298	r disoproxil fumarate.....	168
dofetilide.....	219	efavirenz/lamivudine/tenofovir	
donepezil hcl.....	75	disoproxil fumarate.....	168
dorzolamide hcl.....	376	EFFEXOR XR.....	81
dorzolamide hcl/timolol		EFUDEX.....	272
maleate.....	367	ELAPRASE.....	310
DOVATO.....	166	ELELYSO.....	310
doxazosin mesylate.....	212	ELIDEL.....	268
doxepin hcl.....	86,268,395	ELIGARD.....	337
doxorubicin hcl.....	110	ELIQUIS.....	203
doxorubicin hcl pegylated		ELITEK.....	144
liposomal.....	110	EMCYT.....	106
doxycycline hyclate.....	59	EMEND.....	89
doxycycline		EMGALITY PEN.....	96
monohydrate.....	60,264	EMGALITY SYRINGE.....	97
DRISDOL.....	287	EMPLICITI.....	138
DRIZALMA SPRINKLE.....	80	EMSAM.....	78
dronabinol.....	89	emtricitabine.....	170

emtricitabine/tenofovir		ERY-TAB.....	55
disoproxil fumarate.....	170	ERYPED 200.....	56
EMTRIVA.....	170,171	ERYPED 400.....	56
enalapril maleate.....	217	ERYTHROCIN	
enalapril		LACTOBIONATE.....	56
maleate/hydrochlorothiazide.	23	ERYTHROCIN	
5		STEARATE.....	56
ENBREL.....	349	erythromycin base.....	56,369
ENBREL MINI.....	349	erythromycin base in ethanol.	56
ENBREL SURECLICK.....	349	erythromycin base/benzoyl	
ENDARI.....	310	peroxide.....	264
ENEMA.....	298	erythromycin ethylsuccinate.	56
ENEMEEZ.....	294	erythromycin lactobionate.....	57
ENGERIX-B ADULT.....	355	ESBRIET.....	390
ENGERIX-B PEDIATRIC-		escitalopram oxalate.....	81
ADOLESCENT.....	355	ESGIC.....	20
ENHERTU.....	139	esomeprazole magnesium.....	306
ENLYTE.....	287	esomeprazole sodium.....	306
enoxaparin sodium.....	203,204	ESTRACE.....	323
entacapone.....	148	estradiol.....	324
entecavir.....	179	estradiol valerate.....	324
ENTRESTO.....	235	estradiol/norethindrone	
ENTRESTO SPRINKLE.....	235	acetate.....	326
EPCLUSA.....	179	ESTRING.....	325
EPIDIOLEX.....	62	ethambutol hcl.....	100
epinastine hcl.....	372	ethinyl	
epinephrine.....	385	estradiol/drospirenone.....	326
EPIVIR.....	171	ethosuximide.....	66
eplerenone.....	244	ethynodiol diacetate-ethinyl	
EPRONTIA.....	62	estradiol.....	327
EPZICOM.....	171	etodolac.....	22,23
ERBITUX.....	139	etonogestrel/ethinyl	
ergocalciferol (vitamin d2).	287	estradiol.....	327
ergotamine tartrate/caffeine.	97	ETOPOPHOS.....	117
eribulin mesylate.....	110	etoposide.....	117
ERIVEDGE.....	121	etravirine.....	168
ERLEADA.....	103	EULEXIN.....	104
erlotinib hcl.....	122	EUTHYROX.....	333
ertapenem sodium.....	54	everolimus.....	122,349
ERVEBO (NATIONAL		EVISTA.....	332
STOCKPILE).....	355	EVOMELA.....	102

EVOTAZ.....	175	FEVERALL.....	20
EXELON.....	75	fexofenadine hcl.....	381
exemestane.....	116	FINACEA.....	264
EXFORGE.....	236	finasteride.....	316
EXFORGE HCT.....	236	fingolimod hcl.....	260
EXJADE.....	284	FINTEPLA.....	62
EXKIVITY.....	122	FIRAZYR.....	341
EXTENCILLINE.....	52	FIRMAGON.....	338
EYSUVIS.....	373	FIRST AID ANTISEPTIC.....	276
ezetimibe.....	249	FLAGYL.....	43
ezetimibe/simvastatin.....	249	flecainide acetate.....	219
F		FLOMAX.....	316
FABRAZYME.....	310	FLORIVA.....	280
famciclovir.....	182	fluconazole.....	92
famotidine.....	304,306	fluconazole in sodium chloride, iso-osmotic.....	92
famotidine/calcium carbonate/magnesium hydroxide.....	299,305	flucytosine.....	92
famotidine/pf.....	305	fludarabine phosphate.....	111
FANAPT.....	155	fludrocortisone acetate.....	318
FARESTON.....	106	flunisolide.....	379
FARXIGA.....	186	fluocinolone acetonide.....	268
FARYDAK.....	122	fluocinolone acetonide oil.....	377
FASENRA.....	392	fluocinolone acetonide/shower cap.....	268
FASENRA PEN.....	392	fluocinonide.....	269
FASLODEX.....	106	fluocinonide/emollient base.....	269
felbamate.....	62	fluorometholone.....	373
FELDENE.....	23	fluorouracil.....	107,272
felodipine.....	224	fluoxetine hcl.....	82
FEMARA.....	116	fluphenazine decanoate.....	151
fenofibrate.....	245	fluphenazine hcl.....	151
fenofibrate nanocrystallized.....	245	flurbiprofen.....	23
fenofibrate,micronized.....	245	flurbiprofen sodium.....	373
fenofibric acid (choline).....	245,246	fluticasone propionate.....	269,379
fentanyl.....	26	fluticasone propionate/salmeterol xinafoate.....	392
fentanyl citrate.....	29	fluvastatin sodium.....	246
ferrous gluconate.....	287	fluvoxamine maleate.....	82
ferrous sulfate.....	287	FML.....	373
fesoterodine fumarate.....	314	FOCALIN.....	256
FETZIMA.....	81		

folic acid.....	288	gefitinib.....	123
folic acid/multivitamin,ther and minerals/lycopene/lutein.....	288	gemcitabine hcl.....	111
FOLOTYN.....	107	gemfibrozil.....	246
FOLTRATE.....	288	GEMTESA.....	314
fomepizole.....	288	gentamicin sulfate.....	39,276,369
fondaparinux sodium.....	204	gentamicin sulfate in sodium chloride, iso-osmotic.....	39
FORTEO.....	363	gentamicin sulfate/pf.....	40
FOSAMAX.....	363	GENTEAL TEARS SEVERE.....	367
fosamprenavir calcium.....	176	GENVOYA.....	166
fosaprepitant dimeglumine.....	89	GEODON.....	155
fosinopril sodium.....	217	GILENYA.....	260
fosinopril sodium/hydrochlorothiazide.....	236	GILOTRIF.....	123
fosphenytoin sodium.....	72	glatiramer acetate.....	260
FOSRENOL.....	292	GLEEVEC.....	123
FOTIVDA.....	122	GLEOSTINE.....	102
FRUZAQLA.....	122,123	glimepiride.....	186
FULPHILA.....	207	glipizide.....	186,187
fulvestrant.....	106	glipizide/metformin hcl.....	187
FUNGOID TINCTURE.....	92	GLUCAGEN.....	194
furosemide.....	243	glucagon.....	195
FUZEON.....	173	GLUCAGON EMERGENCY KIT.....	195
FYCOMPA.....	62	GLUCOTROL XL.....	187
G		glutamine.....	310
gabapentin.....	67,68	glyburide.....	187
GABITRIL.....	68	glyburide,micronized.....	187,188
galantamine hbr.....	75	glyburide/metformin hcl.....	188
GAMMAGARD LIQUID.....	341	glycopyrrolate.....	296
GAMMAGARD S-D.....	342	GLYXAMBI.....	188
GAMMAPLEX.....	342	GOLYTELY.....	299
GAMUNEX-C.....	342	granisetron hcl.....	89
ganciclovir sodium.....	178	granisetron hcl/pf.....	89
GARDASIL 9.....	355	GRANIX.....	208
GATTEX.....	299	griseofulvin ultramicrosize.....	92
GAUZE PADS & DRESSINGS - PADS 2 X 2.....	186	griseofulvin, microsize.....	92
GAVISCON.....	299	guaifenesin/dextromethorphan hbr.....	299,393
GAVRETO.....	123	guanfacine hcl.....	212,256
GAZYVA.....	139	GVOKE.....	195

GVOKE HYPOPEN 1-PACK.....	195
GVOKE HYPOPEN 2-PACK.....	195
GVOKE PFS 1-PACK SYRINGE.....	195,196
GVOKE PFS 2-PACK SYRINGE.....	196

H

HADLIMA.....	349
HADLIMA PUSH TOUCH.....	349
HADLIMA(CF).....	349
HADLIMA(CF) PUSH TOUCH.....	350
HAEGARDA.....	341
HALAVEN.....	111
HALDOL DECANOATE 100.....	151
HALDOL DECANOATE 50.....	152
halobetasol propionate.....	269
haloperidol.....	152
haloperidol decanoate.....	152
haloperidol lactate.....	152
HARVONI.....	179
HAVRIX.....	355
HEMADY.....	318
heparin sodium, porcine.....	204
heparin sodium, porcine/dextrose 5 % in water.....	204
heparin sodium, porcine/pf.....	205
HEPLISAV-B.....	355
HERCEPTIN.....	139
HERCEPTIN HYLECTA.....	139
HERZUMA.....	139
HETLIOZ.....	395
HIBERIX.....	356
HISTEX.....	382
HISTEX PD.....	382

HUMALOG.....	196
HUMALOG JUNIOR KWIKPEN.....	196
HUMALOG KWIKPEN U-100.....	196
HUMALOG KWIKPEN U-200.....	197
HUMALOG MIX 50-50.....	197
HUMALOG MIX 50-50 KWIKPEN.....	197
HUMALOG MIX 75-25.....	197
HUMALOG MIX 75-25 KWIKPEN.....	197
HUMALOG TEMPO PEN U-100.....	197
HUMATIN.....	40
HUMIRA.....	350
HUMIRA PEN.....	350
HUMIRA PEN CROHN'S-UC-HS.....	350
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	350
HUMIRA(CF).....	350
HUMIRA(CF) PEDIATRIC CROHN'S.....	350
HUMIRA(CF) PEN.....	351
HUMIRA(CF) PEN CROHN'S-UC-HS.....	351
HUMIRA(CF) PEN PEDIATRIC UC.....	351
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	351
HUMULIN 70-30.....	197
HUMULIN 70/30 KWIKPEN.....	197
HUMULIN N.....	197
HUMULIN N KWIKPEN.....	197
HUMULIN R.....	198
HUMULIN R U-500.....	198
HUMULIN R U-500 KWIKPEN.....	198

hydralazine hcl.....	251	IMFINZI.....	139
HYDREA.....	107	imipenem/cilastatin sodium... 54	
hydrochlorothiazide.....	244	imipramine hcl.....	86
hydrocodone bitartrate.....	27	imiquimod.....	272
hydrocodone		IMITREX.....	97,98
bitartrate/acetaminophen.....	29	IMLYGIC.....	111
hydrocodone/ibuprofen.....	30	IMOVAX RABIES	
hydrocortisone.....	269,318,362	VACCINE.....	356
hydrocortisone acetate.....	270	IMPAVIDO.....	43
hydrocortisone butyrate.....	270	IMURAN.....	351
hydrocortisone		INBRIJA.....	150
butyrate/emollient base.....	270	INCRELEX.....	321
hydrocortisone valerate.....	270	INCRUSE ELLIPTA.....	383
hydrocortisone/acetic acid... 377		indapamide.....	244
hydrocortisone/aloe vera... 270		INDERAL LA.....	222
hydromorphone hcl.....	30	INDERAL XL.....	222
hydromorphone hcl/pf.....	30	indomethacin.....	24
hydroxocobalamin.....	288	INFANRIX DTAP.....	356
hydroxychloroquine sulfate. 146		INFUVITE ADULT.....	288
hydroxyprogesterone		INFUVITE PEDIATRIC... 288	
caproate.....	331	INLYTA.....	124,125
hydroxyurea.....	107	INNOPRAN XL.....	222
hydroxyzine hcl.....	184	INQOVI.....	111
hydroxyzine pamoate.....	184	INREBIC.....	125
HYZAAR.....	236	INSPRA.....	244
I		insulin admin. supplies.....	198
ibandronate sodium.....	363	INSULIN PEN NEEDLE... 198	
IBRANCE.....	123	insulin pen, reusable, bluetooth	
ibuprofen.....	23	for use with insulin aspart... 198	
icatibant acetate.....	341	insulin pen, reusable, bluetooth	
ICLUSIG.....	124	for use with insulin lispro... 198	
icosapent ethyl.....	249	insulin pump cart, automated	
idarubicin hcl.....	111	dosing, bt, g6/g7 with	
IDHIFA.....	124	controller.....	198
IFEX.....	111	insulin pump cartridge, basal	
ifosfamide.....	111	rate 10 units/day, disposable 199	
ILARIS.....	344	insulin pump cartridge, basal	
ILEVRO.....	373	rate 15 units/day, disposable 199	
imatinib mesylate.....	124	insulin pump cartridge, basal	
IMBRUVICA.....	124	rate 20 units/day, disposable 199	

insulin pump cartridge, basal
 rate 25 units/day, disposable 199
 insulin pump cartridge, basal
 rate 30 units/day, disposable 199
 insulin pump cartridge, basal
 rate 35 units/day, disposable 199
 insulin pump cartridge, basal
 rate 40 units/day, disposable 199
 insulin pump cartridge, subcut
 automated dosing,
 bluetooth..... 200
 insulin pump
 cartridge, automated dosing, bt
 with controller..... 200
 insulin pump
 cartridge, continuous
 infusion, bt and controller... 200
 insulin pump
 cartridge, continuous subcut
 infusion, bluetooth..... 200
 insulin pump
 cartridge, continuous subcut
 infusion, radio freq..... 200
 insulin pump cartridge, subcut
 automated dosing, bt, g6/g7... 200
 insulin pump controller..... 201
 insulin pump controller, radio
 frequency..... 201
 INSULIN SYRINGE (DISP)
 U-100 0.3 ML..... 201
 INSULIN SYRINGE (DISP)
 U-100 1 ML..... 201
 INSULIN SYRINGE (DISP)
 U-100 1/2 ML..... 201
 INTELENCE..... 168, 169
 INTRALIPID..... 288
 INTRON A..... 347
 INVANZ..... 54
 INVEGA..... 155, 156
 INVEGA HAFYERA..... 156
 INVEGA SUSTENNA..... 156

INVEGA TRINZA..... 156, 157
 INVELTYS..... 373
 IPOL..... 356
 ipratropium bromide..... 384
 ipratropium bromide/albuterol
 sulfate..... 393
 irbesartan..... 215
 irbesartan/hydrochlorothiazide.
 236
 IRESSA..... 125
 irinotecan hcl..... 117
 iron, carbonyl..... 288
 ISENTRESS..... 166
 ISENTRESS HD..... 167
 isoniazid..... 100
 ISOPROPYL ALCOHOL 0.7
 ML/ML MEDICATED
 PAD..... 188
 ISORDIL TITRADOSE..... 251
 isosorbide dinitrate..... 251
 isosorbide mononitrate..... 251
 isotretinoin..... 264
 isradipine..... 224
 ISTALOL..... 374
 ISTODAX..... 112
 itraconazole..... 93
 ivabradine hcl..... 237
 ivermectin..... 145, 274
 IWILFIN..... 117
 IXCHIQ..... 356
 IXEMPRA..... 112
 IXIARO..... 356

J

JADENU..... 284
 JADENU SPRINKLE..... 285
 JAKAFI..... 125
 JANUMET..... 188
 JANUMET XR..... 188
 JANUVIA..... 189
 JARDIANCE..... 189

JAYPIRCA.....	125
JEMPERLI.....	139
JENTADUETO.....	189
JENTADUETO XR.....	189
JEVTANA.....	125
JULUCA.....	167
JUXTAPID.....	249
JYNNEOS.....	356
JYNNEOS (NATIONAL STOCKPILE).....	356

K

K-PHOS ORIGINAL.....	281
KADCYLA.....	139
KALETRA.....	176
KALYDECO.....	386
KANJINTI.....	140
KEPIVANCE.....	262
KEPPRA.....	63
KERENDIA.....	244
KESIMPTA PEN.....	261
ketoconazole.....	93
ketorolac tromethamine.....	373
ketotifen fumarate.....	372
KEYTRUDA.....	140
KINERET.....	344
KINRIX.....	357
KISQALI.....	125,126
KISQALI FEMARA CO-PACK.....	112
KLARON.....	265
KLOR-CON 10.....	281
KLOR-CON 8.....	281
KLOR-CON M15.....	281
KLOXXADO.....	35
KOMBIGLYZE XR.....	189,190
KORLYM.....	337
KOSELUGO.....	126
KRAZATI.....	126
KUVAN.....	310
KYPROLIS.....	126

L

labetalol hcl.....	222
lacosamide.....	72
LACRISERT.....	369
lactulose.....	294
LAGEVRIO (COMMERCIAL).....	393
LAGEVRIO (USG DIst.).....	393
LAMICTAL.....	63
LAMICTAL (BLUE).....	63
LAMISIL AT.....	93
lamivudine.....	171,179
lamivudine/zidovudine.....	171
lamotrigine.....	63
LANOXIN.....	237
lansoprazole.....	306,307
lanthanum carbonate.....	292
LANTUS.....	201
LANTUS SOLOSTAR.....	201
lapatinib ditosylate.....	126
LASIX.....	243
latanoprost.....	376
LATUDA.....	157
LAYOLIS FE.....	327
LAZCLUZE.....	126
ledipasvir/sofosbuvir.....	180
leflunomide.....	351
lenalidomide.....	104
LENVIMA.....	126,127
LETAIRIS.....	389
letrozole.....	117
leucovorin calcium.....	112
LEUKERAN.....	102
LEUKINE.....	208
leuprolide acetate.....	338
levetiracetam.....	64
levetiracetam in sodium chloride, iso-osmotic.....	64
LEVO-T.....	333
levobunolol hcl.....	375

levocarnitine.....	311	lisinopril/hydrochlorothiazide.	2
levocarnitine (with sugar)....	311		37
levocetirizine		lithium carbonate.....	184
dihydrochloride.....	382	lithium citrate.....	184
levofloxacin.....	58	LITHOBID.....	185
levofloxacin/dextrose 5 % in		LOCOID LIPOCREAM.....	270
water.....	58	LOESTRIN.....	328
levonorgestrel.....	330	LOESTRIN FE.....	328
levonorgestrel/ethinyl		LONSURF.....	112
estradiol.....	327	loperamide hcl.....	296,299
levonorgestrel/ethinyl estradiol		LOPID.....	246
and ethinyl estradiol.....	327	lopinavir/ritonavir.....	176
levorphanol tartrate.....	27	LOPRESSOR.....	222
levothyroxine sodium.....	334	LOPROX.....	93
LEVOXYL.....	334	loratadine.....	380,382
LEXAPRO.....	82	lorazepam.....	184
LEXIVA.....	176	LORBRENA.....	127
LIALDA.....	361	losartan potassium.....	215
LIBERVANT.....	68	losartan	
LIBTAYO.....	140	potassium/hydrochlorothiazide.	
lidocaine.....	32,33,273		237
lidocaine hcl.....	33	LOSEASONIQUE.....	328
lidocaine hcl laryngotracheal		LOTENSIN.....	217
4% solution.....	33	LOTENSIN HCT.....	237
lidocaine hcl/pf.....	33,219	LOTRONEX.....	296
lidocaine/prilocaine.....	33	lovastatin.....	247
LIDODERM.....	33	LOVAZA.....	249
LILETTA.....	316	LOVENOX.....	205
lindane.....	274	loxapine succinate.....	152
linezolid.....	43	lubiprostone.....	295
linezolid in 0.9 % sodium		LUMAKRAS.....	127
chloride.....	43	LUMIGAN.....	377
linezolid in dextrose 5 % in		LUMIZYME.....	311
water.....	43	LUMOXITI.....	140
LINZESS.....	294	LUMRYZ.....	396
liothyronine sodium.....	334	LUPRON DEPOT.....	338
LIPITOR.....	247	LUPRON DEPOT	
lisdexamfetamine		(LUPANETA).....	338
dimesylate.....	255	LUPRON DEPOT-PED.....	338
lisinopril.....	217	lurasidone hcl.....	157
		LYBALVI.....	157

LYNPARZA.....	127
LYRICA.....	66
LYSODREN.....	337
LYTGOBI.....	127,128
LYUMJEV.....	201
LYUMJEV KWIKPEN U-100.....	201
LYUMJEV KWIKPEN U-200.....	201
LYUMJEV TEMPO PEN U-100.....	202

M

M-M-R II VACCINE.....	357
MAG-AL.....	299
MAG-AL PLUS.....	299
magnesium carbonate/aluminum hydroxide/alginate acid.....	300
magnesium chloride.....	281
magnesium hydroxide/aluminum hydroxide/simethicone.....	300,305
magnesium oxide.....	281,300
magnesium sulfate.....	281
MAGOX 400.....	281
MALARONE.....	146
malathion.....	275
manganese chloride.....	281
maraviroc.....	174
MARGENZA.....	140
MARPLAN.....	79
MATULANE.....	102
MAXALT.....	98
MAXALT MLT.....	98
MAXITROL.....	367
MAXZIDE.....	238
MAXZIDE-25 MG.....	238
MAYZENT.....	261
meclizine hcl.....	88
MEDROL.....	319

medroxyprogesterone acetate.....	331
mefloquine hcl.....	146
megestrol acetate.....	331
MEKINIST.....	128
MEKTOVI.....	128
meloxicam.....	24
melphalan hcl.....	102
memantine hcl.....	76
MENACTRA.....	357
MENEST.....	325
MENQUADFI.....	357
MENVEO A-C-Y-W-135-DIP.....	357
mercaptapurine.....	107
meropenem.....	54
meropenem in 0.9 % sodium chloride.....	54
mesalamine.....	361
mesalamine with cleansing wipes.....	361
mesna.....	144
MESNEX.....	144
MESTINON.....	99
metformin hcl.....	190
methadone hcl.....	27
methazolamide.....	238
methenamine hippurate.....	44
methimazole.....	340
methocarbamol.....	394
methotrexate sodium.....	351
methotrexate sodium/pf.....	351
methoxsalen.....	273
methscopolamine bromide.....	297
methsuximide.....	66
methylergonovine maleate.....	317
methylphenidate hcl.....	257
methylprednisolone.....	319
methylprednisolone sodium succinate.....	319
methyltestosterone.....	322

metoclopramide hcl.....	300	mometasone	
metolazone.....	245	furoate.....	270,271,380
metoprolol succinate.....	222	MONJUVI.....	140
metoprolol tartrate.....	223	montelukast sodium.....	383
metoprolol		morphine sulfate.....	27,30,31
tartrate/hydrochlorothiazide	23	morphine sulfate/pf.....	31
8		MOUNJARO.....	190
METRO IV.....	44	MOVANTIK.....	295
METROCREAM.....	276	MOVIPREP.....	301
METROGEL.....	276	MOXEZA.....	370
METROLOTION.....	276	moxifloxacin hcl.....	58,370
metronidazole.....	44,276	moxifloxacin hcl in sodium	
metronidazole in sodium		acetate and sulfate,water,iso-	
chloride.....	44	osm.....	58
metyrosine.....	238	moxifloxacin hcl in sodium	
mexiletine hcl.....	219	chloride, iso-osmotic.....	58
MIACALCIN.....	364	MOZOBIL.....	208
micafungin sodium.....	93	MRESVIA.....	357
micafungin sodium in 0.9 %		MULTAQ.....	219
sodium chloride.....	93	mupirocin.....	276
MICARDIS.....	215	mupirocin calcium.....	276
MICARDIS HCT.....	238	MUTAMYCIN.....	113
miconazole nitrate.....	93	MVASI.....	140
midodrine hcl.....	212	MYALEPT.....	301
mifepristone.....	337	MYCOBUTIN.....	100
miglustat.....	311	mycophenolate mofetil.....	352
MIGRANAL.....	97	mycophenolate mofetil hcl.....	352
mineral		mycophenolate sodium.....	352
oil/petrolatum,white.....	367	MYFORTIC.....	352
MINIPRESS.....	213	MYHIBBIN.....	352
minocycline hcl.....	60	MYLOTARG.....	140
minoxidil.....	251	MYRBETRIQ.....	314
MIRCETTE.....	328	MYSOLINE.....	68
mirtazapine.....	77		
misoprostol.....	306	N	
mitomycin.....	113	nabumetone.....	24
mitoxantrone hcl.....	113	nadolol.....	223
modafinil.....	396	nafcillin in dextrose, iso-	
moexipril hcl.....	217	osmotic.....	53
molindone hcl.....	152	nafcillin sodium.....	53
		NAGLAZYME.....	311

naloxone hcl.....	36	nevirapine.....	169
naltrexone hcl.....	35	NEXAVAR.....	128
NAMENDA.....	76	NEXIUM.....	307
naproxen.....	24	NEXIUM I.V.....	307
naproxen sodium.....	25	niacin.....	249,250
naratriptan hcl.....	98	nicardipine hcl.....	224
NARCAN.....	36	NICODERM CQ.....	36
NARDIL.....	79	NICORETTE.....	36
NASCOBAL.....	289	nicotine.....	36,37
NATACYN.....	370	nicotine polacrilex.....	20,37
nateglinide.....	190,191	NICOTROL.....	37
NATPARA.....	364	NICOTROL NS.....	37
NAYZILAM.....	68	nifedipine.....	224
nebivolol hcl.....	223	NILANDRON.....	104
NEBUPENT.....	146	nilutamide.....	104
NEEDLES, INSULIN DISP., SAFETY.....	202	nimodipine.....	225
nefazodone hcl.....	82	NINLARO.....	113
nelarabine.....	113	NIPENT.....	113
neomycin sulfate.....	40	nisoldipine.....	225
neomycin sulfate/bacitracin zinc/polymyxin b.....	277	nitazoxanide.....	146
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone.....	367	nitisinone.....	311
neomycin sulfate/bacitracin/polymyxin b.....	370	NITRO-BID.....	251
neomycin sulfate/polymyxin b sulfate.....	44	nitrofurantoin macrocrystal.....	44
neomycin sulfate/polymyxin b sulfate/gramicidin d.....	370	nitrofurantoin monohydrate/macrocrystals.....	44
neomycin sulfate/polymyxin b sulfate/hydrocortisone.....	378	nitroglycerin.....	252
neomycin/polymyxin b sulfate/dexamethasone.....	367	NITROLINGUAL.....	252
NEORAL.....	352	NITROSTAT.....	252
NEPHPLEX RX.....	289	NIVESTYM.....	208
NERLYNX.....	128	nizatidine.....	305
NEUPRO.....	149	norethindrone.....	331
NEURONTIN.....	68,69	norethindrone acetate.....	332
		norethindrone acetate-ethinyl estradiol.....	328
		norethindrone acetate-ethinyl estradiol/ferrous fumarate.....	328
		norethindrone acetate/ethinyl estradiol.....	329
		norethindrone-ethinyl estradiol.....	329

norethindrone-ethinyl estradiol/ferrous fumarate	329
norgestimate-ethinyl estradiol	329
norgestrel-ethinyl estradiol	329
NORPRAMIN	87
NORTHERA	212
nortriptyline hcl	87
NORVASC	225
NORVIR	176
NOXAFIL	94
NUBEQA	104
NUEDEXTA	259
NULOJIX	344
NULYTELY	301
NUPLAZID	158
NURTEC ODT	97
NUTRILIPID	289
NUVARING	329
NUVIGIL	396
NUZYRA	60
nystatin	94
nystatin/triamcinolone acetone	273

O	
OCALIVA	301
octreotide acetate	339
OCUFLOX	370
ODEFSEY	171
ODOMZO	128
OFEV	390
ofloxacin	59,370,378
OGIVRI	140
OGSIVEO	128
OJEMDA	129
OJJAARA	129
olanzapine	158
olmesartan medoxomil	215

olmesartan medoxomil/amlo	23
besylate/hydrochlorothiazide	239
olmesartan medoxomil/hydrochlorothiazide	239
olopatadine hcl	372,382
omega-3 acid ethyl esters	250
omega-3/dha/epa/b12/folic acid/pyridoxine hcl/phytosterols	289
omeprazole	307
omeprazole magnesium	305,307
OMNITROPE	321
ONCASPARG	113
ondansetron	89
ondansetron hcl	89
ondansetron hcl/pf	89
ONFI	69
ONGLYZA	191
ONIVYDE	117
ONTRUZANT	141
ONUREG	113
OPDIVO	141
OPSUMIT	389
ORACEA	265
ORALAIR	393
ORENCIA	344
ORENCIA CLICKJECT	345
ORFADIN	311
ORGOVYX	339
ORKAMBI	386
orlistat	38
ORSERDU	106
oseltamivir phosphate	180,181
OTEZLA	273
OVIDE	275
oxaliplatin	114
oxaprozin	25
oxazepam	184

oxcarbazepine.....72
oxybutynin chloride.....314,315
oxycodone hcl.....31
oxycodone
hcl/acetaminophen.....31,32
OZEMPIC.....191

P

PACERONE.....219
paclitaxel.....114
PADCEV.....141
paliperidone.....158
palonosetron hcl.....90
PALYNZIQ.....311
PANRETIN.....144
pantoprazole sodium.....308
paricalcitol.....364
PARNATE.....79
paromomycin sulfate.....40
paroxetine hcl.....83
PAXIL.....83
PAXLOVID.....393
pazopanib hcl.....129
PEDIA-LAX ENEMA.....301
PEDIACLEAR PD.....382
PEDIARIX.....357
pediatric multivit with a,c,d3
no.21/sodium fluoride.....289
pediatric multivitamin
no.2/sodium fluoride.....289
pediatric multivitamin
no.45/sodium fluoride/ferrous
sulfate.....282,289
pediatric multivitamins no.17
with sodium fluoride.....290
PEDIAVENT.....382
PEDVAXHIB.....357
peg 3350/sod sulf/sod
bicarb/sod chloride/potassium
chloride.....301

peg 3350/sodium sulfate/sod
chloride/kcl/ascorbate sod/vit
c.....301
PEGASYS.....347
PEMAZYRE.....129
pemetrexed.....114
pemetrexed disodium.....114
PENBRAYA.....357
penicillamine.....317
penicillin g benzathine.....53
penicillin g potassium.....53
penicillin g potassium/dextrose-
water.....53
penicillin g sodium.....53
penicillin v potassium.....53
PENTACEL.....357
PENTAM 300.....146
pentamidine isethionate.....146,147
PENTASA.....361,362
pentoxifylline.....240
perindopril erbumine.....217
PERJETA.....141
permethrin.....275
perphenazine.....88
PERSERIS.....158
phendimetrazine tartrate.....38
phenelzine sulfate.....79
phenobarbital.....69
phenobarbital sodium.....70
phenoxybenzamine hcl.....213
phentermine hcl.....38
PHENYTEK.....73
phenytoin.....73
phenytoin sodium extended.....73
PHESGO.....141
phytonadione (vit k1).....210,290
PIFELTRO.....169
pilocarpine hcl.....262,376
pimecrolimus.....271
pimozide.....152
pindolol.....223

pioglitazone hcl.....	191	potassium citrate.....	283
pioglitazone hcl/glimepiride	191	POTELIGEO.....	141
pioglitazone hcl/metformin		povidone-iodine.....	273
hcl.....	191	PRADAXA.....	205
piperacillin sodium/tazobactam		pramipexole di-hcl.....	149
sodium.....	54	prasugrel hcl.....	211
piperonyl		pravastatin sodium.....	247
butoxide/pyrethrins.....	275	praziquantel.....	145
PIQRAY.....	129	prazosin hcl.....	213
pirfenidone.....	390	PRED FORTE.....	374
piroxicam.....	25	PRED MILD.....	374
PLAN B ONE-STEP.....	330	prednicarbate.....	271
PLAQUENIL.....	147	prednisolone.....	319
PLAVIX.....	211	prednisolone acetate.....	374
PLEGRIDY.....	261	prednisolone sodium	
PLEGRIDY PEN.....	261	phosphate.....	319,374
plerixafor.....	208	prednisone.....	319
podofilox.....	273	pregabalin.....	66,67
POLIVY.....	141	PRÉGNYL.....	321
POLY-VI-FLOR.....	290	PREHEVBRIO.....	358
POLY-VI-FLOR WITH		PREMARIN.....	325
IRON.....	290	PREMPHASE.....	330
polyethylene glycol		PREMPRO.....	330
3350.....	295,296	PREVACID.....	308
polymyxin b		PREVACID 24HR.....	308
sulfate/trimethoprim.....	371	PREVYMIS.....	178
polyvinyl alcohol/povidone	368	PREZCOBIX.....	177
POMALYST.....	105	PREZISTA.....	177
PORTRAZZA.....	141	PRIFTIN.....	100
posaconazole.....	94	primaquine phosphate.....	147
potassium chloride.....	282	primidone.....	70
potassium chloride in 0.45 %		PRIORIX.....	358
sodium chloride.....	282	PRISTIQ.....	83
potassium chloride in 5 %		PROAIR HFA.....	385
dextrose in water.....	282	PROAIR RESPICLICK.....	385
potassium chloride in dextrose		probenecid.....	96
5 %-0.2 % sodium chloride..	282	probenecid/colchicine.....	96
potassium chloride in dextrose		PROCARDIA XL.....	225
5 %-0.45 % sodium chloride.	283	prochlorperazine.....	88
potassium chloride in lactated		prochlorperazine edisylate....	88
ringers and 5 % dextrose.....	283	prochlorperazine maleate.....	88

PROCRIT.....	208
progesterone, micronized.....	332
PROGLYCEM.....	196
PROGRAF.....	352
PROLASTIN C.....	312
PROLENSA.....	374
PROLIA.....	364
PROMACTA.....	209
promethazine hcl.....	88
propafenone hcl.....	220
propranolol hcl.....	223
propylthiouracil.....	340
PROQUAD.....	358
PROSCAR.....	316
PROTONIX.....	308
protriptyline hcl.....	87
PROVERA.....	332
PROZAC.....	84
PRUDOXIN.....	271
psyllium husk (with sugar).....	302
psyllium seed.....	302
psyllium seed (with sugar).....	302
PULMOZYME.....	386
PURIXAN.....	107
PYLERA.....	302
pyrazinamide.....	101
pyridostigmine bromide.....	99
pyridoxine hcl (vitamin b6).....	283
pyrimethamine.....	147

Q	
QINLOCK.....	130
QSYMIA.....	38
QUADRACEL DTAP-IPV.....	358
quetiapine fumarate.....	159
QUFLORA.....	290
QUFLORA FE.....	291
quinapril hcl.....	218
quinapril hcl/hydrochlorothiazide.....	240
quinidine gluconate.....	220

quinidine sulfate.....	220
quinine sulfate.....	147
QVAR REDIHALER.....	380

R	
RABAVERT.....	358
rabeprazole sodium.....	308
raloxifene hcl.....	332
ramelteon.....	395
ramipril.....	218
ranolazine.....	240
RAPAFLO.....	316
RAPAMUNE.....	353
rasagiline mesylate.....	151
RECOMBIVAX HB.....	358
RECTIV.....	252
REFRESH CELLUVISC.....	368
REFRESH LACRI-LUBE.....	368
REFRESH LIQUIGEL.....	368
REFRESH PLUS.....	368
REFRESH TEARS.....	368
REGLAN.....	302
REGRANEX.....	274
RELAFEN.....	25
RELENZA.....	181
RELISTOR.....	295
REMERON.....	77
REMODULIN.....	389
RENFLEXIS.....	353
RENOVA.....	274,275
RENOVA PUMP.....	274,275
REVELA.....	293
repaglinide.....	192
REPATHA	
PUSHTRONEX.....	250
REPATHA SURECLICK.....	250
REPATHA SYRINGE.....	250
RESTASIS.....	368
RESTASIS MULTIDOSE.....	368
RETACRIT.....	209
RETEVMO.....	130

RETIN-A.....	265	ROZLYTREK.....	130
RETROVIR.....	172	RUBRACA.....	131
REVCovi.....	312	rufinamide.....	73
REVLIMID.....	105	RUKOBIA.....	174
REXULTI.....	159	RUXIENCE.....	142
REYATAZ.....	177	RYBELSUS.....	192
REZLIDHIA.....	130	RYBREVANT.....	142
RHOPRESSA.....	376	RYDAPT.....	131
RIABNI.....	142	RYLAZE.....	114
ribavirin.....	180,393	RYTARY.....	150
RIDAURA.....	345	RYTHMOL SR.....	220
rifabutin.....	100	S	
RIFADIN.....	101	SABRIL.....	70
rifampin.....	101	SALAGEN.....	262
riluzole.....	259	SAMSCA.....	285
ringer's solution,lactated.....	283	SANDIMMUNE.....	353
RINVOQ.....	345	SANDOSTATIN LAR	
risedronate sodium.....	364	DEPOT.....	339
RISPERDAL.....	159,160	SANTYL.....	274
RISPERDAL CONSTA.....	160	SAPHRIS.....	161
risperidone.....	160	sapropterin dihydrochloride.....	312
risperidone microspheres.....	160	SARCLISA.....	142
RITALIN.....	257	saxagliptin hcl.....	192
ritonavir.....	177	saxagliptin hcl/metformin	
RITUXAN.....	142	hcl.....	192
RITUXAN HYCELA.....	142	SAXENDA.....	38
rivastigmine.....	75	SCSEMBLIX.....	131
rivastigmine tartrate.....	75	scopolamine.....	88
rizatriptan benzoate.....	98	SEASONIQUE.....	330
ROCALTROL.....	364	SECUADO.....	161
ROCKLATAN.....	376	selegiline hcl.....	151
roflumilast.....	387	selenium sulfide.....	271
romidepsin.....	114	SELZENTRY.....	174
ROMIDEPSIN.....	114	sennosides.....	302
ropinirole hcl.....	149	SENSIPAR.....	365
rosuvastatin calcium.....	247	SEREVENT DISKUS.....	385
ROTARIX.....	358	SEROQUEL.....	161
ROTATEQ.....	358	SEROQUEL XR.....	161
ROWASA.....	362	sertraline hcl.....	84
ROXICODONE.....	32	sevelamer carbonate.....	293
ROZEREM.....	395		

SFROWASA.....	362	sofosbuvir/velpatasvir.....	180
SHINGRIX.....	359	solifenacin succinate.....	315
SIGNIFOR.....	339	SOLQUA 100-33.....	193
SIGNIFOR LAR.....	339	SOLTAMOX.....	106
sildenafil citrate.....	389	SOLU-MEDROL.....	320
SILENOR.....	395	SOMATULINE DEPOT.....	340
silodosin.....	316	SOMAVERT.....	340
SILVADENE.....	274	SOOLANTRA.....	275
silver sulfadiazine.....	274	sorafenib tosylate.....	131
SIMBRINZA.....	376	sotalol hcl.....	220
SIMULECT.....	353	SOVALDI.....	180
simvastatin.....	247,248	SPIRIVA HANDIHALER.....	384
SINEMET 10-100.....	150	SPIRIVA RESPIMAT.....	384
SINEMET 25-100.....	150	spironolactone.....	244
SINGULAIR.....	383	spironolactone/hydrochlorothia zide.....	240
sirolimus.....	353	SPORANOX.....	94
SIRTURO.....	101	SPRAVATO.....	77,78
SIVEXTRO.....	45	SPRITAM.....	64
SKYLA.....	317	SPRYCEL.....	131
SKYRIZI.....	345	SPS.....	294
SKYRIZI ON-BODY.....	345	SSD.....	274
SKYRIZI PEN.....	345	STAMARIL.....	359
SLOW-MAG.....	283	stavudine.....	172
sodium bicarbonate.....	302	STELARA.....	345
sodium chloride 0.45 %.....	283	STIOLTO RESPIMAT.....	394
sodium chloride irrigating solution.....	284	STIVARGA.....	132
sodium chloride/sodium bicarbonate/potassium chloride/peg.....	302	STOOL SOFTENER.....	303
sodium oxybate.....	397	STRATTERA.....	257
sodium phenylbutyrate.....	312	STRENSIQ.....	312
sodium phosphate,monobasic/sodium phosphate,dibasic.....	303	streptomycin sulfate.....	40
sodium polystyrene sulfonate.....	293	STRIBILD.....	167
sodium polystyrene sulfonate/sorbitol solution...	293	STROMECTOL.....	145
sodium sulfate/potassium sulfate/magnesium sulfate....	303	STROVITE ONE.....	291
		sub-q insulin delivery device, 20 unit,disposable.....	202
		sub-q insulin delivery device, 30 unit, disposable.....	202
		sub-q insulin delivery device, 40 unit, disposable.....	202
		SUBLOCADE.....	35

SUBOXONE.....	35	tadalafil.....	389
sucralfate.....	306	TAFINLAR.....	132
SULAR.....	225	TAGRISO.....	133
sulfacetamide sodium... 265,371		TAKE ACTION.....	330
sulfacetamide		TALZENNA.....	133
sodium/prednisolone sodium		TAMIFLU.....	181
phosphate.....	368	tamoxifen citrate.....	106
sulfadiazine.....	59	tamsulosin hcl.....	316
sulfamethoxazole/trimethoprim.		TARCEVA.....	133
59		TARGRETIN.....	144
sulfasalazine.....	362	TASIGNA.....	133
sulindac.....	25	tasimelteon.....	395
sumatriptan.....	98	TASMAR.....	148
sumatriptan succinate.....	99	tazarotene.....	265
sunitinib malate.....	132	TAZORAC.....	265
SUNLENCA.....	174	TAZVERIK.....	134
SUPRAX.....	50	TDVAX.....	359
SUPREP.....	303	TECENTRIQ.....	142
SUTAB.....	303	TECFIDERA.....	261
SUTENT.....	132	TEFLARO.....	51
SYMFI.....	169	TEGRETOL.....	73
SYMFI LO.....	169	TEGRETOL XR.....	73
SYMLINPEN 120.....	193	TEKTURNA.....	240
SYMLINPEN 60.....	193	telmisartan.....	216
SYMPAZAN.....	70	telmisartan/amlodipine	
SYMTUZA.....	178	besylate.....	241
SYNAGIS.....	342	telmisartan/hydrochlorothiazid	
SYNAREL.....	340	e.....	241
SYNJARDY.....	193	temazepam.....	395
SYNJARDY XR.....	193	TEMODAR.....	103
SYNRIBO.....	114	temsirolimus.....	134
SYNTHROID.....	335	TENIVAC.....	359
SYPRINE.....	285	tenofovir disoproxil	
syringe, insulin u-500 with		fumarate.....	172
needle, disposable, 0.5 ml... 202		TENORETIC 100.....	241
SYSTANE.....	372	TENORETIC 50.....	241
T		TENORMIN.....	223
TABLOID.....	107	TEPMETKO.....	134
TABRECTA.....	132	terazosin hcl.....	213
tacrolimus.....	271,353	terbinafine hcl.....	94
		terbutaline sulfate.....	385

terconazole.....	94	topiramate.....	64
TERIPARATIDE.....	365	topotecan hcl.....	117
testosterone.....	322	TOPROL XL.....	224
testosterone cypionate.....	322	toremifene citrate.....	106
testosterone enanthate.....	322	TORISEL.....	134
tetrabenazine.....	259	torseamide.....	243
tetracycline hcl.....	60	TOUJEO MAX	
THALOMID.....	105	SOLOSTAR.....	202
THEO-24.....	388	TOUJEO SOLOSTAR.....	202
theophylline anhydrous.....	388	TOVIAZ.....	315
thiamine hcl.....	284	TRACLEER.....	389
thioridazine hcl.....	152	TRADJENTA.....	193
thiotepa.....	115	tramadol hcl.....	27,32
thiothixene.....	153	tramadol hcl/acetaminophen.....	32
THYMOGLOBULIN.....	342	trandolapril.....	218
tiagabine hcl.....	70	trandolapril/verapamil hcl.....	241
TIAZAC.....	227	tranexamic acid.....	210
TIBSOVO.....	134	tranylcypromine sulfate.....	79
TICOVAC.....	359	TRAVASOL.....	291
tigecycline.....	45	TRAVATAN Z.....	377
TIKOSYN.....	220	travoprost.....	377
timolol maleate.....	224,375	TRAZIMERA.....	142
timolol maleate/pf.....	375	trazodone hcl.....	84
TIMOPTIC.....	375	TREANDA.....	115
TIMOPTIC OCUDOSE.....	375	TRECATOR.....	101
tioconazole.....	95	TRELEGY ELLIPTA.....	394
TIROSINT.....	335	TRELSTAR.....	340
TIROSINT-SOL.....	336	TREMFYA.....	346
TIVICAY.....	167	treprostinil sodium.....	389
TIVICAY PD.....	167	tretinoin.....	144,265
tizanidine hcl.....	165	TRI-VI-FLOR.....	291
TOBRADEX.....	369	triamcinolone	
tobramycin.....	371	acetoneide.....	262,271,387
tobramycin in 0.225 % sodium		triamterene/hydrochlorothiazid	
chloride.....	386	e.....	241
tobramycin sulfate.....	40	TRIBENZOR.....	242
tobramycin/dexamethasone.....	369	trientine hcl.....	285
tolcapone.....	148	trifluoperazine hcl.....	153
tolnaftate.....	95	trifluridine.....	371
tolterodine tartrate.....	315	TRIKAFTA.....	387
tolvaptan.....	285	TRILEPTAL.....	73

trimethoprim.....	45	ursodiol.....	304
trimipramine maleate.....	87	UZEDY.....	162
TRINTELLIX.....	84	V	
TRIPLE ANTIBIOTIC.....	277	VAGIFEM.....	325
triprolidine hcl.....	382	valacyclovir hcl.....	182
TRISENOX.....	115	VALCHLOR.....	103
TRIUMEQ.....	172	VALCYTE.....	178
TRIUMEQ PD.....	172	valganciclovir hcl.....	178
TRIZIVIR.....	172	valproic acid.....	65
TRODELVY.....	143	valproic acid (as sodium salt)	
TROGARZO.....	174	(valproate sodium).....	65
TROPHAMINE.....	291	valsartan.....	216
tropium chloride.....	315	valsartan/hydrochlorothiazide	2
TRULICITY.....	193	42	
TRUMENBA.....	359	VALTOCO.....	70
TRUQAP.....	134	VALTREX.....	182
TRUVADA.....	172	vancomycin hcl.....	45
TRUXIMA.....	143	vancomycin hcl in water for	
TUKYSA.....	134	injection (peg-400, nada).....	46
TUMS.....	303	vancomycin in 0.9 % sodium	
TUMS SMOOTHIES.....	304	chloride.....	46
TUMS ULTRA.....	304	vancomycin in 5 % dextrose in	
TUMS X-STR.....	304	water.....	47
TURALIO.....	134	VANDAZOLE.....	47
TWINRIX.....	359	VANFLYTA.....	135
TYBLUME.....	330	VAQTA.....	359
TYBOST.....	175	varenicline tartrate.....	37
TYGACIL.....	45	VARIVAX VACCINE.....	360
TYKERB.....	134	VASCEPA.....	250
TYMLOS.....	365	VASERETIC.....	242
TYPHIM VI.....	359	VASOTEC.....	218
TYSABRI.....	262	VECTIBIX.....	143
U		VEGZELMA.....	143
UBRELVY.....	97	VELCADE.....	135
UDENYCA.....	209	VELPHORO.....	293
UDENYCA		VELTASSA.....	294
AUTOINJECTOR.....	209	VENCLEXTA.....	135
UDENYCA ONBODY.....	209	VENCLEXTA STARTING	
UNITHROID.....	336	PACK.....	135
UNITUXIN.....	143	venlafaxine besylate.....	84

venlafaxine hcl.....	85	VYNDAMAX.....	312
VENTAVIS.....	390	VYNDAQEL.....	312
VENTOLIN HFA.....	385	VYTORIN.....	250
verapamil hcl.....	228	VYVANSE.....	255
VERELAN.....	228	VYXEOS.....	115
VERELAN PM.....	228	W	
VERQUVO.....	242	warfarin sodium.....	206
VERSACLOZ.....	165	water for irrigation,sterile.....	292
VERZENIO.....	135	WEGOVY.....	39
VFEND IV.....	95	WELIREG.....	115
VIBERZI.....	296	WELLBUTRIN SR.....	78
VIBRAMYCIN.....	60	WELLBUTRIN XL.....	78
VICTOZA 2-PAK.....	194	X	
VICTOZA 3-PAK.....	194	XALKORI.....	136
vigabatrin.....	70	XARELTO.....	206
VIGAFYDE.....	71	XATMEP.....	353
VIGAMOX.....	371	XCOPRI.....	65
VIIBRYD.....	85	XELJANZ.....	346
vilazodone hcl.....	85	XELJANZ XR.....	346
VIMPAT.....	74	XENAZINE.....	259
vinblastine sulfate.....	115	XENICAL.....	39
vincristine sulfate.....	115	XERMELO.....	296
vinorelbine tartrate.....	115	XGEVA.....	365
VIRACEPT.....	178	XHANCE.....	380
VIREAD.....	173	XIFAXAN.....	304
VITAL-D RX.....	291	XIGDUO XR.....	194
vitamin a palmitate/vitamin		XOFLUZA.....	181
d3/vitamin e/vit e tpgs/vit k1	291	XOLAIR.....	346
vitamin b complex and vitamin		XOPENEX HFA.....	385
c no.20/folic acid.....	291	XOSPATA.....	137
VITRAKVI.....	135,136	XPOVIO.....	115,116
VIVITROL.....	35	XTANDI.....	104
VIZIMPRO.....	136	XYLOCAINE.....	33
VONJO.....	136	XYLOCAINE-MPF.....	34
VORANIGO.....	136	Y	
voriconazole.....	95	YASMIN 28.....	330
VOSEVI.....	180	YAZ.....	330
VOTRIENT.....	136	YERVOY.....	143
VPRIV.....	312		
VRAYLAR.....	162		
VUMERITY.....	262		

YF-VAX.....	360	zonisamide.....	74
YONDELIS.....	103	ZONTIVITY.....	206
YONSA.....	104	ZORTRESS.....	353
Z		ZOSYN.....	54
zafirlukast.....	383	ZOVIRAX.....	182
zaleplon.....	395,396	ZTALMY.....	71
ZALTRAP.....	105	ZTLIDO.....	34
ZANOSAR.....	116	ZURZUVAE.....	78
ZARONTIN.....	67	ZYDELIG.....	137
ZEBUTAL.....	20	ZYKADIA.....	137
ZEJULA.....	137	ZYLOPRIM.....	96
ZELBORAF.....	137	ZYNLONTA.....	143
ZEMPLAR.....	365	ZYPREXA.....	163
ZENPEP.....	313	ZYPREXA RELPREVV.....	163
ZEPATIER.....	180	ZYPREXA ZYDIS.....	164
ZEPZELCA.....	103	ZYVOX.....	47
ZESTORETIC.....	242		
ZESTRIL.....	218		
ZETIA.....	251		
ZIAC.....	242		
ZIAGEN.....	173		
zidovudine.....	173		
ZIEXTENZO.....	210		
ziprasidone hcl.....	163		
ziprasidone mesylate.....	163		
ZIRABEV.....	143		
ZITHROMAX.....	57		
ZITHROMAX TRI-PAK.....	57		
ZOCOR.....	248		
ZOKINVY.....	313		
zoledronic acid.....	365		
zoledronic acid in mannitol and water for injection.....	365		
ZOLINZA.....	116		
zolmitriptan.....	99		
ZOLOFT.....	85		
zolpidem tartrate.....	396		
ZONALON.....	272		
ZONEGRAN.....	74		
ZONISADE.....	74		

Upper Peninsula Health Plan (UPHP) Nondiscrimination Notice

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

UPHP:

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

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

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

UPHP Customer Service	Phone: 1-877-349-9324 (TTY: 711)
853 W. Washington Street	Fax 1-906-225-7690.
Marquette, MI 49855	

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)
2024 Formulary
(List of Covered Drugs)

No changes made since 10/01/2024

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

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

