



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

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

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



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

Introduction

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

No changes made since 12/01/2024.

Important Message About What You Pay For Vaccines -

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

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

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	444

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 19-443. 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 444.

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 461. 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>8 hour acetaminophen 8 hour er 650 mg, gnp 8hr er 650mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>8 hour pain relief ft 8 hour rlf er 650 mg, gnp 8 hour relief 650 mg, ra 8 hour relief 650 mg, sm 8 hour relief 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>8hr arthritis pain arthritis er 650 mg, gnp arthrit er 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>8hr arthritis pain relief cvs arthrit er 650 mg, eq arthritis er 650mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acetaminophen 120 mg suppos, 160 mg/5 ml cup, 160 mg/5 ml liq, 160 mg/5 ml sol, 325 mg gelcap, 325 mg tablet, 325 mg/10.15 ml, cvs 325 mg gelcp, eql 325 mg tab, gnp 325 mg gelcp, ra 325 mg tablet, 650 mg suppos, 650 mg/20.3 ml, 650mg/20.3ml cup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>acetaminophen 500 mg caplet, 500 mg gelcap, 500 mg tablet, cvs 500 mg cplt, cvs 500 mg gelcp, cvs 500 mg tab, eq 500 mg caplet, eq 500 mg gelcap, eq 500 mg tablet, eql 500 mg cplt, eql 500 mg gelcp, eql 500 mg tab, gnp 500 mg tab, ra 500 mg caplet, ra 500 mg gelcap, ra 500 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>acetaminophen 8 hour qc -hr 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acetaminophen er er 650 mg caplet, er 650 mg tablet, ra er 650 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>adult aspirin regimen ec 81 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>arthritis pain eq er 650 mg, gs er 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>arthritis pain relief arthritis er 650 mg caplt, arthritis relf er 650 mg, cvs arthrit rlf er 650 mg, eql arthrit rlf er 650 mg, gnp arthrit rlf er 650 mg, qc arthritis er 650 mg, ra arthritis er 650 mg, sm arthrit rlf er 650 mg, sm arthritis er 650 mg, sm arthritis relf er 650</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>arthritis pain reliever er 650 mg caplt, sm er 650 mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aspirin 81 mg chewable tablet, cvs 81 mg chewable tab, 325 mg tablet, cvs 325 mg caplet, cvs 325 mg tablet, eq 81 mg chewable tab, eq 325 mg tablet, eql 81 mg chewable tab, gnp 81 mg chewable tab, 300 mg suppository, eql 325 mg tablet, gnp 325 mg tablet, gs 81 mg chewable tab, gs 325 mg tablet, qc 81 mg chewable tab, qc 325 mg tablet, ra 81 mg chewable tab, ra 325 mg tablet, sb 325 mg tablet, sm 81 mg chewable tab, sm 325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>aspirin ec cvs ec 81 mg tablet, cvs ec 325 mg tablet, ec 81 mg tablet, ec 325 mg caplet, ec 325 mg tablet, eq ec 81 mg tablet, eq ec 325 mg tablet, eql ec 81 mg tablet, eql ec 325 mg tablet, gnp ec 81 mg tablet, gnp ec 325 mg tablet, gs ec 81 mg tablet, gs ec 325 mg tablet, qc ec 81 mg tablet, qc ec 325 mg tablet, ra ec 81 mg tablet, ra ec 325 mg tablet, sm ec 81 mg tablet, sm ec 325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aspirin regimen 81 mg ec tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>buffered aspirin 325 mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>butalbital-acetaminophen - acetaminophn 50-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen-caffe --50-300-40, --50-325-40</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine --cp</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>children's acetaminophen acetaminophen 160 mg/5 ml, eql acetaminophn 160 mg/5</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's aspirin 81 mg chew tab, 81 mg tab chew, sm 81 mg chw tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's mapap 80 mg tab chw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's pain relief 160 mg/5 ml sus, cvs 160 mg/5 ml, qc 160 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's pain reliever sm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's pain-fever child -160 mg/5 ml, cvs child -160 mg/5, eq chld -160 mg/5 ml, gnp child -160 mg/5, gs child -160 mg/5ml, gs child -160 mg/5ml, sm chld -160 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ed-apap -160 mg/5 ml liquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ESGIC 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FEVERALL 80 MG, 120 MG, 325 MG, 650 MG	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infant pain relief gnp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infant pain-fever -160 mg/5 ml, gnp -160 mg/5</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' acetaminophen 160 mg/5 ml, eq 160 mg/5</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' pain relief cvs infnt rlf 160 mg/5 ml, gnp infnt rlf 160 mg/5 ml, infant relief 160 mg/5 ml, qc infant rlf 160 mg/5 ml, qc infnt rlf 160 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' pain reliever sm rlf 160 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' pain-fever -160 mg/5 ml, cvs -160 mg/5, eq -160 mg/5, gs -160 mg/5</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>infants' pain-fever infants -160 mg/5 ml, qc infant -160 mg/5, sm infant -160 mg/5</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>m-pap -160 g/5 l liquid</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>mapap 500 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mapap arthritis pain er 650 mg cplt</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine lozenge 4 mg, cvs 4 mg, eq 4 mg, eql 4 mg, gnp 4 mg, gs 4 mg, ra 4 mg, sm 4 mg, sw 4 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>non-aspirin -325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>non-aspirin extra strength -500 mg caplet, -500 mg tablet, 500 mg caplet, cvs -500 mg caplet, cvs -500 mg geltab, mb -500 mg tablet, ra -500 mg caplet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>non-aspirin pain relief -500 mg caplet, -500 mg gelcap, -500 mg tablet, -pain relief tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<p><i>pain relief 325 mg tablet, cvs 325 mg tablet, 500 mg caplet, 500 mg tablet, er 650 mg caplet, ft 325 mg tablet, ft 500 mg gelcap, ft 500 mg tablet, gnp 325 mg tablet, gnp 500 mg gelcap, gnp er 650 mg cplt, gs 325 mg tablet, gs 500 mg caplet, gs 500 mg tablet, gs er 650 mg cplt, qc 325 mg tablet, 500 mg gelcap, qc 500 mg caplet, sm 500 mg gelcap, sw 500 mg gelcap</i></p>	<p>\$0 (Tier 1)</p>	<p>* (Medicaid Benefit Drug), *</p>
<p><i>pain relief extra strength cvs 500 mg caplet, cvs 500 mg tablet, gnp 500 mg caplet, gnp 500 mg gelcap, sm 500 mg gelcap</i></p>	<p>\$0 (Tier 1)</p>	<p>* (Medicaid Benefit Drug), *</p>

You can find information on what the symbols and abbreviations on this table 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>pain reliever 325 mg tablet, 500 mg tablet, cvs 500 mg cplt, eq 325 mg tablet, eq 500 mg caplet, er 650 mg caplet, gnp 325 mg tab, 500 mg caplet, 500 mg gelcap, gnp 500 mg caplt, gnp 500 mg tab, sm 500 mg caplet, sm 500 mg gelcap, sm 500 mg tablet, sm er 650 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pain reliever sm 325 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>pharbetol 325 mg tablet, 500 mg caplet, 500 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>silapap 160 mg/5 ml liquid</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>st. joseph aspirin 81 mg chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tencon 50-325 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>tension headache caplet, cvs gelcap, sm caplet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>tri-buffered aspirin -325 mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ZEBUTAL 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
<i>all day pain relief cvs pain rlf 220 mg tb, gnp pain rlf 220 mg tb, pain relief 220 mg tab, pain rlf 220 mg caplet, sm relief 220 mg caplt, sm relief 220 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>all day relief 220 mg caplet, 220 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ARTHROTEC 50 MG-200 MCG TAB	\$0 (Tier 2)	QL (120 PER 30 DAYS)
ARTHROTEC 75 MG-200 MCG TAB	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>cataflam 50 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CELEBREX 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>celecoxib 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>children's ibuprofen child ibuprofen 100mg/5ml syrg, child ibuprofen 200mg/10ml cup, children ibuprof 100mg/5ml cup, children ibuprofen 100 mg/5 ml, cvs chld ibuprofen 100 mg/5 ml, eq child ibuprofen 100 mg/5 ml, eql child ibuprofen 100 mg/5ml, eql chld ibuprofen 100 mg/5 ml, ft child ibuprofen 100 mg/5 ml, gnp chld ibuprofen 100 mg/5 ml, gs child ibuprofen 100 mg/5 ml, qc child ibuprofen 100 mg/5 ml, ra child ibuprofen 100 mg/5 ml, sm child ibuprofen 100 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DAYPRO 600 MG CAPLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	\$0 (Tier 1)	
<i>diclofenac sodium dr 25 mg tab, ec 25 mg tab</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>diclofenac sodium dr 50 mg tab, ec 50 mg tab</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium dr 75 mg tab, ec 75 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>diclofenac sodium er 100 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -50-0.2 mg</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -75-0.2 mg, -75-0.2 tb</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ec-naproxen -dr 375 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

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

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

You can find information on what the symbols and abbreviations on this table 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>ibu 600 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

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

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

ibuprofen 100 mg/5 ml susp, cvs 100 mg chew tab, cvs 200 mg tablet, eq 200 mg tablet, eql jr 100 mg tb chw, gnp 200 mg caplet, gnp 200 mg mini sfgl, gs 100 mg chew tab, ra 100 mg/5 ml susp, 200 mg caplet, 200 mg capsule, 200 mg softgel, cvs 200 mg caplet, cvs 200 mg capsule, cvs 200 mg softgel, cvs jr str 100 mg tb, eq 200 mg caplet, eq 200 mg softgel, eq jr str 100 mg tab, eql 200 mg caplet, eql 200 mg softgel, eql 200 mg tablet, gnp 100 mg chew tab, gnp 200 mg softgel, gnp 200 mg tablet, gnp jr str 100 mg tb, gs 200 mg caplet, gs 200 mg liquid gel, gs 200 mg softgel, gs 200 mg tablet, jr str 100 mg chew, jr str 100 mg tb chw, mb 200 mg tablet, qc 200 mg caplet, qc 200 mg mini sfgl, qc 200 mg softgel, qc 200 mg tablet, ra 200 mg caplet, ra 200 mg liquid gel, ra 200 mg softgel, ra 200

\$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.

*mg tablet, ra jr str 100 mg chw,
sm 100 mg/5 ml susp, sm 200
mg caplet, sm 200 mg softgel,
sm 200 mg tablet, sm ib 200
mg caplet*

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ibuprofen 200 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>ibuprofen 400 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ibuprofen ib qc 200 mg caplet, qc 200 mg tablet, sm 100 mg chew tb, sm 200 mg caplet, sm 200 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>indomethacin 25 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>infant's ibuprofen cvs infant susp drop, gnp inf 50 mg/1.25ml, gs inf 50 mg/1.25 ml, infant 50 mg/1.25 ml, ra inf 50 mg/1.25 ml, sm inf 50 mg/1.25 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants ibuprofen eq inf 50 mg/1.25ml, infant 50 mg/1.25 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infants' ibuprofen cvs inf 50 mg/1.25ml, eq inf 50 mg/1.25 ml, infant 50 mg/1.25 ml, qc inf 50 mg/1.25 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mediproxen 220 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>meloxicam 15 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>nabumetone 750 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	\$0 (Tier 1)	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>naproxen 375 mg tablet, dr 375 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>naproxen 500 mg kit, 500 mg tablet, dr 500 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>naproxen sodium cvs sod 220 mg caplet, cvs sod 220 mg tablet, cvs sodium 220 mg cap, eq sod 220 mg caplet, eq sod 220 mg tablet, eq sodium 220 mg cap, eql sod 220 mg caplet, eql sod 220 mg tablet, eql sodium 220 mg cap, gnp sod 220 mg caplet, gnp sod 220 mg tablet, gnp sodium 220 mg cap, gs sod 220 mg caplet, gs sod 220 mg tablet, qc sod 220 mg caplet, qc sod 220 mg tablet, ra sod 220 mg tablet, ra sodium 220 mg cap, sm sod 220 mg caplet, sm sod 220 mg tablet, sm sodium 220 mg cap, sm sodium 220 mg tab, sodium 220 mg caplet, sodium 220 mg capsule, sodium 220 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oxaprozin 600 mg caplet, 600 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>piroxicam 20 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>sulindac 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tension headache caplet, cvs gelcap, sm caplet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Opioid Analgesics, Long-acting		
BELBUCA 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>buprenorphine 5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch</i>	\$0 (Tier 1)	PA, QL (4 PER 28 DAYS), QLC (Subject to Opioid Safety Edits)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BUTRANS 5 MCG/HR PATCH, 7.5 MCG/HR PATCH, 10 MCG/HR PATCH, 15 MCG/HR PATCH, 20 MCG/HR PATCH	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS), QLC (Subject to Opioid Safety Edits)
<i>fentanyl 12 mcg/hr patch, 25 mcg/hr patch, 37.5 mcg/hr patch, 50 mcg/hr patch, 62.5 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch</i>	\$0 (Tier 1)	PA, QL (15 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone bitartrate er er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>levorphanol tartrate 2 mg tablet, 3 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>methadone hcl 10 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table 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>methadone hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate er er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl er er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine -#2 tablet, -#3 tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>acetaminophen-codeine -#4 tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>acetaminophen-codeine acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>butorphanol tartrate 1 mg/ml vial, 2 mg/ml vial, 4 mg/2 ml vial</i>	\$0 (Tier 1)	QLC (Subject to Opioid Safety Edits)
<i>butorphanol tartrate 10 mg/ml spray</i>	\$0 (Tier 1)	QL (48 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>codeine sulfate 15 mg tablet, 30 mg tablet, 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
DURAMORPH 5 MG/10 ML AMPUL, 10 MG/10 ML AMPUL	\$0 (Tier 2)	PA, QLC (Subject to Opioid Safety Edits)
<i>endocet 10-325 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>endocet 2.5-325 mg tablet, 5-325 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>endocet 7.5-325 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table 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 cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-acetaminophen - 10-300 mg, -10-325 mg, -7.5-300, -7.5-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-acetaminophen - 5-300 mg, -5-325 mg</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-acetaminophen - acetamin 2.5-108/5, -acetamin 5-217/10, -acetamn 7.5-325/15</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydrocodone-ibuprofen -5-200 mg, -10-200, -7.5-200</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl 1 mg/ml solution, 5 mg/5 ml soln</i>	\$0 (Tier 1)	QL (1440 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>hydromorphone hcl 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table 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>hydromorphone hcl 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl</i>	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 10 mg/5 ml cup, 10 mg/5 ml soln</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 100 mg/5 ml conc</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 20 mg/5 ml soln</i>	\$0 (Tier 1)	QL (1350 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate 5 mg/10 ml vial, 10 mg/10 ml vial</i>	\$0 (Tier 1)	PA, QLC (Subject to Opioid Safety Edits)
<i>morphine sulfate ir 15 mg tab</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table 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 ir 30 mg tab</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl (ir) 5 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone-acetaminophen - 10-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone-acetaminophen - acetaminophen 5-325, - acetaminophen 2.5-325</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>oxycodone-acetaminophen - acetaminophen 7.5-325</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
ROXICODONE 15 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

You can find information on what the symbols and abbreviations on this table 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>tramadol hcl 50 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl-acetaminophen - acetaminophen 37.5-325</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS), QLC (Subject to Opioid Safety Edits)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocaine 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>glydo 2% jelly syringe</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	\$0 (Tier 1)	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% ampul, 1% vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 hcl 2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
lidocaine hcl laryngotracheal 4% solution	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous 2% 15 ml cup, 2% soln</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine -cream</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>lidocan iii 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
LIDODERM 5% PATCH	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	\$0 (Tier 2)	
XYLOCAINE-MPF -1% AMPUL, -1% VIAL	\$0 (Tier 2)	
ZTLIDO 1.8% TOPICAL SYSTEM	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

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

Opioid Dependence

<i>buprenorphine hcl 2 mg tablet, 8 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone -2-fm, -2-tb</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>buprenorphine-naloxone -4-1mg film, -8-2mg film, -12-3mg flm</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>buprenorphine-naloxone -8-2 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>naltrexone hcl 50 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
<i>naloxone hcl 0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial, hcl 4 mg nasal spray</i>	\$0 (Tier 1)	
NARCAN 4 MG NASAL SPRAY	\$0 (Tier 2)	

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

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

Smoking Cessation Agents

<i>bupropion hcl sr 150 mg tablet</i>	\$0 (Tier 1)	
NICODERM CQ NICODERM CQ 7 MG/24HR PATCH, NICODERM CQ 14 MG/24HR PATCH, NICODERM CQ 21 MG/24HR PATCH	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NICORETTE 2 MG CHEWING GUM, 2 MG LOZENGE, 2 MG MINI LOZENGE, 4 MG CHEWING GUM, 4 MG LOZENGE, 4 MG MINI LOZENGE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine gum 2 mg, cvs 2 mg, cvs 4 mg, eq 2 mg, eq 4 mg, eql 2 mg, gnp 2 mg, gs 2 mg, 4 mg, eql 4 mg, gnp 4 mg, gs 4 mg, ra 2 mg, ra 4 mg, sm 2 mg, sm 4 mg, sw 2 mg, sw 4 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 lozenge 2 mg, 2 mg mini, cvs 2 mg, cvs 2 mg mini, cvs 4 mg, cvs 4 mg mini, eq 2 mg, eq 2 mg mini, eq 4 mg, eq 2 mg, gnp 2 mg, gnp 2 mg mini, 4 mg, 4 mg mini, eq 4 mg, gnp 4 mg, gnp 4 mg mini, gs 2 mg, gs 2 mg mini, gs 4 mg, gs 4 mg mini, ra 2 mg, ra 2 mg mini, ra 4 mg, ra 4 mg mini, sm 2 mg, sm 4 mg, sw 2 mg, sw 4 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nicotine patch 14 mg/24hr patch, cvs 14 mg/24hr patch, eq 14 mg/24hr patch, gnp 14 mg/24hr patch, ra 14 mg/24hr patch, sm 14 mg/24hr patch</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

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

You can find information on what the symbols and abbreviations on this table 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-Obesity Agents

Anti-Obesity Agents, Other

ADIPEX-P ADIPEX-P 37.5 MG CAPSULE, ADIPEX-P 37.5 MG TABLET	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>benzphetamine hcl 50 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
CONTRAVE ER 8-90 MG TABLET	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>diethylpropion hcl 25 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>diethylpropion hcl er 75 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>orlistat 120 mg capsule</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
<i>phendimetrazine tartrate 35 mg tablet</i>	\$0 (Tier 2)	PA, * (Medicaid Benefit Drug), *
<i>phentermine hcl 15 mg capsule, 30 mg capsule</i>	\$0 (Tier 2)	PA, * (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>phentermine hcl 37.5 mg capsule, 37.5 mg tablet</i>	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
QSYMIA 3.75 MG-23 MG CAPSULE, 7.5 MG-46 MG CAPSULE, 11.25 MG-69 MG CAPSULE, 15 MG-92 MG CAPSULE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SAXENDA 18 MG/3 ML PEN	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
WEGOVY 0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN, 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *
XENICAL 120 MG CAPSULE	\$0 (Tier 1)	PA, * (Medicaid Benefit Drug), *

Antibacterials

Aminoglycosides

<i>amikacin sulfate 1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vial</i>	\$0 (Tier 1)
--	--------------

You can find information on what the symbols and abbreviations on this table 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 in ns iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml</i>	\$0 (Tier 1)	
<i>gentamicin sulfate ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial</i>	\$0 (Tier 1)	
HUMATIN 250 MG CAPSULE	\$0 (Tier 2)	
<i>neomycin sulfate 500 mg tablet</i>	\$0 (Tier 1)	
<i>paromomycin sulfate 250 mg capsule</i>	\$0 (Tier 1)	
<i>streptomycin sulfate 1 gm vial</i>	\$0 (Tier 1)	
<i>tobramycin sulfate 1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Antibacterials, Other		
AZACTAM 1 GM VIAL, 2 GM VIAL	\$0 (Tier 2)	
<i>aztreonam 1 gm vial, 2 gm vial</i>	\$0 (Tier 1)	
<i>chloramphenicol sod succinate 1 gm vl</i>	\$0 (Tier 1)	
CLEOCIN 2% VAGINAL CREAM	\$0 (Tier 2)	
CLEOCIN HCL 75 MG CAPSULE, 150 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	
CLEOCIN PHOSPHATE 9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN	\$0 (Tier 2)	
CLEOCIN T 1% LOION	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>clindacin etz 1% pledget</i>	\$0 (Tier 1)	
<i>clindacin p 1% ledgets</i>	\$0 (Tier 1)	
<i>clindamycin (pediatric) (pedi) 75 mg/5 ml</i>	\$0 (Tier 1)	
<i>clindamycin hcl 75 mg capsule, 150 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<i>clindamycin phosphate ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion, phosphate 1% gel</i>	\$0 (Tier 1)	
<i>clindamycin phosphate-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)	
<i>clindamycin-0.9% nacl 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>colistimethate 150 mg vial</i>	\$0 (Tier 1)	
CUBICIN 500 MG VIAL	\$0 (Tier 2)	
CUBICIN RF 500 MG VIAL	\$0 (Tier 2)	
DALVANCE 500 MG VIAL	\$0 (Tier 2)	
<i>daptomycin 500 mg vial</i>	\$0 (Tier 1)	
FLAGYL 375 CAPSULE	\$0 (Tier 2)	
IMPAVIDO 50 MG CAPSULE	\$0 (Tier 2)	
<i>linezolid 100 mg/5 ml susp, 600 mg tablet</i>	\$0 (Tier 1)	PA
<i>linezolid-0.9% nacl 600mg/300ml-0.9%nacl</i>	\$0 (Tier 1)	
<i>linezolid-d5w 600 mg/300 ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 gm tablet</i>	\$0 (Tier 1)	
METRO IV 500 MG/100 ML	\$0 (Tier 2)	
<i>metronidazole vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin b -40 mg/ml amp, -40 mg/ml vl</i>	\$0 (Tier 1)	
<i>nitrofurantoin 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	
<i>nitrofurantoin mono-macro -mcr 100 mg</i>	\$0 (Tier 1)	
SIVEXTRO 200 MG TABLET	\$0 (Tier 2)	PA
SIVEXTRO 200 MG VIAL	\$0 (Tier 2)	
<i>tigecycline 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
<i>trimethoprim 100 mg tablet</i>	\$0 (Tier 1)	
TYGACIL 50 MG VIAL	\$0 (Tier 2)	
<i>vancomycin 750 mg/150 ml bag</i>	\$0 (Tier 1)	
<i>vancomycin hcl 1 gm add-van vial, 1 gm vial, 1 gram/200 ml bag, hcl 1g/200 ml bag, 1.25 gm/250 ml bag, hcl 1.25 gram vial, 1.5 gram/300 ml bag, hcl 1.5 gram vial, 1.75 gm/350 ml bag, 2 gram/400 ml bag, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 500 mg/100 ml bag, 750 mg add-van vial, 750 mg/150 ml bag, hcl 750 mg vial</i>	\$0 (Tier 1)	
<i>vancomycin hcl 125 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 hcl-0.9% nacl vanco 500 mg/100 ml, vanco 750 mg/150 ml, vancomycin 1 g/200ml</i>	\$0 (Tier 1)	
<i>vancomycin hcl-d5w 1.25 gram/250ml, 1.5 gram/300 ml, - 500 mg/100 ml</i>	\$0 (Tier 1)	
VANDAZOLE VAGINAL 0.75% GEL	\$0 (Tier 2)	
ZYVOX 100 MG/5 ML SUSPENSION, 600 MG TABLET	\$0 (Tier 2)	PA
ZYVOX 200 MG/100 ML, 600 MG/300 ML	\$0 (Tier 2)	
Beta-lactam, Cephalosporins		
<i>cefaclor 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
<i>cefadroxil 1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial</i>	\$0 (Tier 1)	
<i>cefazolin sodium-dextrose 1 g/50 ml, 2 g/50 ml</i>	\$0 (Tier 1)	
<i>cefdinir 125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule</i>	\$0 (Tier 1)	
<i>cefepime 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefepime hcl 1 gm vial, 2 gram vial</i>	\$0 (Tier 1)	
<i>cefepime-dextrose -1 gm/50 ml, -2 gm/50 ml</i>	\$0 (Tier 1)	
<i>cefixime 400 mg capsule</i>	\$0 (Tier 1)	
<i>cefoxitin 1 gm vial, 2 gm vial, 10 gm vial</i>	\$0 (Tier 1)	
<i>cefoxitin sodium 1 gm, 2 gm</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>cefepodoxime proxetil 50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet</i>	\$0 (Tier 1)	
<i>cefprozil 125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet</i>	\$0 (Tier 1)	
<i>ceftazidime 1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial</i>	\$0 (Tier 1)	
<i>ceftriaxone 1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial</i>	\$0 (Tier 1)	
<i>cefuroxime 250 mg tab, 500 mg tab</i>	\$0 (Tier 1)	
<i>cefuroxime sodium 1.5 gm vial, 750 mg vial</i>	\$0 (Tier 1)	
<i>cephalexin 125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SUPRAX 100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE	\$0 (Tier 2)	
<i>tazicef 1 gm add-vantage vial, 1 gram vial, 2 gm add-vantage vial, 2 gram vial, 6 gram vial</i>	\$0 (Tier 1)	
TEFLARO 400 MG VIAL, 600 MG VIAL	\$0 (Tier 2)	
Beta-lactam, Penicillins		
<i>amoxicillin 125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet</i>	\$0 (Tier 1)	
<i>amoxicillin-clavulanate pot er - 1,000-62.5 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>amoxicillin-clavulanate potass - 200-28.5 mg tab chew, -200-28.5 mg/5 ml sus, -250-125 mg tablet, -250-62.5 mg/5 ml sus, -400-57 mg tab chew, -400-57 mg/5 ml susp, -500-125 mg tablet, -600-42.9 mg/5 ml sus, -875-125 mg tablet</i>	\$0 (Tier 1)	
<i>ampicillin sodium 1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial</i>	\$0 (Tier 1)	
<i>ampicillin trihydrate 500 mg capsule</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam -sulb 3 gm add vial, -sulbactam 3 gm vial</i>	\$0 (Tier 1)	
AUGMENTIN 500-125 TABLET	\$0 (Tier 2)	
BICILLIN L-A L-600,000 UNIT/ML, L-1,200,000 UNITS, L-2,400,000 UNITS	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>dicloxacillin sodium 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
EXTENCILLINE 1,200,000 UNIT VL, 2,400,000 UNIT VL	\$0 (Tier 2)	
<i>lentocilin s 1,200,000 unit</i>	\$0 (Tier 1)	
<i>nafcillin 1 gm/ 50 ml, 2 gm/ 100 ml</i>	\$0 (Tier 1)	
<i>nafcillin sodium 1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial</i>	\$0 (Tier 1)	
<i>penicillin g potassium 5 million, 20 million</i>	\$0 (Tier 1)	
<i>penicillin g sodium na 5 million unit</i>	\$0 (Tier 1)	
<i>penicillin gk-iso-osm dextrose 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium 125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 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>pfizerpen 5 million vial, 20 million vial</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam -tazo 2.25 gm add vl, -tazo 3.375 gm add vl, -tazo 4.5 gm add vial, -tazobact 2.25 gm vl, -tazobact 3.375 gm vl, -tazobact 4.5 gm vial</i>	\$0 (Tier 1)	
ZOSYN 2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG	\$0 (Tier 2)	
Carbapenems		
<i>ertapenem 1 gram vial</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin sodium - 250 mg, -500 mg</i>	\$0 (Tier 1)	
INVANZ 1 GM VIAL	\$0 (Tier 2)	
<i>meropenem 1 gm vial, 500 mg vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>meropenem-0.9% nacl -0.9% 1 gram/50, -0.9% 500 mg/50</i>	\$0 (Tier 1)	
Macrolides		
<i>azithromycin 1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial</i>	\$0 (Tier 1)	
<i>clarithromycin 125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet</i>	\$0 (Tier 1)	
<i>clarithromycin er 500 mg tab</i>	\$0 (Tier 1)	
DIFICID 200 MG TABLET	\$0 (Tier 2)	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	\$0 (Tier 2)	QL (136 PER 10 OVER TIME)
E.E.S. 200 MG/5 ML SUSPENSION	\$0 (Tier 2)	
<i>ery 2% pads</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERY-TAB -TAB DR 250 MG TABLET, -TAB DR 333 MG TABLET, -TAB DR 500 MG TABLET	\$0 (Tier 2)	
ERYPED 200 MG/5 ML SUSPENSION	\$0 (Tier 2)	
ERYPED 400 MG/5 ML SUSPENSION	\$0 (Tier 2)	
ERYTHROCIN LACTOBIONATE 500 MG ADDVAN VIAL, LACT 500 MG VIAL	\$0 (Tier 2)	
ERYTHROCIN STEARATE 250 MG TABLET	\$0 (Tier 2)	
<i>erythromycin 2% solution, 250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 500 mg vial</i>	\$0 (Tier 1)	
ZITHROMAX 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL	\$0 (Tier 2)	
ZITHROMAX TRI-PAK - 500 MG TAB	\$0 (Tier 2)	
Quinolones		
CIPRO 5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	
<i>ciprofloxacin 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl 100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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-d5w 200 mg/100ml, 400 mg/200ml</i>	\$0 (Tier 1)	
<i>levofloxacin 25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial</i>	\$0 (Tier 1)	
<i>levofloxacin-d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	
<i>moxifloxacin 400 mg/250 ml bag</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl 400 mg tablet</i>	\$0 (Tier 1)	
<i>ofloxacin 400 mg tablet</i>	\$0 (Tier 1)	
Sulfonamides		
BACTRIM 400-80 MG TABLET	\$0 (Tier 2)	
BACTRIM DS TABLET	\$0 (Tier 2)	
<i>sulfadiazine 500 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sulfamethoxazole-trimethoprim -20 ml cup, -ds tablet, -iv vial, -ss tablet, -susp</i>	\$0 (Tier 1)	
Tetracyclines		
<i>avidoxy 100 mg tablet</i>	\$0 (Tier 1)	
<i>demeclocycline hcl 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
<i>doxy 100 mg vial</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet</i>	\$0 (Tier 1)	
<i>minocycline hcl 50 mg capsule, hcl 50 mg tablet, 75 mg capsule, hcl 75 mg tablet, 100 mg capsule, hcl 100 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>mondoxyme nl 100 mg capsule</i>	\$0 (Tier 1)	
NUZYRA 100 MG VIAL, 150 MG TABLET	\$0 (Tier 2)	
<i>tetracycline hcl 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
VIBRAMYCIN 100 MG CAPSULE	\$0 (Tier 2)	

Anticonvulsants

Anticonvulsants, Other

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DEPAKOTE ER ER 250 MG TABLET, ER 500 MG TABLET	\$0 (Tier 2)	
DEPAKOTE SPRINKLE DR 125 MG CP	\$0 (Tier 2)	
DIACOMIT 250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET	\$0 (Tier 2)	
<i>divalproex sodium dr 125 mg cap sprnk, sod dr 125 mg tab, sod dr 250 mg tab, sod dr 500 mg tab</i>	\$0 (Tier 1)	
<i>divalproex sodium er er 250 mg tab, er 500 mg tab</i>	\$0 (Tier 1)	
EPIDIOLEX 100 MG/ML SOLN PACK, 100 MG/ML SOLUTION	\$0 (Tier 2)	PA
EPRONTIA 25 MG/ML SOLUTION	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>felbamate 400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup</i>	\$0 (Tier 1)	
FINTEPLA 2.2 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	
KEPPRA 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET	\$0 (Tier 2)	
LAMICTAL (BLUE) TAB START KIT	\$0 (Tier 2)	
LAMICTAL 5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG	\$0 (Tier 2)	

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

TABLET

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lamotrigine (blue) tab start kit</i>	\$0 (Tier 1)	
<i>lamotrigine 5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>lamotrigine er er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	\$0 (Tier 1)	
<i>levetiracetam 100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup</i>	\$0 (Tier 1)	
<i>levetiracetam er er 500 mg tablet, er 750 mg tablet</i>	\$0 (Tier 1)	
<i>levetiracetam-nacl -500 mg/100, -1,000mg/100, -1,500mg/100</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>roweepra 500 mg tablet</i>	\$0 (Tier 1)	
SPRITAM 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET	\$0 (Tier 2)	
<i>subvenite (blue) tab start kit</i>	\$0 (Tier 1)	
<i>subvenite 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>topiramate 15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>valproate sodium 500 mg/5 ml vI</i>	\$0 (Tier 1)	
<i>valproic acid 250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol</i>	\$0 (Tier 1)	

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

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

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

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

Gamma-aminobutyric Acid (GABA) Augmenting Agents

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

You can find information on what the symbols and abbreviations on this table 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>clobazam 2.5 mg/ml suspension</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)
<i>diazepam 2.5mg gel(2pk), 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk)</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	\$0 (Tier 1)	QL (1080 PER 30 DAYS)
<i>gabapentin 250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup</i>	\$0 (Tier 1)	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
GABITRIL 2 MG TABLET, 4 MG TABLET, 12 MG TABLET, 16 MG TABLET	\$0 (Tier 2)	

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

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

You can find information on what the symbols and abbreviations on this table 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 800 MG TABLET	\$0 (Tier 2)	QL (135 PER 30 DAYS)
ONFI 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (480 PER 30 DAYS)
<i>phenobarbital 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>phenobarbital sodium 65 mg/ml vial, 130 mg/ml vial</i>	\$0 (Tier 1)	
<i>primidone 50 mg tablet, 125 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	
SABRIL 500 MG POWDER PACKET, 500 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SYMPAZAN 10 MG FILM, 20 MG FILM	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl 2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet</i>	\$0 (Tier 1)	
VALTOCO 5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY	\$0 (Tier 2)	QL (10 PER 30 DAYS)
<i>vigabatrin 500 mg powder packet, 500 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>vigadrone 500 mg powder packet, 500 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
VIGAFYDE 100 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (750 PER 30 DAYS)
<i>vigpoder 500 mg powder packet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ZTALMY 50 MG/ML SUSPENSION	\$0 (Tier 2)	

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

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

Sodium Channel Agents

APTIOM 200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET	\$0 (Tier 2)	
BANZEL 40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
<i>carbamazepine 100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup</i>	\$0 (Tier 1)	
<i>carbamazepine er er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet</i>	\$0 (Tier 1)	
CARBATROL ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DILANTIN 30 MG CAPSULE, 50 MG INFATAB, 100 MG CAPSULE	\$0 (Tier 2)	
DILANTIN-125 MG/5 ML SUSP	\$0 (Tier 2)	
<i>epitol 200 mg tablet</i>	\$0 (Tier 1)	
<i>fosphenytoin sodium 100 mg pe/2 ml vl, 500 mg pe/10 ml</i>	\$0 (Tier 1)	
<i>lacosamide 10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup, 200 mg/20 ml vial</i>	\$0 (Tier 1)	
<i>oxcarbazepine 150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended 100 mg cap, 200 mg cap, 300 mg cap</i>	\$0 (Tier 1)	
<i>rufinamide 40 mg/ml suspension, 200 mg tablet, 400 mg tablet</i>	\$0 (Tier 1)	
TEGRETOL 100 MG/5 ML SUSP, 200 MG TABLET	\$0 (Tier 2)	
TEGRETOL XR 100 MG TABLET, 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
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 tablet, 10 mg tablet, 23 mg tablet</i>	\$0 (Tier 1)	
<i>donepezil hcl odt odt 5 mg tablet, odt 10 mg tablet</i>	\$0 (Tier 1)	
EXELON 4.6 MG/24HR PATCH, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH	\$0 (Tier 2)	
<i>galantamine er er 8 mg capsule, er 16 mg capsule, er 24 mg capsule</i>	\$0 (Tier 1)	
<i>galantamine hbr 4 mg tablet, 8 mg tablet, 12 mg tablet</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide 4 mg/ml oral soln</i>	\$0 (Tier 1)	
<i>rivastigmine 1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 er er 7 mg capsule, er 14 mg capsule, er 21 mg capsule, er 28 mg capsule</i>	\$0 (Tier 1)	PA
<i>memantine hcl hcl 2 mg/ml solution, 5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet</i>	\$0 (Tier 1)	PA
NAMENDA 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET	\$0 (Tier 2)	PA

Antidepressants

Antidepressants, Other

AUVELITY ER 45-105 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 75 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>bupropion xl hcl 150 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>bupropion xl hcl 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>mirtazapine 7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
REMERON 15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

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

You can find information on what the symbols and abbreviations on this table 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 Inhibitors

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

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

CELEXA 10 MG TABLET, 20 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
CELEXA 40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>citalopram hbr 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>citalopram hbr 10 mg/5 ml soln, 20 mg/10 ml cup</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CYMBALTA 20 MG CAPSULE, 60 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er er 25 mg, er 50 mg, er 100mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE 30 MG CAP	\$0 (Tier 2)	QL (90 PER 30 DAYS)
DRIZALMA SPRINKLE DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 dr 20 mg cap, dr 60 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	\$0 (Tier 2)	QL (28 PER 28 DAYS)
FETZIMA ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 dr 90 mg capsule</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>fluoxetine hcl 10 mg capsule, 10 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule, 20 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5 ml soln cup, 20 mg/5 ml solution</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
LEXAPRO 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
LEXAPRO 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
<i>nefazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>paroxetine cr 12.5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine cr 25 mg tablet, 37.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine er er 25 mg tablet, er 37.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
PAXIL 10 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	\$0 (Tier 2)	QL (900 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PAXIL 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PRISTIQ ER 25 MG TABLET, ER 50 MG TABLET, ER 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml oral conc</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>sertraline hcl 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>trazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
TRINTELLIX 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er 112.5 mg tb</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>venlafaxine hcl 25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	\$0 (Tier 1)	QL (90 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)

You can find information on what the symbols and abbreviations on this table 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>vilazodone hcl 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ZOLOFT 100 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	\$0 (Tier 2)	QL (300 PER 30 DAYS)
ZOLOFT 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)

Tricyclics

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

You can find information on what the symbols and abbreviations on this table 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>doxepin hcl 10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule</i>	\$0 (Tier 1)	
<i>imipramine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
NORPRAMIN 10 MG TABLET, 25 MG TABLET	\$0 (Tier 2)	
<i>nortriptyline hcl 10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap</i>	\$0 (Tier 1)	
<i>protriptyline hcl 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>trimipramine maleate 25 mg cap, 50 mg cap, 100 mg cp</i>	\$0 (Tier 1)	

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

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

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl 10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml vial, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 50 mg/2 ml vial, 100 mg tablet, 100 mg/ml conc, 200 mg tablet</i>	\$0 (Tier 1)	PA
<i>compro 25 mg suppository</i>	\$0 (Tier 1)	
<i>meclizine hcl 12.5 mg tablet, 25 mg tablet</i>	\$0 (Tier 1)	
<i>perphenazine 2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet</i>	\$0 (Tier 1)	PA
<i>prochlorperazine 25 mg supp</i>	\$0 (Tier 1)	
<i>prochlorperazine edisylate 10 mg/2 ml vl</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>prochlorperazine maleate 5 mg tablet, 10 mg tab</i>	\$0 (Tier 1)	
<i>promethazine hcl 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	PA
<i>promethegan 12.5 mg suppos, 25 mg suppository</i>	\$0 (Tier 1)	PA
<i>scopolamine 1 mg/3 day patch</i>	\$0 (Tier 1)	PA
Emetogenic Therapy Adjuncts		
<i>aprepitant 40 mg capsule, 80 mg capsule, 125 mg capsule, 125-80-80 mg pack</i>	\$0 (Tier 1)	PA
<i>dronabinol 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA
EMEND 80 MG CAPSULE, TRIPACK	\$0 (Tier 2)	PA
<i>fosaprepitant dimeglumine 150 mg vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>granisetron hcl 1 mg tablet</i>	\$0 (Tier 1)	PA
<i>granisetron hcl 1 mg/ml vial, 4 mg/4 ml vial</i>	\$0 (Tier 1)	
<i>ondansetron hcl 4 mg/2 ml isecure, 4 mg/5 ml soln cup, 4 mg/5 ml solution, hcl 4 mg tablet, hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, hcl 8 mg tablet, hcl 24 mg tablet, 40 mg/20 ml vial</i>	\$0 (Tier 1)	
<i>ondansetron odt odt 4 mg tablet, odt 8 mg tablet</i>	\$0 (Tier 1)	
<i>palonosetron hcl 0.25 mg/2 ml vial, 0.25 mg/5 ml vial, hcl 0.25 mg/5 ml</i>	\$0 (Tier 1)	

Antifungals

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

DAY VAGINAL CREAM

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
AMBISOME 50 MG VIAL	\$0 (Tier 2)	PA
<i>amphotericin b 50 mg vial</i>	\$0 (Tier 1)	PA
<i>amphotericin b liposome 50 mg</i>	\$0 (Tier 1)	PA
<i>antifungal 1% topical, eq 1% top, sm 1% topical</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>antifungal cream 1%, cvs 1%, eq 1%, ft 1%, qc 1%, ra 1%, sm 1%</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>athlete's foot athlete's 1% foot cream, athlete's foot 1% cream, athletes foot 1% cream, cvs athlete's foot 1% cream, eq athlete's foot 1% cream, eq athlete's foot 1% cream, sm athlete's 1% foot cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>athlete's foot ft 1%, gnp 1%</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>baza antifungal 2% cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
CANCIDAS IV 50 MG VIAL, IV 70 MG VIAL	\$0 (Tier 2)	
<i>caspofungin acetate 50 mg vial, 70 mg vial</i>	\$0 (Tier 1)	
<i>ciclodan 8% solution</i>	\$0 (Tier 1)	QL (6.6 PER 30 DAYS)
<i>ciclopirox 0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo</i>	\$0 (Tier 1)	
<i>ciclopirox 8% solution</i>	\$0 (Tier 1)	QL (6.6 PER 30 DAYS)
<i>clotrimazole 1% solution, 10 mg lozenge, 10 mg troche</i>	\$0 (Tier 1)	
<i>clotrimazole 1% top grx, 1% topical, cvs 1% top, qc 1% top, sm 1% top, tm-1% top</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>clotrimazole 1% vaginal, qc 1% vag, ra 1% vag, sm 1% vag</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>clotrimazole-3 gnp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
CRESEMBA 74.5 MG CAPSULE, 186 MG CAPSULE, 372 MG VIAL	\$0 (Tier 2)	PA
DIFLUCAN 10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	
<i>econazole nitrate 1% cream</i>	\$0 (Tier 1)	
<i>fluconazole 10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>fluconazole-nacl -200 mg/100 ml, -400 mg/200 ml</i>	\$0 (Tier 1)	
<i>flucytosine 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FUNGOID TINCTURE 2%	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>griseofulvin 125 mg/5 ml susp, micro 500 mg tab</i>	\$0 (Tier 1)	
<i>griseofulvin ultramicrosize 125 mg tab, 250 mg tab</i>	\$0 (Tier 1)	
<i>itraconazole 100 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ketoconazole 2% cream, 2% shampoo, 200 mg tablet</i>	\$0 (Tier 1)	
<i>klayesta 100,000 unit/gm powd</i>	\$0 (Tier 1)	
LAMISIL AT 1% CREAM	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>lamisil at 1% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
LOPROX 1% SHAMPOO	\$0 (Tier 2)	
<i>micafungin 50 mg vial, 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>micafungin-0.9% nacl 50 mg/50ml-0.9%nacl</i>	\$0 (Tier 1)	
<i>miconazole 1 1 combination, cvs 1 combo, eq 1 combo, eql 1 combo, gnp 1 combo</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>miconazole 3 3, cvs 3, gnp 3, gs 3, ra 3, sm 3</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>miconazole 7 7 100 mg vag supp, sm 7 100 mg vag sup, sm 7 cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>miconazole 7 7, cvs 7, eq 7, eql 7, gnp 7, gs 7, ra 7</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>miconazole nitrate 2% topical, sm 2% topical, sm 2% vaginal</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>miconazole nitrate 2%, eq 2%</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>miconazole-7 -cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>miconazole-7 qc -cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>micotrin ac 1% topical cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>mycozyl ac 1% topical cream</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
NOXAFIL 40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP, 300 MG/16.7 ML VIAL	\$0 (Tier 2)	PA
<i>nyamyc 100,000 unit/gm powder</i>	\$0 (Tier 1)	
<i>nystatin 100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus</i>	\$0 (Tier 1)	
<i>nystop 100,000 unit/gm powder</i>	\$0 (Tier 1)	
<i>posaconazole dr 100 mg tablet, 200 mg/5 ml susp, 300 mg/16.7 ml vl</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SPORANOX 100 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>terbinafine 1%, eq 1%, gnp 1%</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>terbinafine hcl 250 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>terconazole 0.4% cream, 0.8% cream, 80 mg suppository</i>	\$0 (Tier 1)	
<i>tioconazole-1 -1 6.5% ointment, cvs -1 6.5% ointmnt, eq -1 6.5% ointment, eql -1 6.5% oint, gnp -1 6.5% oint, ra -1 6.5% oint, sm -1 6.5% ointment</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tolnaftate 1% cream, 1% powder, af 1% cream, gnp 1% cream, qc 1% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
VFEND IV 200 MG VIAL	\$0 (Tier 2)	PA
<i>voriconazole 40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial</i>	\$0 (Tier 1)	PA

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

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

Antigout Agents

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

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

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

Antimigraine Agents

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MIGRANAL NASAL SPRAY	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)
NURTEC ODT 75 MG TABLET	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)
UBRELVY 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)

Serotonin (5-HT) Receptor Agonist

IMITREX 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
IMITREX 4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT	\$0 (Tier 2)	ST, QL (6 PER 30 DAYS)
IMITREX 5 MG SPRAY, 20 MG SPRAY	\$0 (Tier 2)	ST, QL (12 PER 30 DAYS)
IMITREX 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT	\$0 (Tier 2)	QL (6 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MAXALT 10 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl 1 mg tablet, 2.5 mg tablet</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>rizatriptan 5 mg odt, 5 mg tablet, 10 mg odt, 10 mg tablet</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>sumatriptan 5 mg, 20 mg</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)
<i>sumatriptan succinate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	QL (18 PER 30 DAYS)
<i>sumatriptan succinate 4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj</i>	\$0 (Tier 1)	QL (6 PER 30 DAYS)
<i>sumatriptan succinate 6 mg/0.5 ml vial</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
<i>zolmitriptan odt 2.5 mg odt, 5 mg odt</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)

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

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

Antimyasthenic Agents

Parasympathomimetics

MESTINON 60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN	\$0 (Tier 2)
--	-----------------

<i>pyridostigmine bromide 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet</i>	\$0 (Tier 1)
--	-----------------

<i>pyridostigmine bromide er 180 mg tab</i>	\$0 (Tier 1)
---	-----------------

Antimycobacterials

Antimycobacterials, Other

<i>dapsone 25 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)
--	-----------------

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRECTOR 250 MG TABLET	\$0 (Tier 2)	

Antineoplastics

Alkylating Agents

<i>busulfan 60 mg/10 ml vial</i>	\$0 (Tier 1)	
<i>cyclophosphamide 1 gm vial, 1 gm/2 ml vl, 2 gm vial, 2 gm/4 ml vl, 500 mg vial, 500 mg/ml vl</i>	\$0 (Tier 1)	
<i>cyclophosphamide 25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet</i>	\$0 (Tier 1)	PA
<i>cyclophosphamide cyclophosphamide 1 gm/5 ml vl, cyclophosphamide 2 gm/10 ml vl, cyclophosphamide 1 gm/5 ml vl, cyclophosphamide 500 mg/2.5 ml, cyclophosphamide 500 mg/2.5 ml</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
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 w-diluent, hcl 50 mg vial</i>	\$0 (Tier 1)	
TEMODAR 100 MG VIAL	\$0 (Tier 2)	
VALCHLOR 0.016% GEL	\$0 (Tier 2)	
YONDELIS 1 MG VIAL	\$0 (Tier 2)	PA
ZEPZELCA 4 MG VIAL	\$0 (Tier 2)	PA

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

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

Antiandrogens

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

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

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

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

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

You can find information on what the symbols and abbreviations on this table 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>mercaptopurine 50 mg tablet</i>	\$0 (Tier 1)	
PURIXAN 20 MG/ML ORAL SUSP	\$0 (Tier 2)	
TABLOID 40 MG TABLET	\$0 (Tier 2)	

Antineoplastics, Other

ABRAXANE 100 MG VIAL	\$0 (Tier 2)	PA
<i>adriamycin 10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg/25 ml vial, 200 mg/100 ml vial</i>	\$0 (Tier 1)	PA
ADRIAMYCIN 50 MG VIAL	\$0 (Tier 2)	PA
ALIMTA 100 MG VIAL, 500 MG VIAL	\$0 (Tier 2)	PA
ARRANON 250 MG/50 ML VIAL	\$0 (Tier 2)	PA
<i>arsenic trioxide 10 mg/10ml, 12 mg/6 ml</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ASPARLAS 3,750 UNIT/5 ML VIAL	\$0 (Tier 2)	
<i>azacitidine 100 mg vial</i>	\$0 (Tier 1)	
<i>bendamustine hcl 25 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
BENDEKA 100 MG/4 ML VIAL	\$0 (Tier 2)	
BICNU 100 MG VIAL	\$0 (Tier 2)	
<i>bleomycin sulfate 15 vial, 30 vial</i>	\$0 (Tier 1)	PA
BLINCYTO 35MCG VL W-STABILIZER	\$0 (Tier 2)	PA
<i>carboplatin 50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial</i>	\$0 (Tier 1)	
<i>carmustine 100 mg vial</i>	\$0 (Tier 1)	
<i>cisplatin 50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>cladribine 10 mg/10 ml vial</i>	\$0 (Tier 1)	PA
<i>clofarabine 20 mg/20 ml vial</i>	\$0 (Tier 1)	
CLOLAR 20 MG/20 ML VIAL	\$0 (Tier 2)	
COSMEGEN 500 MCG VIAL	\$0 (Tier 2)	
<i>cytarabine 2 g/20 ml vial, 20 mg/ml vial, 100 mg/5 ml vial</i>	\$0 (Tier 1)	PA
<i>dacarbazine 100 mg vial, 200 mg vial</i>	\$0 (Tier 1)	
<i>dactinomycin 500 mcg vial</i>	\$0 (Tier 1)	
<i>daunorubicin hcl 20 mg/4 ml vial, 50 mg/10 ml vial</i>	\$0 (Tier 1)	
<i>decitabine 50 mg vial</i>	\$0 (Tier 1)	
<i>docetaxel 20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>doxorubicin hcl 10 mg vial, 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial</i>	\$0 (Tier 1)	PA
<i>doxorubicin hcl liposome 20mg/10ml, 50mg/25ml</i>	\$0 (Tier 1)	PA
<i>eribulin mesylate 1 mg/2 ml vl</i>	\$0 (Tier 1)	PA
<i>fludarabine phosphate 50 mg vial, 50 mg/2 ml vial</i>	\$0 (Tier 1)	
<i>gemcitabine hcl 1 gram/26.3 ml vl, hcl 1 gram vial, 2 gram/52.6 ml vl, hcl 2 gram vial, 200 mg/5.26 ml vl, hcl 200 mg vial</i>	\$0 (Tier 1)	
HALAVEN 1 MG/2 ML VIAL	\$0 (Tier 2)	PA
<i>idarubicin hcl 5 mg/5 ml vial, 10 mg/10 ml vl, 20 mg/20 ml vl</i>	\$0 (Tier 1)	
IFEX 3 GM VIAL	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>ifosfamide 1 gm vial, 1 gm/20 ml vial, 3 gm vial, 3 gm/60 ml vial</i>	\$0 (Tier 1)	
IMLYGIC 1 MILLION PFU/ML VIAL, 100 MILLION PFU/ML VL	\$0 (Tier 2)	
INQOVI 35 MG-100 MG TABLET	\$0 (Tier 2)	PA, QL (5 PER 28 DAYS)
ISTODAX 10 MG KIT, 10 MG VIAL	\$0 (Tier 2)	PA
IXEMPRA 15 MG KIT, 15 MG VIAL, 45 MG KIT, 45 MG VIAL	\$0 (Tier 2)	
<i>kemoplax 50 mg/50 ml vial</i>	\$0 (Tier 1)	
KISQALI FEMARA CO-PACK 200 MG	\$0 (Tier 2)	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	\$0 (Tier 2)	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	\$0 (Tier 2)	PA, QL (91 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table 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>leucovorin calcium cal 100 mg/10 ml vl, cal 500 mg/50 ml vl, calcium 5 mg tab, calcium 10 mg tab, calcium 15 mg tab, calcium 25 mg tab, calcium 50 mg vial, calcium 100 mg vial, calcium 200 mg vial, calcium 350 mg vial, calcium 500 mg vial</i>	\$0 (Tier 1)	
LONSURF 15 MG-6.14 MG TABLET	\$0 (Tier 2)	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	\$0 (Tier 2)	PA, QL (80 PER 28 DAYS)
<i>mitomycin 5 mg vial, 20 mg vial, 40 mg vial</i>	\$0 (Tier 1)	
<i>mitoxantrone hcl 20 mg/10 ml vial, 25 mg/12.5 ml vl, 30 mg/15 ml vial</i>	\$0 (Tier 1)	
MUTAMYCIN 5 MG VIAL, 20 MG VIAL, 40 MG VIAL	\$0 (Tier 2)	
<i>nelarabine 250 mg/50 ml vial</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NINLARO 2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
NIPENT 10 MG VIAL	\$0 (Tier 2)	
ONCASPAR 3,750 UNIT/5 ML VIAL	\$0 (Tier 2)	
ONUREG 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (14 PER 28 DAYS)
<i>oxaliplatin 50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial</i>	\$0 (Tier 1)	
<i>paclitaxel 30 mg/5 ml vial, 100 mg/16.7 ml vial, 150 mg/25 ml vial, 300 mg/50 ml vial</i>	\$0 (Tier 1)	
<i>paraplatin 50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial, 1,000 mg/100 ml 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>pemetrexed 100 mg vial, 500 mg vial</i>	\$0 (Tier 1)	PA
<i>pemetrexed disodium 1 gm vial, 1 gm/40 ml, 100 mg vl, 100 mg/4ml, 500 mg vl, 500mg/20ml, 750 mg vl</i>	\$0 (Tier 1)	PA
<i>romidepsin 10 mg kit, 10 mg vial</i>	\$0 (Tier 1)	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	\$0 (Tier 2)	PA
RYLAZE 10 MG/0.5 ML VIAL	\$0 (Tier 2)	
SYNRIBO 3.5 MG/ML VIAL	\$0 (Tier 2)	PA
<i>thiotepa 15 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
TREANDA 25 MG VIAL, 100 MG VIAL	\$0 (Tier 2)	
TRISENOX 12 MG/6 ML VIAL	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>vinblastine sulfate 1 mg/ml vial</i>	\$0 (Tier 1)	PA
<i>vincasar pfs 1 mg/ml vial, 2 mg/2 ml vial</i>	\$0 (Tier 1)	PA
<i>vincristine sulfate 1 mg/ml vial, 2 mg/2 ml vial</i>	\$0 (Tier 1)	PA
<i>vinorelbine tartrate 10 mg/ml vial, 50 mg/5 ml vial</i>	\$0 (Tier 1)	
VYXEOS 44 MG-100 MG VIAL	\$0 (Tier 2)	PA
WELIREG 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
XPOVIO 40 MG TWICE, 80 MG ONCE, 100 MG ONCE	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)
XPOVIO 40 MG, 60 MG	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (32 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
<i>letrozole 2.5 mg tablet</i>	\$0 (Tier 1)	

Enzyme Inhibitors

ETOPOPHOS 100 MG 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>etoposide 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial</i>	\$0 (Tier 1)	
<i>irinotecan hcl 40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl</i>	\$0 (Tier 1)	
IWILFIN 192 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ONIVYDE 43 MG/10 ML VIAL	\$0 (Tier 2)	PA
<i>toposar 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial</i>	\$0 (Tier 1)	
<i>topotecan hcl 4 mg vial, 4 mg/4 ml vial</i>	\$0 (Tier 1)	
Molecular Target Inhibitors		
AFINITOR 2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 DISPERZ 2 MG TABLET, 5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
AKEEGA 50-500 MG TABLET, 100-500 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ALIQOPA 60 MG VIAL	\$0 (Tier 2)	PA
ALUNBRIG 30 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 iv vial, 3.5 mg vial</i>	\$0 (Tier 1)	PA
BOSULIF 100 MG CAPSULE, 100 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
CABOMETYX 20 MG TABLET, 40 MG TABLET, 60 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
CALQUENCE 100 MG CAPSULE, 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table 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 60 MG DAILY-DOSE PACK	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
COPIKTRA 15 MG CAPSULE, 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COTELLIC 20 MG TABLET	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
CYRAMZA 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
<i>dasatinib 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>dasatinib 50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
DAURISMO 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
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 for susp, 5 mg tab for susp, 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>everolimus 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
EXKIVITY 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
FARYDAK 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE	\$0 (Tier 2)	PA, QL (6 PER 21 DAYS)
FOTIVDA 0.89 MG CAPSULE, 1.34 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table 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)
ICLUSIG 10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 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
IDHIFA 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE, 420 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
INREBIC 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IRESSA 250 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JAKAFI 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JEVTANA 60 MG/1.5 ML KIT, 60 MG/1.5 ML VIAL	\$0 (Tier 2)	PA
KISQALI 200 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KRAZATI 200 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
KYPROLIS 10 MG VIAL, 30 MG VIAL, 60 MG VIAL	\$0 (Tier 2)	PA
<i>lapatinib 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
LENVIMA 12 MG DAILY, 18 MG DAILY, 24 MG DAILY	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LENVIMA 4 MG CAPSULE, 10 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LORBRENA 25 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LYNPARZA 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	\$0 (Tier 2)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MEKTOVI 15 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NERLYNX 40 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NEXAVAR 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ODOMZO 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	\$0 (Tier 2)	PA, QL (96 PER 28 DAYS)
OJJAARA 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>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)
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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REZLIDHIA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	\$0 (Tier 2)	PA, QL (336 PER 28 DAYS)
RUBRACA 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
RYDAPT 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>sorafenib 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
SPRYCEL 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SPRYCEL 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
STIVARGA 40 MG TABLET	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>sunitinib malate 25 mg capsule, 37.5 mg cap, 50 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SUTENT 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TABRECTA 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (840 PER 28 DAYS)
TAFINLAR 50 MG CAPSULE, 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAGRISSEO 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TALZENNA 0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TARCEVA 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TASIGNA 50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAZVERIK 200 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>temsirolimus 25 mg vial</i>	\$0 (Tier 1)	
TEPMETKO 225 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TIBSOVO 250 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TORISEL 25 MG KIT, 25 MG VIAL	\$0 (Tier 2)	
<i>torpenz 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>torpenz 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
TRUQAP 160 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TYKERB 250 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VENCLEXTA 100 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
VERZENIO 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VIZIMPRO 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VONJO 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VOTRIENT 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XOSPATA 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

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

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

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

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LUMOXITI 1 MG VIAL	\$0 (Tier 2)	PA
MARGENZA 250 MG/10 ML VIAL	\$0 (Tier 2)	PA
MONJUVI 200 MG VIAL	\$0 (Tier 2)	PA
MVASI 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
MYLOTARG 4.5 MG VIAL	\$0 (Tier 2)	PA
OGIVRI 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA
ONTRUZANT 150 MG VIAL, 420 MG VIAL	\$0 (Tier 2)	PA
OPDIVO 40 MG/4 ML VIAL, 100 MG/10 ML VIAL, 120 MG/12 ML VIAL, 240 MG/24 ML VIAL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PADCEV 20 MG VIAL, 30 MG VIAL	\$0 (Tier 2)	PA
PERJETA 420 MG/14 ML VIAL	\$0 (Tier 2)	PA
PHESGO 600-600 MG-20,000 UNIT, 1,200-600MG-30,000 UNIT	\$0 (Tier 2)	PA
POLIVY 30 MG VIAL, 140 MG VIAL	\$0 (Tier 2)	PA
PORTRAZZA 800 MG/50 ML VIAL	\$0 (Tier 2)	PA
POTELIGEO 20 MG/5 ML VIAL	\$0 (Tier 2)	PA
RIABNI 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
RITUXAN 100 MG/10 ML VIAL, 500 MG/50 ML VIAL	\$0 (Tier 2)	PA
RITUXAN HYCELA 1,400 MG-23,400, 1,600 MG-26,800	\$0 (Tier 2)	PA

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VECTIBIX 100 MG/5 ML VIAL, 400 MG/20 ML VIAL	\$0 (Tier 2)	PA
VEGZELMA 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
YERVOY 50 MG/10 ML VIAL, 200 MG/40 ML VIAL	\$0 (Tier 2)	PA
ZIRABEV 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA
ZYNLONTA 10 MG VIAL	\$0 (Tier 2)	PA
Retinoids		
<i>bexarotene 1% gel, 75 mg capsule</i>	\$0 (Tier 1)	PA
PANRETIN 0.1% GEL	\$0 (Tier 2)	PA
TARGRETIN 1% GEL, 75 MG CAPSULE	\$0 (Tier 2)	PA

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

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

tretinoin 10 mg capsule

\$0 (Tier 1)

PA

Treatment Adjuncts

COSELA 300 MG VIAL

\$0 (Tier 2)

dexrazoxane 250 mg vial, 500 mg vial

\$0 (Tier 1)

ELITEK 1.5 MG VIAL, 7.5 MG VIAL

\$0 (Tier 2)

mesna 1 gram/10 ml vial

\$0 (Tier 1)

MESNEX 400 MG TABLET

\$0 (Tier 2)

Antiparasitics

Anthelmintics

albendazole 200 mg tablet

\$0 (Tier 1)

benznidazole 12.5 mg tablet, 100 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
BILTRICIDE 600 MG TABLET	\$0 (Tier 2)	
<i>ivermectin 3 mg tablet</i>	\$0 (Tier 1)	PA
<i>praziquantel 600 mg tablet</i>	\$0 (Tier 1)	
STROMEKTOL 3 MG TABLET	\$0 (Tier 2)	PA
Antiprotozoals		
<i>atovaquone 750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup</i>	\$0 (Tier 1)	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl - 62.5-25, -250-100</i>	\$0 (Tier 1)	
<i>chloroquine phosphate 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
COARTEM TABLETS	\$0 (Tier 2)	
DARAPRIM 25 MG TABLET	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table 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>hydroxychloroquine sulfate 200 mg tab</i>	\$0 (Tier 1)	
MALARONE 62.5-25 MG PED TAB, 250-100 MG TABLET	\$0 (Tier 2)	
<i>mefloquine hcl 250 mg tablet</i>	\$0 (Tier 1)	
NEBUPENT 300 MG INHAL POWDER	\$0 (Tier 2)	PA
<i>nitazoxanide 500 mg tablet</i>	\$0 (Tier 1)	QL (20 PER 30 OVER TIME)
PENTAM 300 MG VIAL	\$0 (Tier 2)	
<i>pentamidine isethionate 300 mg inhal powdr</i>	\$0 (Tier 1)	PA
<i>pentamidine isethionate 300 mg inject vial</i>	\$0 (Tier 1)	
PLAQUENIL 200 MG TABLET	\$0 (Tier 2)	
<i>primaquine 26.3 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>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 50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln</i>	\$0 (Tier 1)	
<i>benztropine mesylate 0.5 mg tab, 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	PA
<i>carbidopa-levodopa-entacapone -50 mg-, -75 mg-, -100 mg-, -125 mg-, -150 mg-, -200 mg-</i>	\$0 (Tier 1)	
COMTAN 200 MG TABLET	\$0 (Tier 2)	
<i>entacapone 200 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TASMAR 100 MG TABLET	\$0 (Tier 2)	
<i>tolcapone 100 mg tablet</i>	\$0 (Tier 1)	
Dopamine Agonists		
APOKYN 30 MG/3 ML CARTRIDGE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl 30 mg/3 ml cartrdg</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate 2.5 mg tablet, 5 mg capsule</i>	\$0 (Tier 1)	
NEUPRO 1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH	\$0 (Tier 2)	
<i>pramipexole dihydrochloride 0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>ropinirole er er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet</i>	\$0 (Tier 1)	
<i>ropinirole hcl 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa 25 mg tablet</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa -levo 10-100 mg odt, -levo 25-100 mg odt, -levo 25-250 mg odt, -levodopa 10-100 tab, -levodopa 25-100 tab, -levodopa 25-250 tab</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er -er 25-100 tab, -er 50-200 tab</i>	\$0 (Tier 1)	
INBRIJA 42 MG INHALATION CAP	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
RYTARY ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP	\$0 (Tier 2)	
SINEMET 10-100 -MG TABLET	\$0 (Tier 2)	
SINEMET 25-100 -MG TABLET	\$0 (Tier 2)	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT 0.5 MG TABLET, 1 MG TABLET	\$0 (Tier 2)	
<i>rasagiline mesylate 0.5 mg tab, 1 mg tab</i>	\$0 (Tier 1)	
<i>selegiline hcl 5 mg capsule, 5 mg tablet</i>	\$0 (Tier 1)	

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

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

Antipsychotics

1st Generation/Typical

<i>fluphenazine decanoate 125 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>fluphenazine hcl 1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet</i>	\$0 (Tier 1)	PA
HALDOL DECANOATE 100 AMPUL	\$0 (Tier 2)	PA
HALDOL DECANOATE 50 AMPUL	\$0 (Tier 2)	PA
<i>haloperidol 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA
<i>haloperidol decanoate 100 mg/ml amp</i>	\$0 (Tier 1)	PA
<i>haloperidol decanoate 50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>haloperidol lactate 2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl</i>	\$0 (Tier 1)	PA
<i>loxapine 5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule</i>	\$0 (Tier 1)	PA
<i>molindone hcl 5 mg tablet, 10 mg tablet, 25 mg tablet</i>	\$0 (Tier 1)	PA
<i>pimozide 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	PA
<i>thioridazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	PA
<i>thiothixene 1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA
<i>trifluoperazine hcl 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA

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

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

2nd Generation/Atypical

ABILIFY 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ABILIFY 2 MG TABLET, 5 MG TABLET	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	\$0 (Tier 2)	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	\$0 (Tier 2)	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL	\$0 (Tier 2)	QL (1 PER 28 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (750 PER 30 DAYS)
<i>aripiprazole 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>aripiprazole 2 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (45 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>aripiprazole odt odt 10 mg tablet, odt 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	\$0 (Tier 2)	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	\$0 (Tier 2)	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	\$0 (Tier 2)	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	\$0 (Tier 2)	QL (3.2 PER 28 DAYS)
ARISTADA INITIO ER 675 MG/2.4	\$0 (Tier 2)	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
CAPLYTA 10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FANAPT TITRATION PACK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
GEODON 20 MG CAPSULE, 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA ER 3 MG TABLET, ER 9 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	\$0 (Tier 2)	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	\$0 (Tier 2)	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	\$0 (Tier 2)	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	\$0 (Tier 2)	QL (1 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INVEGA SUSTENNA 234 MG/1.5 ML	\$0 (Tier 2)	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	\$0 (Tier 2)	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	\$0 (Tier 2)	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	\$0 (Tier 2)	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	\$0 (Tier 2)	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	\$0 (Tier 2)	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	\$0 (Tier 2)	QL (2.63 PER 84 OVER TIME)
LATUDA 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lurasidone hcl 20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LYBALVI 5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
NUPLAZID 10 MG TABLET, 34 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>olanzapine 15 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>olanzapine 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (45 PER 30 DAYS)
<i>olanzapine odt odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>paliperidone er 6 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>paliperidone er er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
PERSERIS ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT	\$0 (Tier 2)	QL (1 PER 28 DAYS)
<i>quetiapine fumarate 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 300 mg tab, 400 mg tab</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate er er 150 mg tablet, er 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er er 50 mg tablet, er 300 mg tablet, er 400 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>risperidone 4 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>risperidone er er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial</i>	\$0 (Tier 1)	QL (2 PER 28 DAYS)
<i>risperidone odt 0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>risperidone odt 4 mg</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
SAPHRIS 2.5 MG TAB, 5 MG TAB, 10 MG TAB	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SECUADO 3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SEROQUEL 300 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SEROQUEL XR 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL XR 50 MG TABLET, 300 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	\$0 (Tier 2)	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	\$0 (Tier 2)	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	\$0 (Tier 2)	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	\$0 (Tier 2)	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	\$0 (Tier 2)	QL (0.7 PER 56 OVER TIME)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
UZEDY ER 50 MG/0.14 ML SYRINGE	\$0 (Tier 2)	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	\$0 (Tier 2)	QL (0.21 PER 28 DAYS)
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	\$0 (Tier 2)	QL (28 PER 28 DAYS)
<i>ziprasidone hcl 20 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ziprasidone hcl 60 mg capsule, 80 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate 20 mg/ml vial</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ZYPREXA 10 MG VIAL	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG VIAL, 405 MG VL KIT	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
Treatment-Resistant		
<i>clozapine 100 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>clozapine 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clozapine odt odt 25 mg tablet, odt 100 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
CLOZARIL 100 MG TABLET	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
CLOZARIL 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (540 PER 30 DAYS)

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

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

Antispasticity Agents

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

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY 30-120-15 MG TABLET, 50-200-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	\$0 (Tier 2)	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	\$0 (Tier 2)	QL (6 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DOVATO 50-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
GENVOYA TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET, 400 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ISENTRESS 25 MG TABLET CHEW, 100 MG TABLET CHEW	\$0 (Tier 2)	QL (180 PER 30 DAYS)
ISENTRESS HD 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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)

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

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

TIVICAY PD 5 MG TAB FOR SUSP	\$0 (Tier 2)	QL (360 PER 30 DAYS)
------------------------------	--------------	----------------------

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

DELSTRIGO 100-300-300 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EDURANT 25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>efavirenz 50 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate 600-200-300</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300, 600-300-300</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 100 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	\$0 (Tier 1)	QL (1200 PER 30 DAYS)
<i>nevirapine er 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI 600-300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI LO 400-300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<i>abacavir 20 mg/ml solution</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine -600-300 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CIMDUO 300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
COMPLERA TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DESCOVY 120-15 MG TABLET, 200-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>emtricitabine 200 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop - 100-150mg, -133-200mg, -167-250mg, -200-300mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 10 MG/ML SOLUTION	\$0 (Tier 2)	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPZICOM TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine -tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ODEFSEY TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	\$0 (Tier 2)	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	\$0 (Tier 2)	
<i>stavudine 15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tb</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SUSP	\$0 (Tier 2)	QL (180 PER 30 DAYS)
TRIZIVIR TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TRUVADA 100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 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 100 mg capsule</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	\$0 (Tier 1)	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON 90 MG VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 cap, 300 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
--	--------------	---------------------

<i>atazanavir sulfate 200 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
--------------------------------------	--------------	---------------------

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

<i>darunavir 800 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
--------------------------------	--------------	---------------------

EVOTAZ 300 MG-150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
-----------------------------	--------------	---------------------

<i>fosamprenavir calcium 700 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
--	--------------	----------------------

KALETRA 100-25 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
--------------------------	--------------	----------------------

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KALETRA 200-50 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	\$0 (Tier 2)	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	\$0 (Tier 2)	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir -80-20mg/ml</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 100-25mg tb</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 200-50mg tb</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
NORVIR 100 MG POWDER PACKET, 100 MG TABLET	\$0 (Tier 2)	QL (360 PER 30 DAYS)
PREZCOBIX 800 MG-150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	\$0 (Tier 2)	QL (400 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PREZISTA 150 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
<i>ritonavir 100 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
SYMTUZA 800-150-200-10 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	\$0 (Tier 2)	QL (270 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIRACEPT 625 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir 375 mg/5 ml vial</i>	\$0 (Tier 1)	
<i>ganciclovir sodium 500 mg vial</i>	\$0 (Tier 1)	PA
PREVYMIS 240 MG TABLET, 480 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VALCYTE 50 MG/ML SOLUTION, 450 MG TABLET	\$0 (Tier 2)	
<i>valganciclovir hcl hcl 50 mg/ml, 450 mg tablet</i>	\$0 (Tier 1)	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil 10 mg tab</i>	\$0 (Tier 1)	
BARACLUDGE 0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 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>entecavir 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	
<i>lamivudine 100 mg tablet</i>	\$0 (Tier 1)	
<i>lamivudine hbv 100 mg tablet</i>	\$0 (Tier 1)	
Anti-hepatitis C (HCV) Agents		
EPCLUSA 150-37.5 MG 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)	
<i>ledipasvir-sofosbuvir -90-400mg</i>	\$0 (Tier 1)	
<i>ribavirin 200 mg capsule, 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>sofosbuvir-velpatasvir -400-100</i>	\$0 (Tier 1)	
SOVALDI 150 MG PELLETT PACKET, 200 MG PELLETT PACKET, 200 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
VOSEVI 400-100-100 MG TABLET	\$0 (Tier 2)	
ZEPATIER 50-100 MG TABLET	\$0 (Tier 2)	
Anti-influenza Agents		
<i>oseltamivir phosphate 30 mg capsule</i>	\$0 (Tier 1)	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate 45 mg capsule, 75 mg capsule</i>	\$0 (Tier 1)	QL (84 PER 365 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml suspension</i>	\$0 (Tier 1)	QL (1080 PER 365 OVER TIME)
RELENZA 5 MG DISKHALER	\$0 (Tier 2)	QL (120 PER 365 OVER TIME)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TAMIFLU 30 MG CAPSULE	\$0 (Tier 2)	QL (168 PER 365 OVER TIME)
TAMIFLU 45 MG CAPSULE, 75 MG CAPSULE	\$0 (Tier 2)	QL (84 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	\$0 (Tier 2)	QL (1080 PER 365 OVER TIME)
XOFLUZA 40 MG TAB (80 MG DOSE), 40 MG TABLET	\$0 (Tier 2)	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	\$0 (Tier 2)	QL (2 PER 365 OVER TIME)

Antiherpetic Agents

<i>acyclovir 200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet</i>	\$0 (Tier 1)	
<i>acyclovir 5% ointment</i>	\$0 (Tier 1)	PA
<i>acyclovir sodium 500 mg/10 ml vial, 1,000 mg/20 ml vial</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table 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>famciclovir 125 mg tablet, 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
<i>valacyclovir 1 gram tablet, 500 mg tablet</i>	\$0 (Tier 1)	
VALTREX 1 GM, 500 MG	\$0 (Tier 2)	
ZOVIRAX 5% OINTMENT	\$0 (Tier 2)	PA

Anxiolytics

<i>alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>buspirone hcl 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	
<i>clonazepam 0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt, 2 mg tablet</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (360 PER 30 DAYS)
<i>diazepam 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5 ml oral cup, 5 mg/5 ml solution</i>	\$0 (Tier 1)	PA, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml, 25 mg/5 ml</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl 10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml cup, hcl 50 mg tablet</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table 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 pamoate 25 mg cap, 50 mg cap</i>	\$0 (Tier 1)	PA
<i>lorazepam 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tablet, 2 mg/ml oral concent</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol 2 mg/ml</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>oxazepam 10 mg capsule, 15 mg capsule, 30 mg capsule</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

Bipolar Agents

<i>lithium carbonate 150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap</i>	\$0 (Tier 1)	
<i>lithium carbonate er er 300 mg, er 450 mg</i>	\$0 (Tier 1)	
<i>lithium citrate 8 meq/5 ml soln cup, 8 meq/5 ml solution</i>	\$0 (Tier 1)	
LITHOBID ER 300 MG TABLET	\$0 (Tier 2)	

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

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

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ACTOS 15 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
ACTOS 30 MG TABLET, 45 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	\$0 (Tier 2)	PA, QL (3.4 PER 28 DAYS)
BYETTA 5 MCG PEN INJ, 10 MCG PEN INJ	\$0 (Tier 2)	PA, QL (2.4 PER 30 DAYS)
CYCLOSET 0.8 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FARXIGA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x 2</i>	\$0 (Tier 2)	
<i>glimepiride 1 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 er 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glipizide-metformin -2.5-250 mg</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide-metformin -2.5-500 mg, -5-500 mg</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 1.25 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glyburide micronized 1.5 mg tab</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glyburide micronized 3 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glyburide micronized 6 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl -1.25-250 mg</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glyburide-metformin hcl -2.5-500 mg, -5-500 mg</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
GLYXAMBI 10 MG-5 MG TABLET, 25 MG-5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	\$0 (Tier 2)	

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
KOMBIGLYZE XR 5-1,000 MG TAB, 5-500 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
MOUNJARO 2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table 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>pioglitazone hcl 30 mg tablet, 45 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone-glimepiride -30-2, -30-4</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin -15-500, -15-850</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
RYBELSUS 3 MG TABLET, 7 MG TABLET, 14 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er - metformin er 5-500, -metformn er 5-1000</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>saxagliptin-metformin er saxagliptn-2.5-1000</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNIT-MCG/ML PEN	\$0 (Tier 2)	QL (18 PER 30 DAYS)
SYMLINPEN 120 SYMLININJECTOR	\$0 (Tier 2)	
SYMLINPEN 60 SYMLININJECTOR	\$0 (Tier 2)	
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10-MG TABLET, 12.5-MG TAB	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK -18 MG/3 ML PEN	\$0 (Tier 2)	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK -18 MG/ML PEN	\$0 (Tier 2)	PA, QL (9 PER 30 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
XIGDUO XR 2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)

Glycemic Agents

BAQSIMI 3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK	\$0 (Tier 2)	QL (4 PER 30 DAYS)
--	--------------	--------------------

You can find information on what the symbols and abbreviations on this table 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>diazoxide 50 mg/ml oral susp</i>	\$0 (Tier 1)	
GLUCAGEN 1 MG HYPOKIT	\$0 (Tier 2)	QL (4 PER 30 DAYS)
GLUCAGON EMERGENCY KIT GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG VIAL	\$0 (Tier 2)	QL (4 PER 30 DAYS)
GVOKE 1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK -PK 1 MG/0.ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE 1PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE -PK 1 MG/0.ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE 2PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
PROGLYCEM 50 MG/ML ORAL SUSP	\$0 (Tier 2)	
Insulins		
HUMALOG 100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN JR 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 - VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 - VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table 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 N KWIKPEN 100 UIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R U-500 KWIKPEN UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R U-500 UNIT/ML VIAL	\$0 (Tier 2)	PA
<i>inpen (for humalog) blue, grey, pink</i>	\$0 (Tier 2)	
<i>inpen (for novolog or fiasp) blue, grey, pink</i>	\$0 (Tier 2)	
<i>insulin pen needle</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 1 ml</i>	\$0 (Tier 2)	
<i>insulin syringe (disp) u-100 1/2 ml</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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 syringe u-500 bd -1/2ml 6mmx31g</i>	\$0 (Tier 2)	
LANTUS 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	\$0 (Tier 2)	
<i>novopen echo insulin device</i>	\$0 (Tier 2)	
<i>omnipod 5 (g6/libre 2 plus)</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>omnipod 5 dexg7g6 intro(gen 5)</i>	\$0 (Tier 2)	
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	\$0 (Tier 2)	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	\$0 (Tier 2)	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	\$0 (Tier 2)	
<i>omnipod 5 intro(g6/libre2plus)</i>	\$0 (Tier 2)	
<i>omnipod classic pdm kit(gen 3)</i>	\$0 (Tier 2)	
<i>omnipod classic pods (gen 3) pods(gen3) 5pk</i>	\$0 (Tier 2)	
<i>omnipod dash intro kit (gen 4)</i>	\$0 (Tier 2)	
<i>omnipod dash pdm kit (gen 4)</i>	\$0 (Tier 2)	
<i>omnipod dash pods (gen 4) 5pk</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>omnipod go pods 10 unit/day, 15 unit/day, 20 unit/day, 25 unit/day, 30 unit/day, 35 unit/day, 40 unit/day</i>	\$0 (Tier 2)	
TOUJEO MAX SOLOSTAR SOLOSTR 300 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>v-go 20 -disposable deice</i>	\$0 (Tier 2)	
<i>v-go 30 -disposable deice</i>	\$0 (Tier 2)	
<i>v-go 40 -disposable deice</i>	\$0 (Tier 2)	
<i>vgo 20 disposable device</i>	\$0 (Tier 2)	
<i>vgo 30 disposable device</i>	\$0 (Tier 2)	
<i>vgo 40 disposable device</i>	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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 110 mg cp</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dabigatran etexilate 75 mg cap, 150 mg cp</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET, DVT-PE TREAT START 5MG	\$0 (Tier 2)	QL (74 PER 30 DAYS)
<i>enoxaparin sodium 100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial</i>	\$0 (Tier 1)	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3 ml syr</i>	\$0 (Tier 1)	QL (9 PER 90 OVER TIME)
<i>enoxaparin sodium 40 mg/0.4 ml syr</i>	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)
<i>enoxaparin sodium 60 mg/0.6 ml syr</i>	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table 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 80 mg/0.8 ml, 120 mg/0.8 ml</i>	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 10 mg/0.8 ml syr</i>	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5 ml syr</i>	\$0 (Tier 1)	QL (15 PER 90 OVER TIME)
<i>fondaparinux sodium 5 mg/0.4 ml syr</i>	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)
<i>fondaparinux sodium 7.5 mg/0.6 ml syr</i>	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)
<i>heparin sodium sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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-d5w 20,000 unit/500 ml</i>	\$0 (Tier 1)	
<i>jantoven 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
LOVENOX 100 MG/ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL	\$0 (Tier 2)	QL (30 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	\$0 (Tier 2)	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	\$0 (Tier 2)	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	\$0 (Tier 2)	QL (18 PER 90 OVER TIME)
LOVENOX 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE	\$0 (Tier 2)	QL (24 PER 90 OVER TIME)
PRADAXA 110 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PRADAXA 75 MG CAPSULE, 150 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>warfarin sodium 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
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
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	\$0 (Tier 2)	PA

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

SYRINGE, 480 MCG/1.6
ML VIAL

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LEUKINE 250 MCG VIAL	\$0 (Tier 2)	PA
MOZOBIL 24 MG/1.2 ML VIAL	\$0 (Tier 2)	
NIVESTYM 300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL	\$0 (Tier 2)	PA
<i>plerixafor 24 mg/1.2 ml vial</i>	\$0 (Tier 1)	
PROCRIT 2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table 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
ZIEXTENZO 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
--------------	--	---

Hemostasis Agents

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

Platelet Modifying Agents

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

You can find information on what the symbols and abbreviations on this table 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 75 mg tablet</i>	\$0 (Tier 1)	
<i>dipyridamole 25 mg tablet, 50 mg tablet, 75 mg tablet</i>	\$0 (Tier 1)	
PLAVIX 75 MG TABLET	\$0 (Tier 2)	
<i>prasugrel hcl 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	

Cardiovascular Agents

Alpha-adrenergic Agonists

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

You can find information on what the symbols and abbreviations on this table 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 tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
MINIPRESS 1 MG CAPSULE, 2 MG CAPSULE, 5 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>phenoxybenzamine hcl 10 mg cap</i>	\$0 (Tier 1)	
<i>prazosin hcl 1 mg capsule, 2 mg capsule, 5 mg capsule</i>	\$0 (Tier 1)	
<i>terazosin hcl 1 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>terazosin hcl 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Angiotensin II Receptor Antagonists

ATACAND 32 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ATACAND 4 MG TABLET, 8 MG TABLET, 16 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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)

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

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

You can find information on what the symbols and abbreviations on this table 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>losartan potassium 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
MICARDIS 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>telmisartan 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>valsartan 40 mg tablet, 80 mg tablet, 160 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL 5 MG TABLET, 10 MG TABLET, 20 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
ALTACE 1.25 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	\$0 (Tier 2)	
<i>benazepril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	
<i>captopril 12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>enalapril maleate 2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>fosinopril sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	
<i>lisinopril 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	
LOTENSIN 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>moexipril hcl 7.5 mg tablet, 15 mg tablet</i>	\$0 (Tier 1)	
<i>perindopril erbumine 2 mg tab, 4 mg tab, 8 mg tab</i>	\$0 (Tier 1)	
<i>quinapril hcl 5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	
<i>ramipril 1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	
<i>trandolapril 1 mg tablet, 2 mg tablet, 4 mg tablet</i>	\$0 (Tier 1)	
VASOTEC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	
ZESTRIL 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table mean by going to page 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 tab, 100 mg tab, 150 mg tab</i>	\$0 (Tier 1)	
<i>lidocaine hcl 1% abboject, 1% syringe</i>	\$0 (Tier 1)	
<i>mexiletine hcl 150 mg capsule, 200 mg capsule, 250 mg capsule</i>	\$0 (Tier 1)	
MULTAQ 400 MG TABLET	\$0 (Tier 2)	
PACERONE 100 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	
<i>pacerone 200 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 tab, 300 mg tab</i>	\$0 (Tier 1)	
<i>propafenone hcl er er 225 mg cap, er 325 mg cap, er 425 mg cap</i>	\$0 (Tier 1)	
<i>quinidine gluconate er 324 mg tab</i>	\$0 (Tier 1)	
<i>quinidine sulfate 200 mg tab, 300 mg tab</i>	\$0 (Tier 1)	
RYTHMOL SR SR 225 MG CAPSULE, SR 325 MG CAPSULE, SR 425 MG CAPSULE	\$0 (Tier 2)	
<i>sorine 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	\$0 (Tier 1)	
<i>sotalol 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	\$0 (Tier 1)	
<i>sotalol af 80 mg tablet, 120 mg tablet, 160 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TIKOSYN 125 MCG CAPSULE, 250 MCG CAPSULE, 500 MCG CAPSULE	\$0 (Tier 2)	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl 200 mg capsule, 400 mg capsule</i>	\$0 (Tier 1)	
<i>atenolol 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>betaxolol hcl 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
BYSTOLIC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	
<i>carvedilol 3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>carvedilol er er 10 mg capsule, er 20 mg capsule, er 40 mg capsule, er 80 mg capsule</i>	\$0 (Tier 1)	
COREG CR CR 10 MG CAPSULE, CR 20 MG CAPSULE, CR 40 MG CAPSULE, CR 80 MG CAPSULE	\$0 (Tier 2)	
CORGARD 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	
INDERAL LA 60 MG CAPSULE, 80 MG CAPSULE, 120 MG CAPSULE, 160 MG CAPSULE	\$0 (Tier 2)	
INDERAL XL 80 MG CAPSULE, 120 MG CAPSULE	\$0 (Tier 2)	
INNOPRAN XL 80 MG CAPSULE, 120 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
LOPRESSOR 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
<i>metoprolol succinate er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab</i>	\$0 (Tier 1)	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>nadolol 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	\$0 (Tier 1)	
<i>nebivolol hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
<i>pindolol 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
<i>propranolol hcl 1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>propranolol hcl er er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule</i>	\$0 (Tier 1)	
TENORMIN 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
<i>timolol maleate 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
TOPROL XL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>felodipine er er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>isradipine 2.5 mg capsule, 5 mg capsule</i>	\$0 (Tier 1)	
<i>nicardipine hcl 20 mg capsule, 30 mg capsule</i>	\$0 (Tier 1)	
<i>nifedipine er er 30 mg tablet, er 60 mg tablet, er 90 mg tablet</i>	\$0 (Tier 1)	
<i>nimodipine 30 mg capsule</i>	\$0 (Tier 1)	
<i>nisoldipine er 8.5 mg tablet, er 17 mg tablet, er 25.5 mg tablet, er 34 mg tablet</i>	\$0 (Tier 1)	
NORVASC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
PROCARDIA XL 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	
SULAR ER 8.5 MG TABLET, ER 17 MG TABLET, ER 34 MG TABLET	\$0 (Tier 2)	

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

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

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM 30 MG TABLET, 60 MG TABLET, 120 MG TABLET	\$0 (Tier 2)	
CARDIZEM CD 120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE	\$0 (Tier 2)	
CARDIZEM LA 120 MG TABLET, 180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 360 MG TABLET, 420 MG TABLET	\$0 (Tier 2)	
<i>cartia xt 120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>dilt-xr 120 mg capsule, 180 mg capsule, 240 mg capsule</i>	\$0 (Tier 1)	
<i>diltiazem 12hr er er 60 mg cap, er 90 mg cap, er 120 mg cap</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (cd) er(cd) 120 mg, er(cd) 180 mg, er(cd) 240 mg, er(cd) 300 mg, er(cd) 360 mg</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (la) er(la) 120 mg, er(la) 180 mg, er(la) 240 mg, er(la) 300 mg, er(la) 360 mg, er(la) 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (xr) er(xr) 120 mg, er(xr) 180 mg, er(xr) 240 mg</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er er 120 mg cap, er 180 mg cap, er 240 mg cap, er 300 mg cap, er 360 mg cap, er 420 mg cap</i>	\$0 (Tier 1)	
<i>diltiazem hcl 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>matzim la 180 mg tablet, 240 mg tablet, 300 mg tablet, 360 mg tablet, 420 mg tablet</i>	\$0 (Tier 1)	
<i>taztia xt 120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule, 360 mg capsule</i>	\$0 (Tier 1)	
<i>tiadylt er er 120 mg capsule, er 180 mg capsule, er 240 mg capsule, er 300 mg capsule, er 360 mg capsule, er 420 mg capsule</i>	\$0 (Tier 1)	
TIAZAC ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE	\$0 (Tier 2)	
<i>verapamil er er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 er pm er 100 mg capsule, er 200 mg capsule, er 300 mg capsule</i>	\$0 (Tier 1)	
<i>verapamil hcl 40 mg tablet, 80 mg tablet, 120 mg tablet</i>	\$0 (Tier 1)	
<i>verapamil sr 120 mg capsule, 180 mg capsule, 240 mg capsule, 360 mg capsule</i>	\$0 (Tier 1)	
VERELAN 120 MG CAP PELLETT, 180 MG CAP PELLETT, 240 MG CAP PELLETT, 360 MG CAP PELLETT	\$0 (Tier 2)	
VERELAN PM 100 MG CAP PELLETT, 200 MG CAP PELLETT, 300 MG CAP PELLETT	\$0 (Tier 2)	
Cardiovascular Agents, Other		
ACCURETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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</i>	\$0 (Tier 1)	
<i>acetazolamide er 500 mg cap</i>	\$0 (Tier 1)	
ALDACTAZIDE 25-25 TABLET	\$0 (Tier 2)	
<i>aliskiren 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide hcl-hctz 5-50 mg tab</i>	\$0 (Tier 1)	
<i>amlodipine besylate-benazepril -2.5-10, -5-10 mg, -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine-atorvastatin -2.5-40 mg, -5-10 mg, -5-20 mg, -5-40 mg, -5-80 mg, -10-10 mg, -10-20 mg, -10-40 mg, -10-80 mg, -2.5-10 mg, -2.5-20 mg</i>	\$0 (Tier 1)	
<i>amlodipine-olmesartan -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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-valsartan -5-160 mg, -5-320 mg, -10-160 mg, -10-320 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz --5-160-12.5 mg, --5-160-25 mg, --10-160-12.5mg, --10-160-25 mg, --10-320-25 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ATACAND HCT 16-12.5 MG TAB, 32-12.5 MG TAB, 32-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone -50-25, -100-25</i>	\$0 (Tier 1)	
AVALIDE 150-12.5 MG TABLET, 300-12.5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
AZOR 5-20 MG TABLET, 5-40 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide -5-6.25 mg tab, -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BENICAR HCT 20-12.5 MG TABLET, 40-12.5 MG TABLET, 40-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide - 10-6.25 mg tab, -2.5-6.25 mg tb, -5-6.25 mg tab</i>	\$0 (Tier 1)	
<i>candesartan-hydrochlorothiazid -16-12.5 mg tb, -32-12.5 mg tb, -32-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CORLANOR 5 MG TABLET, 7.5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	\$0 (Tier 2)	PA, QL (600 PER 30 DAYS)
DEMSER 250 MG CAPSULE	\$0 (Tier 2)	
<i>digitek 125 mcg tablet, 250 mcg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>digox 125 mcg tablet, 250 mcg 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>digoxin 0.05 mg/ml solution</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>digoxin 0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
DIOVAN HCT 80-12.5 MG TABLET, 160-12.5 MG TAB, 160-25 MG TABLET, 320-12.5 MG TAB, 320-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EDARBYCLOR 40-12.5 MG TABLET, 40-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide - 5-12.5 mg tab, -10-25 mg tablet</i>	\$0 (Tier 1)	
ENTRESTO 24 MG-26 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
ENTRESTO 49 MG-51 MG TABLET, 97 MG-103 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ENTRESTO SPRINKLE 6-6MG PELLETT, 15-16 MG PLT	\$0 (Tier 2)	QL (240 PER 30 DAYS)
EXFORGE 5-160 MG TABLET, 5-320 MG TABLET, 10-160 MG TABLET, 10-320 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EXFORGE HCT 5-160- 12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide - 10-12.5 mg tab, -20-12.5 mg tab</i>	\$0 (Tier 1)	
HYZAAR 50-12.5 TABLET, 100-12.5 TABLET, 100-25 TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide - 150-12.5 mg, -300-12.5 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 tab, -20-12.5 mg tab, -20-25 mg tab</i>	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide - 50-12.5 mg tab, -100-12.5 mg tab, -100-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
LOTENSIN HCT 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	\$0 (Tier 2)	
MAXZIDE 75 MG-50 MG TABLET	\$0 (Tier 2)	
MAXZIDE-25 MG 37.5 - TABLET	\$0 (Tier 2)	
<i>methazolamide 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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-hydrochlorothiazide -50-25 mg tab, -100-25 mg tab, -100-50 mg tab</i>	\$0 (Tier 1)	
<i>metyrosine 250 mg capsule</i>	\$0 (Tier 1)	
MICARDIS HCT 40-12.5 MG TABLET, 80-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz --20-5-12.5, --40-10-12.5, --40-10-25mg, --40-5-12.5, --40-5-25 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide -20-12.5 mg tab, -40-12.5 mg tab, -40-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pentoxifylline er 400 mg tab</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>ranolazine er er 500 mg tablet, er 1,000 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>spironolactone-hctz -25-25 tab</i>	\$0 (Tier 1)	
TEKTURNA 150 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine -40-10, -40-5 mg, -80-10, -80-5 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -40-12.5 mg tb, -80-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -hctz 80-12.5 mg tb</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
TENORETIC 100 TABLET	\$0 (Tier 2)	
TENORETIC 50 TABLET	\$0 (Tier 2)	
<i>trandolapril-verapamil er -er 1-240 mg, -er 2-180 mg, -er 2-240 mg, -er 4-240 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>triamterene-hydrochlorothiazid -37.5-25 mg cp, -37.5-25 mg tb, -75-50 mg tab</i>	\$0 (Tier 1)	
TRIBENZOR 20-5-12.5 MG TABLET, 40-10-12.5 MG TABLET, 40-10-25 MG TABLET, 40-5-12.5 MG TABLET, 40-5-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide -80-12.5 mg tab, -160-12.5 mg tab, -160-25 mg tab, -320-12.5 mg tab, -320-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VASERETIC 10-25 MG TABLET	\$0 (Tier 2)	
VERQUVO 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ZESTORETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZIAC 2.5-6.25 MG TABLET, 5-6.25 MG TABLET, 10-6.25 MG TABLET	\$0 (Tier 2)	
Diuretics, Loop		
<i>bumetanide 0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial</i>	\$0 (Tier 1)	
<i>furosemide 10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syringe, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl</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)	

You can find information on what the symbols and abbreviations on this table 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, Potassium-sparing

ALDACTONE 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
<i>amiloride hcl 5 mg tablet</i>	\$0 (Tier 1)	
<i>eplerenone 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
INSPRA 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	
KERENDIA 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>spironolactone 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	

Diuretics, Thiazide

<i>chlorthalidone 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide 12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>indapamide 1.25 mg tablet, 2.5 mg tablet</i>	\$0 (Tier 1)	
<i>metolazone 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate 43 mg capsule, 48 mg tablet, 54 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fenofibrate 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>gemfibrozil 600 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
LOPID 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

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

Dyslipidemics, HMG CoA Reductase Inhibitors

<i>atorvastatin calcium 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CRESTOR 40 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
CRESTOR 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
LIPITOR 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>lovastatin 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>simvastatin 5 mg tablet, 10 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Dyslipidemics, Other		
<i>cholestyramine light packet, powder</i>	\$0 (Tier 1)	
<i>cholestyramine packet, powder</i>	\$0 (Tier 1)	
COLESTID 1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET	\$0 (Tier 2)	
<i>colestipol hcl 1 gm tablet, granules, granules packet</i>	\$0 (Tier 1)	
<i>ezetimibe 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin -10-10 mg, -10-20 mg, -10-40 mg, -10-80 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>icosapent ethyl 0.5 gm capsule, 500 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
JUXTAPID 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE	\$0 (Tier 2)	PA
LOVAZA 1 GM CAPSULE	\$0 (Tier 2)	
<i>niacin er 500 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>niacin er er 750 mg tablet, er 1,000 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>omega-3 acid ethyl esters -1 gm cap</i>	\$0 (Tier 1)	
<i>prevalite packet, powder</i>	\$0 (Tier 1)	
REPATHA PUSHTRONEX 420 MG/3.5ML PUSHTRONX	\$0 (Tier 2)	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK 140 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)

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

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

Vasodilators, Direct-acting Arterial

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE 5 MG TAB	\$0 (Tier 2)	
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate er er 30 mg tb, er 60 mg tb, er 120 mg</i>	\$0 (Tier 1)	
NITRO-BID -2% OINTMENT	\$0 (Tier 2)	
<i>nitroglycerin 0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray</i>	\$0 (Tier 1)	
<i>nitroglycerin patch 0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch</i>	\$0 (Tier 1)	
NITROLINGUAL 400 MCG SPRAY	\$0 (Tier 2)	

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

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

ADDERALL XR 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DEXEDRINE 10 MG, 15 MG	\$0 (Tier 2)	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	\$0 (Tier 2)	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 tab</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate 5 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er er 10 mg cap, er 15 mg cap</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er -er 5 mg cap, -er 10 mg cap, -er 15 mg cap, -er 20 mg cap, -er 25 mg cap, -er 30 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -20 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -amphetamine 7.5 mg tab, -amphetamine 12.5 mg tab, -amphetamine 10 mg tab, -amphetamine 15 mg tab, -amphetamine 30 mg tab, -amphetamine 5 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>lisdexamfetamine dimesylate</i> 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VYVANSE 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
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)

You can find information on what the symbols and abbreviations on this table 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>atomoxetine hcl 60 mg capsule, 80 mg capsule, 100 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
FOCALIN 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5 ml sol</i>	\$0 (Tier 1)	PA, QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 5 mg/5 ml soln</i>	\$0 (Tier 1)	PA, QL (450 PER 30 DAYS)
RITALIN 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
STRATTERA 10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
STRATTERA 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Central Nervous System, Other

AUSTEDO 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AUSTEDO 9 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG	\$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
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)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	\$0 (Tier 2)	PA, QL (28 PER 28 DAYS)
NUEDEXTA 20-10 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>riluzole 50 mg tablet</i>	\$0 (Tier 1)	
<i>tetrabenazine 12.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XENAZINE 25 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA ER 10 MG TABLET	\$0 (Tier 2)	PA
AVONEX 30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
AVONEX PEN 30 MCG/0.5 ML KIT	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
BETASERON 0.3 MG KIT, 0.3 MG VIAL	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	\$0 (Tier 2)	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er 10 mg tablet</i>	\$0 (Tier 1)	PA
<i>dimethyl fumarate 30d start pk, dr 120 mg cp, dr 240 mg cp</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fingolimod 0.5 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN 20 MG/0.4 ML	\$0 (Tier 2)	PA, QL (1.6 PER 28 DAYS)
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)

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

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

Dental and Oral Agents

<i>cevimeline hcl 30 mg capsule</i>	\$0 (Tier 1)
-------------------------------------	--------------

You can find information on what the symbols and abbreviations on this table 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>chlorhexidine gluconate 0.12% 15 ml cup, 0.12% rinse</i>	\$0 (Tier 1)	
KEPIVANCE 5.16 MG VIAL, 6.25 MG VIAL	\$0 (Tier 2)	
<i>kourzeq 0.1% dental paste</i>	\$0 (Tier 1)	
<i>oralone 0.1% paste</i>	\$0 (Tier 1)	
<i>periogard 0.12% oral rinse</i>	\$0 (Tier 1)	
<i>pilocarpine hcl 5 mg tablet, 7.5 mg tablet</i>	\$0 (Tier 1)	
SALAGEN 5 MG TABLET, 7.5 MG TABLET	\$0 (Tier 2)	
<i>triamcinolone acetonide 0.1% paste</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>acutane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
<i>acitretin 10 mg capsule, 17.5 mg capsule, 25 mg capsule</i>	\$0 (Tier 1)	
ACNE MEDICATION ACNE MEDICATION 2.5% GEL, ACNE MEDICATION 5% GEL, ACNE MEDICATION 10% GEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>adapalene 0.1% gel, cvs 0.1% gel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>amnesteem 10 mg capsule, 20 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
AVITA 0.025% CREAM, 0.025% GEL	\$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>azelaic acid 15% gel</i>	\$0 (Tier 1)	
AZELEX 20% CREAM	\$0 (Tier 2)	
BENZAMYCIN GEL	\$0 (Tier 2)	
<i>benzoyl peroxide 2.5% gel, 5% gel, 5% wash, 10% gel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>claravis 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
<i>clindamycin-benzoyl peroxide - benzoyl 1-5%, -bnz 1-5% pmp</i>	\$0 (Tier 1)	
DIFFERIN 0.1% GEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>doxycycline ir-dr -40 mg cap</i>	\$0 (Tier 1)	
<i>erythromycin-benzoyl peroxide -gel</i>	\$0 (Tier 1)	
FINACEA 15% FOAM, 15% GEL	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>isotretinoin 10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
KLARON 10% LOTION	\$0 (Tier 2)	
<i>myorisan 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
ORACEA 40 MG CAPSULE	\$0 (Tier 2)	
RETIN-A -0.01% GEL, -0.025% CREM, -0.025% GEL, -0.05% CREM, -0.1% CREM	\$0 (Tier 2)	PA
<i>sulfacetamide sodium sod 10% top susp, sodium 10% lotn</i>	\$0 (Tier 1)	
<i>tazarotene 0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel</i>	\$0 (Tier 1)	PA
TAZORAC 0.05% CREAM, 0.05% GEL, 0.1% GEL	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table 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>tretinoin 0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream</i>	\$0 (Tier 1)	PA
<i>zenatane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
DERMATITIS AND PRUITUS AGENTS		
ALA-CORT -1% CREAM	\$0 (Tier 2)	
<i>ala-cort -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>alclometasone dipropionate dipr 0.05% oint, dipro 0.05% crm</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ammonium lactate 12% cream, 12% lotion</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>anti-itch cvs, eql, gs, qc, ra</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>anti-itch with aloe qc -1% crm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 diprop augmented 0.05% crm, 0.05% gel, 0.05% oin</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>betamethasone diprop augmented dp 0.05% lot</i>	\$0 (Tier 1)	QL (210 PER 30 DAYS)
<i>betamethasone dipropionate 0.05% crm, 0.05% oint</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>betamethasone dipropionate dp 0.05% lot</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone valerate 0.1% lotion</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone valerate va 0.1% cream, valer 0.1% ointm</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% cream, 0.05% gel, 0.05% ointment</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% shampoo</i>	\$0 (Tier 1)	QL (236 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>clobetasol propionate 0.05% solution, prop 0.05% foam</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>clodan 0.05% shampoo</i>	\$0 (Tier 1)	QL (236 PER 30 DAYS)
<i>desonide 0.05% cream, 0.05% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>desoximetasone 0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
DIPROLENE 0.05% OINTMENT	\$0 (Tier 2)	QL (200 PER 28 DAYS)
<i>doxepin hcl 5% cream</i>	\$0 (Tier 1)	PA
ELIDEL 1% CREAM	\$0 (Tier 2)	PA
<i>fluocinolone acetonide 0.01% body, 0.01% scalp</i>	\$0 (Tier 1)	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide 0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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, 0.05% gel, 0.05% ointment, 0.05% solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluocinonide-e -0.05% cram</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluticasone propionate 0.005% oint, 0.05% cream</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>halobetasol propionate 0.05% cream, 0.05% ointmnt</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>hydrocortisone 0.5% cream, 1% cream, 1% ointment, cvs 1% cream, cvs 1% ointment, eq 1% cream, gnp 1% cream, gnp 1% ointment, qc 1% cream, ra 1% cream, sm 1% cream, sm 1% ointment</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>hydrocortisone 2.5% lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>hydrocortisone acetate 0.5% cream, gnp 0.5% crm</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>hydrocortisone acetate gnp hydrocort acetate 1% cr, hydrocortisone 1% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>hydrocortisone butyrate 0.1% soln</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>hydrocortisone plus 1% cream, sb 1% crm, sm 1% crm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>hydrocortisone valerate 0.2% cream, 0.2% ointmt</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone-aloe -1% cream, eq -1% crm, sm -1% crm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
LOCOID LIPOCREAM 0.1%	\$0 (Tier 2)	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% cream, 0.1% oint</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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% soln</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>monistat care 1% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pimecrolimus 1% cream</i>	\$0 (Tier 1)	PA
<i>prednicarbate 0.1% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
PRUDOXIN 5% CREAM	\$0 (Tier 2)	PA
<i>selenium sulfide 2.5% lotion</i>	\$0 (Tier 1)	
<i>tacrolimus 0.03%, 0.1%</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide 0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide 0.025% lotion, 0.1% lotion, 0.5% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>triderm 0.1%, 0.5%</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
ZONALON 5% CREAM	\$0 (Tier 2)	PA
Dermatological Agents, Other		
<i>asperflex lidocaine 4% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
BETADINE 10% SOLUTION	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcipotriene 0.005% cream, 0.005% ointment, 0.005% solution</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>calcitrene 0.005% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone -crm, -lot</i>	\$0 (Tier 1)	
<i>diclofenac sodium 3% gel</i>	\$0 (Tier 1)	PA
EFUDEX 5% CREAM	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>fluorouracil 0.5% cream, 2% topical soln, 5% cream, 5% topical soln</i>	\$0 (Tier 1)	
<i>imiquimod 5% cream packet</i>	\$0 (Tier 1)	PA
<i>lidocaine 4% cream</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>methoxsalen 10 mg capsule, 10 mg softgel</i>	\$0 (Tier 1)	
<i>nystatin-triamcinolone -cream, -ointm</i>	\$0 (Tier 1)	
OTEZLA 10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	PA
<i>podofilox 0.5% topical soln</i>	\$0 (Tier 1)	
<i>povidone-iodine -10% solution, cvs -10% soln, qc -10% soln, sm -10% soln</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
REGGRANEX 0.01% GEL	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
RENOVA 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RENOVA PUMP 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SANTYL OINTMENT	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SILVADENE 1% CREAM	\$0 (Tier 2)	
<i>silver sulfadiazine 1% cream</i>	\$0 (Tier 1)	
SSD 1% CREAM	\$0 (Tier 2)	

Pediculicides/Scabicides

<i>ivermectin 1% cream</i>	\$0 (Tier 1)	PA
<i>lice killing cvs shampoo, eq shampoo, eq shampoo, gs 1 % crm rinse, gs shampoo, sb shampoo, shampoo, sm shampoo</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lice treatment 1% creme rinse, cvs 1% crm rins, gnp 1% crm rins, gnp shampoo, ra 1% crm rinse, shampoo, sm 1% crm rinse, sm permethrin</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lindane 1% shampoo</i>	\$0 (Tier 1)	
<i>malathion 0.5% lotion</i>	\$0 (Tier 1)	
OVIDE 0.5% LOTION	\$0 (Tier 2)	
<i>permethrin 5% cream</i>	\$0 (Tier 1)	
RENOVA 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RENOVA PUMP 0.02% CREAM	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SOOLANTRA 1% CREAM	\$0 (Tier 2)	PA

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

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

Topical Anti-infectives

ACNE MEDICATION 10% LOTION	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bacitracin 500 unit/gm ointmnt, qc 500 unit/gm oint</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>first aid antibiotic epl, gs</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
FIRST AID ANTISEPTIC 10% OINT	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>gentamicin sulfate 0.1% cream, 0.1% ointment</i>	\$0 (Tier 1)	
METROCREAM METRO0.75%	\$0 (Tier 2)	
METROGEL 1% GEL, 1% PUMP	\$0 (Tier 2)	
METROLOTION TOPICAL 0.75%	\$0 (Tier 2)	
<i>metronidazole 0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>mupirocin 2% cream, 2% ointment</i>	\$0 (Tier 1)	QL (30 PER 30 OVER TIME)
<i>rosadan 0.75% cream, 0.75% gel</i>	\$0 (Tier 1)	
<i>triple antibiotic cvs triple antibiotic ointment, eq triple antibiotic ointment, gnp triple antibiotic ointment, qc triple antibiotic ointment, ra triple antibiotic ointment, sm triple antibiotic ointment, triple antibiotic ointment, triple antibiotic ointment</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

Diagnostic Test Devices, Supplies, And Services

Diagnostics

<i>binaxnow covid ag card home tst</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>binaxnow covid-19 ag self test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>carestart covid-19 ag home tst</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>celltrion diatrust cov-19 home</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>clinitest covid-19 home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>covid-19 at-home test (eua)</i> <i>covid-19 -, cvs covid19</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ellume covid-19 home test</i> <i>covid19 (eua)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>flowflex covid-19 ag home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>genabio covid-19 rapid at-home</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>ihealth covid-19 ag home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>indicaid covid-19 ag home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>inteliswab covid-19 home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>lucira check-it covid home tst</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>on-go covid-19 ag at home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pilot covid-19 at-home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>quickvue at-home covid-19 test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>speedyswab covid-19 home test</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride 0.9% nacl irrigation</i>	\$0 (Tier 1)	
<i>calcium 250-vit d3 -125 tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 500 mg tablet, 600 mg tablet, cvs 600 mg tablet, gnp 600 mg tablet, ra 600 mg tablet, sm 600 mg tablet, sv 600 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 500-vit d3 500 mg-5 mcg tb, 500 mg-600 unit, 500-200 caplet, 500-200 tablet, 500-400 tablet, 500-600 caplet, 500-600 tablet, 500mg-10mcg tab, 500mg-15mcg tab, eq 500-400 tab, gnp 500-600 tab, sm 500-200 cplt, sm 500-400 tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600 + vit d with chew tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600+d plus minerals 600+d plus minerals tb, qc 600 mg-vit d tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600+minerals -tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600-vit d3 600 mg-20 mcg cplt, 600 mg-20 mcg tab, 600-20mcg(800 unit), 600-vit 400 tablet, 600-vit 800 caplet, cvs 600-vit 800 tab, eql 600-vit 800 tab, ra 600-vit 400 tab, sm 600-vit 400 tab, sm 600mg-20mcg tab</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 600-vit d3 600 mg-vit 10mcg tb, 600 mg-vit 5 mcg tb, 600-vit 200 tablet, 600-vit 400 caplet, 600-vit 800 tablet, cvs 600mg-20mcg tab, eq 600mg-20mcg tab, gnp 600 mg-800 unit, qc 600-vit 400 tab, sm 600-vit 800 tab, sv 600mg-20mcg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium 600-vit d3-mineral calcium 600--chew tb, ra cal 600--chew tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium carbonate carbonate 1.25 gm tab, 500 mg tablet, carb 500 (1,250) mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
CARBAGLU 200 MG TAB FOR SUSP	\$0 (Tier 2)	PA
<i>carglumic acid 200 mg tab susp</i>	\$0 (Tier 1)	PA
<i>chromium cl 40 mcg/10 ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>copper chloride 4 mg/10 ml vl</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>dextrose 2.5%-0.45% nacl -iv</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.2% nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.225% nacl -0.22iv sol</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.3% nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.33% nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.45% nacl -0.4iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.9% nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose in lactated ringers 5%-lr iv solution</i>	\$0 (Tier 1)	
FLORIVA 0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET, 1 MG CHEWABLE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>hi-cal ra -plus vitamin d tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
K-PHOS ORIGINAL - TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>kcl-d5w-0.2% nacl 10 meq/500 ml--0.2%nacl, 20 meq/l--0.2% nacl</i>	\$0 (Tier 1)	
<i>kcl-d5w-0.225% nacl 10meq/500ml--0.225%nacl, 20 meq/l--0.225% nacl</i>	\$0 (Tier 1)	
<i>kcl-d5w-0.45% nacl 10 meq/500ml--0.45%nacl, 10 meq/l--0.45% nacl, 20 meq/l--0.45% nacl, 30 meq/l--0.45% nacl, 40 meq/l--0.45% nacl</i>	\$0 (Tier 1)	
KLOR-CON 10 -MEQ TABLET	\$0 (Tier 2)	
KLOR-CON 8 -MEQ TABLET	\$0 (Tier 2)	
<i>klor-con m10 -tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KLOR-CON M15 - TABLET	\$0 (Tier 2)	
<i>klor-con m20 -tablet</i>	\$0 (Tier 1)	
<i>lactated ringers 1,000 ml, injection</i>	\$0 (Tier 1)	
<i>liquid calcium-vit d -softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium oxide 420 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium sulfate 50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml, 50% syringe</i>	\$0 (Tier 1)	
MAGOX 400 TABLET	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>manganese chloride 1 mg/10 ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mgo-400 -tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>multi-vitamin w-fluoride-iron multivit--0.25 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>multivitamin-iron-fluoride --0.25 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nu-mag -71.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oysco 500-vit d3 -200 tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oyster shell calcium 500 mg tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oyster shell calcium w-vit d 250 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oyster shell calcium-vit d3 250 mg-3.12mcg, 250-vit 125 tb, 500-vit 200 tb, 500mg-vit 5mcg, ra 500-vit 200</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>oyster shell calcium-vitamin d - tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet</i>	\$0 (Tier 1)	
<i>potassium chloride in d5lr kcl 20 meqd5w-lact ringer</i>	\$0 (Tier 1)	
<i>potassium chloride proamp cl 20 meq/10 ml conc</i>	\$0 (Tier 1)	
<i>potassium chloride-0.45% nacl 20 meq-na</i>	\$0 (Tier 1)	
<i>potassium chloride-dextrose 5% kcl 20 meq/l in d5w solution</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 citrate er er 5 tab, er 10 tb, er 15 tb</i>	\$0 (Tier 1)	
<i>pyridoxine hcl 100 mg/ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
SLOW-MAG -71.5 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>sodium chloride saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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-water 0.9%</i>	\$0 (Tier 1)	
<i>super calcium 600-vit d3</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>thiamine hcl 200 mg/2 ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

Electrolyte/Mineral/Metal Modifiers

CHEMET 100 MG CAPSULE	\$0 (Tier 2)	
<i>deferasirox 90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp</i>	\$0 (Tier 1)	PA
EXJADE 125 MG TABLET, 250 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	PA
JADENU 90 MG TABLET, 180 MG TABLET, 360 MG TABLET	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table 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>children's ferrous sulfate 15 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>chromium cl 40 mcg/10 ml vial</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>corvita tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cyanocobalamin injection 1,000 mcg/ml v1, 10,000 mcg/10ml, 30,000 mcg/30ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DEKAS ESSENTIAL DEKAS ESSENTIAL CAPSULE, DEKAS ESSENTIAL LIQUID	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DEKAS PLUS CHEWABLE TABLET, OCEANCAPS, SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DEKAS PLUS LIQUID	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>dextrose in water 5%-100 ml, 5%-1,000 ml, 5%-250 ml, 5%-50 ml, 5%-iv soln, 10%-iv solution</i>	\$0 (Tier 1)	
DIALYVITE 3000 3,000 TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE 5000 TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE SUPREME D IALYVITE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DIALYVITE ZINC WITH TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DRISDOL 1.25 MG (50,000 UNIT)	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ENLYTE SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ergocalciferol 200 mcg/ml drop, 8,000 unit/ml, 8,000 units/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fabb tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ferro-time -325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ferrous gluconate 324 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ferrous sulfate sulf 15 mg iron/ml drp, sulf ec 324 mg tablet, sulfate 325 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>folic acid 1 mg tablet, 5 mg/ml vial, 50 mg/10 ml vial, 1,000 mcg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
FOLTRATE TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fomepizole 1.5 gm/1.5 ml vial</i>	\$0 (Tier 1)	
<i>glucose in water 5%-100 ml, 5%-50 ml</i>	\$0 (Tier 1)	
<i>hydroxocobalamin 1,000 mcg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infant vitamin d 10 mcg/ml rp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>infant-toddler iron 15 mg/ml drop</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
INFUVITE ADULT BULK VIAL, VIAL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
INFUVITE PEDIATRIC BULK VIAL, VIAL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
INTRALIPID 20% IV FAT EMUL	\$0 (Tier 2)	PA
<i>iron 65 mg tablet, cvs 65 mg tablet, gnp 65 mg tablet, ra 65 mg tablet, sm 65 mg tablet, sm 325 mg tablet, sv 65 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>multi-vitamin w-fluoride-iron multivit--0.25 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>multivitamin with fluoride -fluor 0.25 mg tab chw, -fluor 0.25 mg/ml drop, -fluor 0.5 mg tab chew, -fluor 0.5 mg/ml drop, -fluoride 1 mg tab chw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>multivitamin-iron-fluoride --0.25 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NASCOBAL 500 MCG NASAL SPRAY	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NEPHPLEX RX TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
NUTRILIPID 20% IV FAT EMULSION	\$0 (Tier 2)	PA
<i>pediatric iron pharm chc 15mg/ml drp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pediatric vitamin d3 pharm choice 400 unit/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
POLY-VI-FLOR --0.25 MG DROP, --0.25 MG/ML DRP, --0.5 MG TAB CHEW, --1 MG TAB CHEW	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
POLY-VI-FLOR --0.25 MG TAB CHEW	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
POLY-VI-FLOR WITH IRON ---0.25 MG DROP, ---0.5 MG CHWTB	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
QUFLORA 0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP, 1 MG CHEW TAB	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
QUFLORA FE 0.25 MG CHEW TABLET, PED 0.25 MG/ML DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>renal caps softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
STROVITE ONE CAPLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TRAVASOL 10% SOLN VIAFLEX	\$0 (Tier 2)	PA
TRI-VI-FLOR --0.25 MG DROPS	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRI-VI-FLOR --0.5 MG DROPS	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tri-vite with fluoride --0.25 mg/ml, --0.5 mg/ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>triphrocaps softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TROPHAMINE 10% IV SOLUTION	\$0 (Tier 2)	PA
<i>virt-caps -softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>virt-gard -tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vit 3 bp capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
VITAL-D RX -TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamin d2 1.25mg(50,000 unit)</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>vitamin d3 10 mcg(400 unit)/ml, 10 mcg/ml drop, 10 mcg/ml liquid, 50 mcg (2,000 unit), 50 mcg capsule, 50 mcg softgel, cvs 50 mcg softgel, cvs 2,000 unit sfgl, eql 50 mcg softgel, sm 50 mcg softgel, 400 unit/ml liquid, 2,000 unit softgel, eql 2,000 unit sfgl, ra 2,000 unit sftgl, sm 2,000 unit sftgl, sv 2,000 unit sftgl</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamin d3 ra 2,000 unit sfgl</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>vitamin k1 - 0 mg/ml ampul</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>vitamins a,c,d and fluoride - 0.25 mg/ml, -0.5 mg/ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>water sterile for irrigation</i>	\$0 (Tier 1)	
<i>wee care 15 mg/1.25 ml susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>wescaps capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Phosphate Binders		
AURYXIA 210 MG TABLET	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
<i>calcium acetate 667 mg capsule, 667 mg gelcap, 667 mg tablet</i>	\$0 (Tier 1)	
FOSRENOL 500 MG TABLET CHEW	\$0 (Tier 2)	QL (90 PER 30 DAYS)
FOSRENOL 750 MG POWDER PACKET, 750 MG TABLET CHEW	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FOSRENOL MG POWDER PACK, MG TABLET CHEW	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 1,000 mg tb chw</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 500 mg tab chew</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>lanthanum carbonate 750 mg tab chew</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
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 gm powder packet</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>sevelamer carbonate 2.4 gm powder packet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	\$0 (Tier 1)	
VELPHORO 500 MG CHEWABLE TAB	\$0 (Tier 2)	QL (180 PER 30 DAYS)
Potassium Binders		
<i>kionex 15 gm/60 ml suspension</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 polystyrene sulfonate powder</i>	\$0 (Tier 1)	
SPS 15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP	\$0 (Tier 2)	
VELTASSA 8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET	\$0 (Tier 2)	

Gastrointestinal Agents

Anti-Constipation Agents

<i>clearlax eq, eql, ft, gnp, gnp packet, gs, packet, sm, sw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>constulose 10 gm/15 ml soln</i>	\$0 (Tier 1)	
ENEMEEZ MINI 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>enulose 10 gm/15 ml solution</i>	\$0 (Tier 1)	
<i>gavilax powder</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>generlac 10 gm/15 ml solution</i>	\$0 (Tier 1)	
<i>healthylax powder packet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lactulose 10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution</i>	\$0 (Tier 1)	
LINZESS 72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>anti-diarrheal anti-diarrheal 1 mg/7.5 ml sol, anti-diarrheal 1 mg/7.5 ml sus, anti-diarrheal 2 mg caplet, anti-diarrheal 2 mg softgel, anti-diarrheal 2 mg tablet, cvs anti-diarrheal 2 mg caplet, cvs anti-diarrheal 2 mg sftgel, eq anti-diarrheal 2 mg caplet, eq anti-diarrheal 2 mg sftgel, eql anti-diarrheal 2 mg caplet, ft anti-diarrheal 2 mg softgel, gnp anti-diarrheal 2 mg caplet, gnp anti-diarrheal 2 mg sftgel, gnp anti-diarrheal 2 mg tablet, gs anti-diarrheal 1 mg/7.5 ml, gs anti-diarrheal 2 mg caplet, qc anti-diarrheal 2 mg caplet, qc anti-diarrheal 2 mg softgel, ra anti-diarrheal 2 mg caplet, ra anti-diarrheal 2 mg softgel, sm anti-diarrheal 1 mg/7.5 ml, sm anti-diarrheal 2 mg caplet, sm anti-diarrheal 2 mg softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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-atropine -2.5-0.025</i>	\$0 (Tier 1)	PA
<i>loperamide 1 mg/7.5 ml liquid, 1 mg/7.5 ml soln, 1 mg/7.5 ml susp, cvs 1 mg/7.5 ml sus, eq 1 mg/7.5 ml susp, eq 1 mg/7.5 ml sus, gnp 1 mg/7.5 ml liq, ra 1 mg/7.5 ml susp, sm 1 mg/7.5 ml liq</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>loperamide 1 mg/7.5ml soln, 2 mg/15 ml soln</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>loperamide 2 mg capsule</i>	\$0 (Tier 1)	
LOTRONEX 0.5 MG TABLET, 1 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>polyethylene glycol 3350 powd</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
VIBERZI 75 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
XERMELO 250 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

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

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

Antispasmodics, Gastrointestinal

<i>dicyclomine hcl 10 mg capsule, 10 mg/5 ml soln, 20 mg tablet</i>	\$0 (Tier 1)	PA
<i>glycopyrrolate 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	
<i>methscopolamine bromide 2.5 mg tb, 5 mg tab</i>	\$0 (Tier 1)	PA

Gastrointestinal Agents, Other

<i>acid gone antacid antliquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>advanced antacid-antigas - liquid, eql -liquid, gs -liquid, sm -liquid, sm -susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>almacone-2 -liquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aluminum hydroxide gel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>antacid 500 mg chew tablet, 500 mg chewable tablet, cvs 750 mg chew tablet, eq 500 mg chew tablet, eq liquid, eql 500 mg chew tablet, eql liquid, eql suspension, ft 500 mg chew tablet, gnp 500 mg chew tablet, gnp liquid, gs 500 mg chew tablet, liquid, qc 500 mg chew tablet, qc suspension, sm 500 mg chew tablet, sm suspension</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid ex-str tablet chew</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>antacid extra strength 750 mg chewable tablet, cvs 750 mg chew tablet, cvs ex-str 750 mg chew, cvs kids 750 mg chew, eq ex-str 750 mg chew, eql ex-str 750 mg chew, ex str 750 mg chew tab, ex-str 750 mg tab chew, ft ex-str 750 mg chew, gnp ex-str 750 mg chew, gs ex-str 750 mg chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>antacid extra strength cvs xtra str chew tab, eq extra str chew tab, gnp xtra str chew tab, qc xtra str chew tab, sm 750 mg chew tablet, sm xtra str chew tab, xtra strength chew tab</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>antacid plus anti-gas -liquid, -relf liq, gs -liq</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid plus gas relief gs, sw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid ultra strength cvs str tab chew, cvs tab chew, eq str tab chew, eq 1,000mg chew, eq str tab chew, str 1,000 mg chw, str tab chewable</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid-antigas -antigas liquid, -antigas suspension, anti-gas liquid, anti-gas max str liq, cvs -antigas liquid, eq -antigas max str, ft -antigas liquid, ft -antigas max str, gnp -antigas suspension, gnp anti-gas liquid, qc -antigas max str, qc -antigas suspension, ra -antigas liquid, sm -antigas liquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>antacid-gas relief gs, ra</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bisacodyl cvs 10 mg suppos, cvs ec 5 mg tablet, ec 5 mg tablet, gs ec 5 mg tablet, ra ec 5 mg tablet, 10 mg suppository</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bismatrol tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>bismuth-metronidazole-tetracyc --140-125-125</i>	\$0 (Tier 1)	
<i>cal-gest -500 mg tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>calcium antacid calcium 500 mg chw tab, calcium 750mg chew tab, calcium ex-str tablet, ex-str tablet chew, gs cal 500 mg chew tab, sm cal 500 mg chew tab, sm cal 750 mg chew tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 antacid calcium 750 mg tb chew, gs cal 750 mg chew tab</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>calcium carbonate carb 500 mg tab chew, carb 1,250 mg/5 ml cup, carb 1,250 mg/5 ml sus, carbonate 648 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
CHENODAL 250 MG TABLET	\$0 (Tier 2)	PA
COLACE -T 100 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
COLACE CLEAR 50 MG SOFTGEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>diarrhea relief qc rlf 262 mg/15 ml, relief 262 mg/15 ml, relief suspension</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>docusate calcium 240 mg capsule</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>docusate calcium 240 mg softgel</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>docusate sodium 250 mg softgel</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>docusate sodium sod 100 mg/10 ml cup, sodium 50 mg/5 ml cup, sodium 50 mg/5 ml liq, sodium 100 mg capsule, sodium 100 mg softgel, sodium 250 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>dok 100 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>dual action complete eql actn chew, gs action chw, sm action chw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>enema cvs enema ready to use, enema ready to use, enema ready to use, enema ready-to-use, eql enema ready to use, fleet enema, gnp enema ready to use, qc ready to use enema, ra enema twin pack, sm enema ready to use, sm enema ready to use twin pak</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>enema disposable cvs disposable</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fast relief laxative ra 10 mg supp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fiber powder sm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fiber sm</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fiber smooth ooth powder, ooth texture pwd</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fiber therapy eql</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
GATTEX 5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL	\$0 (Tier 2)	PA
<i>gavilyte-c -solution</i>	\$0 (Tier 1)	
<i>gavilyte-g -solution</i>	\$0 (Tier 1)	
<i>gavilyte-n -solutio</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GAVISCON EXTRA STRENGTH LIQUID, LIQUID	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>gentle laxative cvs ec 5 mg tb, 10 mg supp, cvs 10 mg supp, ec 5 mg tablet, eq dr 5 mg tab, eql ec 5 mg tb, ft 10 mg supp, gnp 10 mg supp, gnp ec 5 mg tb, sm ec 5 mg tab, 10 mg supposit, qc 10 mg supp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>geri-kot -8.6 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
GOLYTELY SOLUTION	\$0 (Tier 2)	
<i>heartburn relief cvs</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>konsyl psyllium fiber powder</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>laxative ec 5 mg tablet, ft ec 5 mg tablet, gnp ec 5 mg tablet, ra ec 5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>laxative suppository 10 mg, sm 10 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>loperamide 1 mg/7.5 ml liquid, 1 mg/7.5 ml soln, 1 mg/7.5 ml susp, cvs 1 mg/7.5 ml sus, eq 1 mg/7.5 ml susp, eq 1 mg/7.5 ml sus, gnp 1 mg/7.5 ml liq, ra 1 mg/7.5 ml susp, sm 1 mg/7.5 ml liq</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>loperamide 1 mg/7.5ml soln, 2 mg/15 ml soln</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
MAG-AL -LIQUID 30 ML CUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mag-al plus mag-al plus suspens 30 ml cup, mag-al plus suspension cup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mag-al plus xs -susp 30 ml cup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magic bullet 10 mg suppos</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>magnesium 400 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 oxide 400 mg tablet, sv 400 mg tab, 420 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>metoclopramide hcl 5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial</i>	\$0 (Tier 1)	
<i>mintox maximum strength susp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mintox plus tablet chewable</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>mintox suspension</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
MOVIPREP POWDER PACKET	\$0 (Tier 2)	
MYALEPT 11.3 MG (5 MG/ML) VIAL	\$0 (Tier 2)	PA
NULYTELY SOLUTION	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OCALIVA 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PEDIA-LAX ENEMA FLEET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>peg 3350-electrolyte -solution</i>	\$0 (Tier 1)	
<i>peg-3350 and electrolytes -soln</i>	\$0 (Tier 1)	
<i>peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691-1.01-5.9</i>	\$0 (Tier 1)	
<i>pink bismuth 262 mg tab chew, caplet, gnp 262 mg tb chw, gnp caplet, qc 262 mg caplet, qc 262 mg tab chw, ra 262 mg tab chw, ra caplet, tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PYLERA CAPSULE	\$0 (Tier 2)	
REGLAN 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
<i>saline enema ra</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>senna -time 8.6 mg tablet, 8.6 mg tablet, ra 8.6 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>senna lax -8.6 mg tablet, 8.6 mg tablet, gnp 8.6 mg tablet, gnp -8.6 mg tablet, ra -8.6 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>senna laxative 8.6 mg tablet, cvs 8.6 mg tab, eql 8.6 mg tab, ft 8.6 mg tab, gs 8.6 mg tab, sm 8.6 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>smooth antacid 750 mg chew tab, cvs 750 mg chew</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>smooth dissolving antacid dissolve chew</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>sod sulf-potass sulf-mag sulf -- sol</i>	\$0 (Tier 1)	
<i>sodium bicarbonate 10 grain tablet, 325 mg (5 gr) tb, 325 mg tablet, 650 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

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

stomach relief cvs relf 525 mg/30 ml, eq relief 262 mg/15 ml, eql rlf 262 mg/15 ml, eql rlf 525 mg/30 ml, ft relief 525 mg/30 ml, gnp rlf 262 mg/15 ml, gnp rlf 525 mg/30 ml, gs relief 525 mg/30 ml, ra relief 262 mg/15 ml, relief 262 mg chew tab, relief 262 mg/15 ml, relief 525 mg/30 ml, sm relief 262 mg/15 ml, sm relief 525 mg/30 ml

\$0 (Tier 2)

* (Medicaid Benefit Drug), *

stomach relief cvs rlf 262 mg caplet, cvs rlf 262 mg chew tb, eq rlf 262 mg chew tab, eql relief liquid, eql rlf 262 mg caplet, eql rlf 262 mg chew tb, eql rlf 525 mg/15 ml, ft rlf 262 mg caplet, ft rlf 262 mg chew tab, gnp relief 525mg/15 ml, gs rlf 262 mg chew tab, qc rlf 262 mg chew tab, relief 262 mg caplet, relief 525 mg/15 ml, rlf 262 mg/15 ml susp, rlf 525 mg/30 ml susp, sm relief caplet, sm relief liquid, sm rlf 262 mg caplet, sm rlf 262 mg

\$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.

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

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

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

<i>stool softener cvs stool softener 100 mg cap, cvs stool softener 100 mg sfgl, cvs stool softener 100 mg sftg, cvs stool softener 240 mg sfgl, cvs stool softener 250 mg sfgl, cvs stool softener softgel, eq stool softener 100 mg sftgl, eql stool softener 100 mg sfgl, ft stool softener 100 mg sftgl, ft stool softener 100 mg tab, ft stool softener 250 mg sftgl, gnp stool softener 100 mg sfgl, gnp stool softener 240 mg sfgl, gnp stool softener 250 mg sfgl, gs stool softener 100 mg sftgl, qc stool softener 100 mg sftgl, ra stool</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.

softener 100 mg cap, sm stool
softener 100 mg sftgl, sm stool
softener 100 mg tab, sm stool
softener 240 mg sftgl, sm stool
softener 250 mg sftgl, stool
softener 100 mg capsule, stool
softener 100 mg softgel, stool
softener 100 mg tablet, stool
softener 240 mg softgel, stool
softener 250 mg softgel, stool
softener 100 mg capsule, stool
softener 100 mg softgel, stool
softener 240 mg softgel, stool
softener 250 mg softgel

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SUPREP SUBOWEL KIT	\$0 (Tier 2)	
SUTAB SU1.479-0.225-0.188 GM	\$0 (Tier 2)	
TUMS KIDS 300 MG (750) CHEWTAB, 750 MG CHEWY BITES, 750 MG TABLET CHEWABLE, E-X TABLET CHEWABLE	\$0 (Tier 2)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 TABLET CHEWABLE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TUMS ULTRA 1,000 MG CHEW TAB, TABLET CHEWABLE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tums ultra strength chewy delights</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
TUMS X-STR -750 TABLET CHEWABLE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tussin dm eql cough-chest syr, gnp syrup, gs cough syrup, gs liquid, ra syrup, sm syrup, syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ultra strength antacid gnp ultra tab chew, sm calcium tab chew, ultra tablet chew</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>ursodiol 250 mg tablet, 300 mg capsule, 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>women's gentle laxative cvs ec 5 mg, ec 5 mg tab, gnp ec 5 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
XIFAXAN 550 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

<i>acid controller 20 mg tablet, cvs 20 mg tab, qc 10 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acid reducer 10 mg tablet, 20 mg tablet, eq 20 mg tablet, eq 200 mg tablet, gnp 20 mg tablet, gs 10 mg tablet, gs 20 mg tablet, ra 20 mg tablet, sm 10 mg tablet, sm 20 mg tablet, sm 200 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acid reducer complete complete tab chew, eq complet tb chw</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>antacid maximum strength eql max liq, hv max liquid, maximum liq, sm max 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
<i>antacid suspension</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>cimetidine 200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet</i>	\$0 (Tier 1)	
<i>famotidine 10 mg tablet, qc 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>famotidine 20 mg tablet, eq 20 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>famotidine 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial</i>	\$0 (Tier 1)	
<i>heartburn relief 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>nizatidine 150 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<i>omeprazole magnesium cvs dr 20 mg cp, cvs dr 20.6 mg, dr 20 mg cap, dr 20.6 mg cap, eq dr 20.6 mg, gnp dr 20 mg cp, qc dr 20.6 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

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

Protectants

CARAFATE 1 GM TABLET, 1 GM/10 ML SUSP	\$0 (Tier 2)	
CYTOTEC 100 MCG TABLET, 200 MCG TABLET	\$0 (Tier 2)	
<i>misoprostol 100 mcg tablet, 200 mcg tablet</i>	\$0 (Tier 1)	
<i>sucralfate 1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup</i>	\$0 (Tier 1)	

Proton Pump Inhibitors

<i>acid reducer 20 mg tablet, eq 20 mg tablet, gnp 20 mg tablet, gs 20 mg tablet, ra 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>acid reducer sm 20 mg tablet</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>esomeprazole magnesium dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>esomeprazole sodium 40 mg vial</i>	\$0 (Tier 1)	
<i>lansoprazole cvs dr 15 mg cap, eq dr 15 mg cap, eql dr 15 mg cap, gnp dr 15 mg cap, gs dr 15 mg cap, qc dr 15 mg cap, ra dr 15 mg cap, sm dr 15 mg cap</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lansoprazole dr 15 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS), * (Medicaid Benefit Drug), *
<i>lansoprazole dr 30 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
NEXIUM DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
NEXIUM DR 2.5 MG PACKET, DR 5 MG PACKET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NEXIUM I.V. 40 MG VIAL	\$0 (Tier 2)	
<i>omeprazole cvs dr 20 mg tablet, dr 20 mg tablet, eq dr 20 mg tablet, eql dr 20 mg tablet, gnp dr 20 mg tablet, gs dr 20 mg tablet, ra dr 20 mg tablet, sm dr 20 mg tablet, sw dr 20 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>omeprazole dr 10 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>omeprazole dr 20 mg capsule, dr 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>omeprazole magnesium cvs dr 20 mg cp, cvs dr 20.6 mg, dr 20 mg cap, dr 20.6 mg cap, eq dr 20.6 mg, gnp dr 20 mg cp, qc dr 20.6 mg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pantoprazole sodium 40 mg vial</i>	\$0 (Tier 1)	
<i>pantoprazole sodium dr 20 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 dr 40 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
PREVACID 24HR DR 15 MG CAPSULE	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PREVACID DR 30 MG CAPSULE	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sodium dr 20 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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

ALDURAZYME 2.9 MG/5 ML VIAL	\$0 (Tier 2)	
<i>betaine anhydrous 1 gram/scoop powder</i>	\$0 (Tier 1)	
BUPHENYL 500 MG TABLET	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CARNITOR 1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET	\$0 (Tier 2)	
CARNITOR SF 100 MG/ML ORAL SOL	\$0 (Tier 2)	
CEREZYME 400 UNIT VIAL	\$0 (Tier 2)	PA
CREON DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE	\$0 (Tier 2)	
<i>cromolyn sodium 100 mg/5 ml oral conc</i>	\$0 (Tier 1)	
CRYSVITA 10 MG/ML VIAL, 20 MG/ML VIAL, 30 MG/ML VIAL	\$0 (Tier 2)	PA
CYSTADANE 1 GRAM/SCOOP POWDER	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>javygtor 100 mg powder packet, 100 mg tablet, 500 mg powder packet</i>	\$0 (Tier 1)	PA
KUVAN 100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET	\$0 (Tier 2)	PA
<i>l-glutamine -gutamine 5 gram powder pkt</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table 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 1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup</i>	\$0 (Tier 1)	
<i>levocarnitine sf 1 g/10 ml sol</i>	\$0 (Tier 1)	
LUMIZYME 50 MG VIAL	\$0 (Tier 2)	
<i>miglustat 100 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
NAGLAZYME 5 MG/5 ML VIAL	\$0 (Tier 2)	
<i>nitisinone 2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule</i>	\$0 (Tier 1)	
ORFADIN 2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE	\$0 (Tier 2)	
PALYNZIQ 2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table 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 powder pkt, 100 mg tablet, 500 mg powder pkt</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate 500mg tb, powder</i>	\$0 (Tier 1)	PA
STRENSIQ 18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL	\$0 (Tier 2)	PA
VPRIV 400 UNITS VIAL	\$0 (Tier 2)	PA
VYNDAMAX 61 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VYNDAQEL 20 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>yargesa 100 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 er er 7.5 mg tablet, er 15 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
DETROL 1 MG TABLET, 2 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 er er 4 mg tablet, er 8 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
GEMTESA 75 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MYRBETRIQ ER 25 MG TABLET, ER 50 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	\$0 (Tier 2)	QL (300 PER 28 DAYS)
<i>oxybutynin chloride 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5 ml solution, 5 mg/5 ml syrup</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>oxybutynin chloride er cl 10 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>oxybutynin chloride er cl 15 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>oxybutynin chloride er cl 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>solifenacin succinate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er er 2 mg cap, er 4 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TOVIAZ ER 4 MG TABLET, ER 8 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>trospium chloride 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>trospium chloride er 60 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
AVODART 0.5 MG SOFTGEL	\$0 (Tier 2)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 -0.5-0.4</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
FLOMAX 0.4 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PROSCAR 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RAPAFLO 4 MG CAPSULE, 8 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>silodosin 4 mg capsule, 8 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tamsulosin hcl 0.4 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA 52 MG SYSTEM	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>decadron 0.5 mg tablet, 0.75 mg tablet, 4 mg tablet, 6 mg tablet</i>	\$0 (Tier 1)	
<i>dexamethasone 0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate 0.1 mg tablet</i>	\$0 (Tier 1)	
HEMADY 20 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>hidex 6 day 1.5 mg tablet</i>	\$0 (Tier 1)	
<i>hydrocortisone 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
MEDROL 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET	\$0 (Tier 2)	
<i>methylprednisolone 4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab</i>	\$0 (Tier 1)	
<i>methylprednisolone sodium succ 1 gm vl, 40 mg vl, 125 mg, 500 mg</i>	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml soln, 15mg/5ml soln cup</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 5 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml</i>	\$0 (Tier 1)	

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

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

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN 10,000 UNIT VL	\$0 (Tier 2)	PA
DDAVP 0.1 MG TABLET, 0.2 MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>desmopressin acetate 0.01% solution, 0.01% spray, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial</i>	\$0 (Tier 1)	
INCRELEX 40 MG/4 ML VIAL	\$0 (Tier 2)	
OMNITROPE 5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG	\$0 (Tier 2)	PA
PREGNYL 10,000 UNIT VIAL	\$0 (Tier 2)	PA

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

Androgens

ANDROGEL 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)
---	--------------	--------------------------

You can find information on what the symbols and abbreviations on this table 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>danazol 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	PA
DEPO-TESTOSTERONE -200 MG/ML, -200 MG/ML VL, -1,000MG/10ML	\$0 (Tier 2)	PA
<i>methyltestosterone 10 mg cap</i>	\$0 (Tier 1)	PA
<i>testosterone 1% (25mg/2.5g) pk</i>	\$0 (Tier 1)	PA, QL (225 PER 30 DAYS)
<i>testosterone 1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt</i>	\$0 (Tier 1)	PA, QL (300 PER 30 DAYS)
<i>testosterone 1.62% (2.5 g) pkt, 1.62% gel pump</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	\$0 (Tier 1)	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>testosterone cypionate 100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate testosterone 1,000 mg/5 ml, testosterone 200 mg/ml</i>	\$0 (Tier 1)	PA
Estrogens		
DEPO-ESTRADIOL -5 MG/ML VIAL	\$0 (Tier 2)	
DIVIGEL 0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET	\$0 (Tier 2)	
<i>dotti 0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch</i>	\$0 (Tier 1)	
ESTRACE 0.01% CREAM	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>estradiol (once weekly) 0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk)</i>	\$0 (Tier 1)	
<i>estradiol (twice weekly) 0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk)</i>	\$0 (Tier 1)	
<i>estradiol 0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt</i>	\$0 (Tier 1)	
<i>estradiol valerate 50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	
ESTRING 2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lyllana 0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch</i>	\$0 (Tier 1)	
MENEST 0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET	\$0 (Tier 2)	
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL	\$0 (Tier 2)	
VAGIFEM 10 MCG VAGINAL TAB	\$0 (Tier 2)	
<i>yuvafem 10 mcg insert, 10 mcg tablet</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>afirmelle -28 tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>altavera -28 tablet</i>	\$0 (Tier 1)	
<i>alyacen 1-35 28 tablet, 7-7-7-28 tablet</i>	\$0 (Tier 1)	
<i>amabelz 0.5 mg-0.1 mg tablet, 1 mg-0.5 mg tablet</i>	\$0 (Tier 1)	
<i>amethia 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>amethyst 90-20 mcg tablet</i>	\$0 (Tier 1)	
<i>apri 28 day tablet</i>	\$0 (Tier 1)	
<i>aranelle 28 tablet</i>	\$0 (Tier 1)	
<i>ashlyna 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>aubra -28 tablet</i>	\$0 (Tier 1)	
<i>aubra eq -28 tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>aurovela 1 mg-20 mcg tablet, 21 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>aurovela 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>aurovela fe 1-20 tablet, 1.5 mg-30 mcg tab</i>	\$0 (Tier 1)	
<i>aviane -28 tablet</i>	\$0 (Tier 1)	
<i>ayuna -28 tablet</i>	\$0 (Tier 1)	
<i>balziva 28 tablet</i>	\$0 (Tier 1)	
<i>blisovi 24 fe tablet</i>	\$0 (Tier 1)	
<i>blisovi fe 1-20 tablet, 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>briellyn tablet</i>	\$0 (Tier 1)	
<i>camrese 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>camrese lo tablet</i>	\$0 (Tier 1)	
<i>chateal -28 tablet</i>	\$0 (Tier 1)	
<i>chateal eq -28 tablet</i>	\$0 (Tier 1)	
COMBIPATCH 0.05-0.14 MG, 0.05-0.25 MG	\$0 (Tier 2)	
<i>cryselle -28 tablet</i>	\$0 (Tier 1)	
<i>cyred 28 day tablet</i>	\$0 (Tier 1)	
<i>cyred eq 28 day tablet</i>	\$0 (Tier 1)	
<i>dasetta 1-35-28 tablet, 7/7/7-28 tablet</i>	\$0 (Tier 1)	
<i>daysee 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>desogestr-eth estrad eth estra</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 - ee 0.15-0.03 mg tb</i>	\$0 (Tier 1)	
<i>dolishale 90-20 mcg tablet</i>	\$0 (Tier 1)	
<i>drospirenone-eth estra-levomef --3-0.02-0.451, --3-0.03-0.451</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol - 3-0.02 mg tab, -3-0.03 mg tab</i>	\$0 (Tier 1)	
<i>elinest -28 tablet</i>	\$0 (Tier 1)	
<i>eluryng vaginal ring</i>	\$0 (Tier 1)	
<i>emoquette 28 day tablet</i>	\$0 (Tier 1)	
<i>enpresse -28 tablet</i>	\$0 (Tier 1)	
<i>enskyce 28 tablet</i>	\$0 (Tier 1)	
<i>estarylla 0.25-0.035 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>estradiol-norethindrone acetat - 0.5-0.1 mg tb, -1-0.5 mg tab</i>	\$0 (Tier 1)	
<i>ethynodiol-ethinyl estradiol ynodiol--35mcg, ynodiol--50mcg</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol - ee vaginal ring</i>	\$0 (Tier 1)	
<i>falmina -28 tablet</i>	\$0 (Tier 1)	
<i>femynor 28 tablet</i>	\$0 (Tier 1)	
<i>gemmily 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	
<i>hailey 21 1.5 mg-30 mcg tab</i>	\$0 (Tier 1)	
<i>hailey 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>hailey fe 1-20 tablet, 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>haloette vaginal ring</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>iclevia 0.15 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>introvale 0.15-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>isibloom 28 day tablet</i>	\$0 (Tier 1)	
<i>jaimiess 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>jasmiel 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>jolessa 0.15 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>juleber 28 day tablet</i>	\$0 (Tier 1)	
<i>junel 1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet</i>	\$0 (Tier 1)	
<i>junel fe 1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet</i>	\$0 (Tier 1)	
<i>junel fe 24 tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>kaitlib fe 0.8-0.025mg chew tb</i>	\$0 (Tier 1)	
<i>kalliga 28 day tablet</i>	\$0 (Tier 1)	
<i>kariva 28 day tablet</i>	\$0 (Tier 1)	
<i>kelnor 1-35 -28 tablet</i>	\$0 (Tier 1)	
<i>kelnor 1-50 -tablet</i>	\$0 (Tier 1)	
<i>kurvelo -28 tablet</i>	\$0 (Tier 1)	
<i>larin 1.5 mg-30 mcg tablet, 21 1-20 tablet</i>	\$0 (Tier 1)	
<i>larin 24 fe 1 mg-20 mcg tablet</i>	\$0 (Tier 1)	
<i>larin fe 1-20 tablet, 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>larissia -28 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
LAYOLIS FE CHEWABLE TABLET	\$0 (Tier 2)	
<i>leena 28 tablet</i>	\$0 (Tier 1)	
<i>lessina -28 tablet</i>	\$0 (Tier 1)	
<i>levonest -28 tablet</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad eth estrad lvono-strad 0.15-0.03-0.01, lvonor-strad 0.1-0.02-0.01</i>	\$0 (Tier 1)	
<i>levonorgestrel-eth estradiol - estra 0.09-0.02 mg, -estrad 0.1-0.02 mg, -estrad 0.15-0.03, -estrad triphasic</i>	\$0 (Tier 1)	
<i>levora-28 -tablet</i>	\$0 (Tier 1)	
<i>lillow -28 tablet</i>	\$0 (Tier 1)	
<i>lo-zumandimine -3 mg-0.02 mg tb</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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)	
<i>lojaimiess 0.1-0.02-0.01 tab</i>	\$0 (Tier 1)	
<i>loryna 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
LOSEASONIQUE TABLET	\$0 (Tier 2)	
<i>low-ogestrel --28 tablet</i>	\$0 (Tier 1)	
<i>luteru -28 tablet</i>	\$0 (Tier 1)	
<i>marlissa -28 tablet</i>	\$0 (Tier 1)	
<i>merzee 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	
<i>microgestin 21 1-20 tablet, 21 1.5-30 tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>microgestin 24 fe 1 mg-20 mcg</i>	\$0 (Tier 1)	
<i>microgestin fe 1-20 tablet, 1.5-30 tab</i>	\$0 (Tier 1)	
<i>mili 0.25-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>mimvey 1-0.5 mg tablet</i>	\$0 (Tier 1)	
MIRCETTE 28 DAY TABLET	\$0 (Tier 2)	
<i>mono-lynyah -28 tablet</i>	\$0 (Tier 1)	
<i>necon 0.5-35-28 tablet</i>	\$0 (Tier 1)	
<i>nikki 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>norethin-eth estra-ferrous fum noret-estr-0.4-0.035(21)-75, norethin-estra-0.8-0.025 mg</i>	\$0 (Tier 1)	
<i>norethindron-ethinyl estradiol norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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-e.estradiol-iron -- 1 mg/20-30-35 mcg, --1-0.02(21)-75 tab, --1-0.02(24)-75 cap, --1.5-0.03mg(21)-75</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg</i>	\$0 (Tier 1)	
<i>nortrel 0.5-35-28 tablet, 1-35 21 tablet, 1-35 28 tablet, 7-7-7-28 tablet</i>	\$0 (Tier 1)	
NUVARING NUVAVAGINAL	\$0 (Tier 2)	
<i>nylia 1-35 28 tablet, 7-7-7-28 tablet</i>	\$0 (Tier 1)	
<i>nymyo 0.25-0.035 mg (28) tab</i>	\$0 (Tier 1)	
<i>ocella 3 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>orsythia -28 tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>philith 0.4-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>pimtrea 28 day tablet</i>	\$0 (Tier 1)	
<i>pirmella 1-35 28 tablet, 1-35-28 tablet, 7-7-7-28 tablet</i>	\$0 (Tier 1)	
<i>portia -28 tablet</i>	\$0 (Tier 1)	
PREMPHASE 0.625-5 MG TABLET	\$0 (Tier 2)	
PREMPRO 0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-2.5 MG TABLET, 0.625-5 MG TABLET	\$0 (Tier 2)	
<i>previfem tablet</i>	\$0 (Tier 1)	
<i>reclipsen 28 day tablet</i>	\$0 (Tier 1)	
SEASONIQUE 0.15-0.03-0.01 TAB	\$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>setlakin 0.15 mg-0.03 mg tab</i>	\$0 (Tier 1)	
<i>simliya 28 day tablet</i>	\$0 (Tier 1)	
<i>simpesse 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>sprintec 28 day tablet</i>	\$0 (Tier 1)	
<i>sronyx 0.10-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>syeda 28 tablet</i>	\$0 (Tier 1)	
<i>tarina 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>tarina fe 1-20 eq -tablet</i>	\$0 (Tier 1)	
<i>tarina fe 1-20 tablet</i>	\$0 (Tier 1)	
<i>tilia fe 28 tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>tri femynor 28 tablet</i>	\$0 (Tier 1)	
<i>tri-estarylla -tablet</i>	\$0 (Tier 1)	
<i>tri-legest fe --28 day tablet</i>	\$0 (Tier 1)	
<i>tri-linyah -tablet</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla --tablet</i>	\$0 (Tier 1)	
<i>tri-lo-marzia --tablet</i>	\$0 (Tier 1)	
<i>tri-lo-mili --tablet</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec --tablet</i>	\$0 (Tier 1)	
<i>tri-mili -28 tablet</i>	\$0 (Tier 1)	
<i>tri-nymyo -28 tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>tri-previfem -tablet</i>	\$0 (Tier 1)	
<i>tri-sprintec -tablet</i>	\$0 (Tier 1)	
<i>tri-vylibra -28 tablet</i>	\$0 (Tier 1)	
<i>tri-vylibra lo -tablet</i>	\$0 (Tier 1)	
<i>trivora-28 -tablet</i>	\$0 (Tier 1)	
TYBLUME 0.1-0.02 MG CHEW TAB	\$0 (Tier 2)	
<i>tydemy 3-0.03-0.451 mg tablet</i>	\$0 (Tier 1)	
<i>velivet 28 day tablet</i>	\$0 (Tier 1)	
<i>vestura 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>vienva -28 tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>viorele 28 day tablet</i>	\$0 (Tier 1)	
<i>volnea 0.15-0.02-0.01 mg tab</i>	\$0 (Tier 1)	
<i>vyfemla 0.4 mg-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>vylibra 28 tablet</i>	\$0 (Tier 1)	
<i>wera 0.5/0.035 mg 28 tablet</i>	\$0 (Tier 1)	
<i>wymzya fe 0.4-0.035 mg chew tb</i>	\$0 (Tier 1)	
YASMIN 28 TABLET	\$0 (Tier 2)	
YAZ 28 TABLET	\$0 (Tier 2)	
<i>zarah tablet</i>	\$0 (Tier 1)	
<i>zovia 1-35 -tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>zumandimine 3 mg-0.03 mg tab</i>	\$0 (Tier 1)	
<i>aftera 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>azurette 28 day tablet</i>	\$0 (Tier 1)	
<i>econtra ez 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>econtra one-step -1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>enilloring vaginal</i>	\$0 (Tier 1)	
<i>levonorgestrel 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>my choice 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>my way 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>new day 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>opcicon one-step -1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>option 2 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PLAN B ONE-STEP -1.5 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>take action take action 1.5 mg tablet, take action 1.5 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>taysofy 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	
<i>turqoz -28 tablet</i>	\$0 (Tier 1)	
Progestins		
AYGESTIN 5 MG TABLET	\$0 (Tier 2)	
<i>camila 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>deblitane 0.35 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DEPO-PROVERA -150 MG/ML SYRINGE, -150 MG/ML VIAL	\$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 -SYRINGE	\$0 (Tier 2)	
<i>emzahh 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>errin 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>heather 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>hydroxyprogesterone caproate 1.25 g/5ml</i>	\$0 (Tier 1)	
<i>incassia 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>jencycla 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>lyleq 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>lyza 0.35 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml</i>	\$0 (Tier 1)	
<i>megestrol acetate 20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml</i>	\$0 (Tier 1)	
<i>nora-be -tablet</i>	\$0 (Tier 1)	
<i>norethindrone 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>norethindrone ac (lupaneta) norethindr 5 mg tb</i>	\$0 (Tier 1)	
<i>norethindrone acetate 5 mg tablet</i>	\$0 (Tier 1)	
<i>norlyda 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>progesterone 100 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PROVERA 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
<i>sharobel 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>tulana 0.35 mg tablet</i>	\$0 (Tier 1)	
Selective Estrogen Receptor Modifying Agents		
DUAVEE 0.45-20 MG TABLET	\$0 (Tier 2)	
EVISTA 60 MG TABLET	\$0 (Tier 2)	
<i>raloxifene hcl 60 mg tablet</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL 5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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 tab, 25 mcg tab, 50 mcg tab</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by going to page 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)	
TIROSINT 13 MCG CAPSULE, 25 MCG CAPSULE, 37.5 MCG CAPSULE, 44 MCG CAPSULE, 50 MCG CAPSULE, 62.5 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG	\$0 (Tier 2)	

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

CAPSULE, 200 MCG
CAPSULE

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
---------------------	---	--

UNITHROID 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	\$0 (Tier 2)	
--	--------------	--

Hormonal Agents, Suppressant (Adrenal)

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

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

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

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline 0.5 mg tablet</i>	\$0 (Tier 1)	
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT	\$0 (Tier 2)	PA
FIRMAGON 2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL	\$0 (Tier 2)	
<i>leuprolide acetate 14 mg/2.8 ml kt, 14 mg/2.8 ml vl</i>	\$0 (Tier 1)	PA
<i>leuprolide depot 22.5 mg vial</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (LUPANETA) DEPO 11.25MG, DEPOT 3.75MG	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
LUPRON DEPOT 3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT, 11.25 MG 3MO KIT, 22.5 MG 3MO KIT, 45 MG 6MO KIT	\$0 (Tier 2)	PA
LUPRON DEPOT-PED - 11.25 MG 3MO, -11.25 MG KIT, -15 MG KIT, -30 MG 3MO KIT, -45 MG 6MO KIT, -7.5 MG KIT	\$0 (Tier 2)	PA
<i>octreotide acetate acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial</i>	\$0 (Tier 1)	PA
<i>octreotide acetate er er 20 mg, er 30 mg</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ORGOVYX 120 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
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
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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SYNAREL 2 MG/ML NASAL SPRAY	\$0 (Tier 2)	
TRELSTAR 3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL	\$0 (Tier 2)	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

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

Immunological Agents

Angioedema Agents

CINRYZE 500 UNIT VIAL, 500 UNIT VIAL-DILUENT	\$0 (Tier 2)	PA, QL (20 PER 30 DAYS)
FIRAZYR 30 MG/3 ML SYRINGE	\$0 (Tier 2)	PA, QL (18 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HAEGARDA 2,000 UNIT VIAL	\$0 (Tier 2)	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	\$0 (Tier 2)	PA, QL (18 PER 30 DAYS)
<i>icatibant 30 mg/3 ml syringe</i>	\$0 (Tier 1)	PA, QL (18 PER 30 DAYS)
<i>sajazir 30 mg/3 ml syringe</i>	\$0 (Tier 1)	PA, QL (18 PER 30 DAYS)

Immunoglobulins

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GAMUNEX-C -1 GRAM/10 ML VIAL, -5 GRAM/50 ML VIAL, -10 GRAM/100 ML VIAL, -20 GRAM/200 ML VIAL, -40 GRAM/400 ML VIAL, -2.5 GRAM/25 ML VIAL	\$0 (Tier 2)	PA
SYNAGIS 50 MG/0.5 ML VIAL, 100 MG/ML VIAL	\$0 (Tier 2)	
THYMOGLOBULIN 25 MG VIAL	\$0 (Tier 2)	PA
Immunological Agents, Other		
ARCALYST 220 MG VIAL	\$0 (Tier 2)	PA
BENLYSTA 120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL	\$0 (Tier 2)	PA
COSENTYX (2 SYRINGES) 300 MG DOSE	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table 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 SENSOREADY (2 PENS) SNRDY 300MG DOSE- 2PEN	\$0 (Tier 2)	PA
COSENTYX SENSOREADY PEN 150 MG	\$0 (Tier 2)	PA
COSENTYX SYRINGE 75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE	\$0 (Tier 2)	PA
COSENTYX UNOREADY PEN 300 MG	\$0 (Tier 2)	PA
DUPIXENT PEN 200 MG/1.14 ML PEN, 300 MG/2 ML PEN	\$0 (Tier 2)	PA
DUPIXENT SYRINGE 100 MG/0.67 ML SYRING, 200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE	\$0 (Tier 2)	PA
ILARIS 150 MG/ML VIAL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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
ORENCIA CLICKJECT 125 MG/ML	\$0 (Tier 2)	PA
RIDAURA 3 MG CAPSULE	\$0 (Tier 2)	
RINVOQ ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET	\$0 (Tier 2)	PA
RINVOQ LQ 1 MG/ML SOLUTION	\$0 (Tier 2)	PA
SKYRIZI 150 MG/ML SYRINGE, 600 MG/10 ML VIAL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SKYRIZI ON-BODY 180 MG/1.2 ML, 360 MG/2.4 ML	\$0 (Tier 2)	PA
SKYRIZI PEN 150 MG/ML	\$0 (Tier 2)	PA
STELARA 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL	\$0 (Tier 2)	PA
TREMFYA 100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE, 200 MG/20 ML VIAL	\$0 (Tier 2)	PA
TREMFYA PEN 200 MG/2 ML	\$0 (Tier 2)	PA
XELJANZ 1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA
XELJANZ XR 11 MG TABLET, 22 MG TABLET	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XOLAIR 75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE	\$0 (Tier 2)	PA
Immunostimulants		
ACTIMMUNE 100 MCG/0.5 ML VIAL	\$0 (Tier 2)	PA
BESREMI 500 MCG/ML SYRINGE	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
PEGASYS 180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL	\$0 (Tier 2)	PA
Immunosuppressants		
ASTAGRAF XL 0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE	\$0 (Tier 2)	PA

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

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

You can find information on what the symbols and abbreviations on this table 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 PEN 40 MG/0.4 ML, PEN 40 MG/0.8 ML	\$0 (Tier 2)	PA
CYLTEZO(CF) PEN PSORIASIS-UV -40MG	\$0 (Tier 2)	PA
ENBREL 25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE	\$0 (Tier 2)	PA
ENBREL MINI 50 MG/ML CARTRIDGE	\$0 (Tier 2)	PA
ENBREL SURECLICK 50 MG/ML	\$0 (Tier 2)	PA
<i>everolimus 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	PA
<i>gengraf 25 mg capsule, 100 mg capsule, 100 mg/ml solution</i>	\$0 (Tier 1)	PA
HADLIMA 40 MG/0.8 ML SYRINGE	\$0 (Tier 2)	PA

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

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

You can find information on what the symbols and abbreviations on this table 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) PEDIATRIC CROHN'S 80-40 MG, 80MG/0.8	\$0 (Tier 2)	PA
HUMIRA(CF) PEN CDV PEN 40 MG/0.4ML, CDV PEN 80 MG/0.8ML, PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML	\$0 (Tier 2)	PA
HUMIRA(CF) PEN CROHN'S-UC-HS CRHN- -80MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS -- AHS 80-40	\$0 (Tier 2)	PA
IMURAN 50 MG TABLET	\$0 (Tier 2)	PA
<i>leflunomide 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
<i>methotrexate 1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>methotrexate sodium 1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial</i>	\$0 (Tier 1)	
<i>mycophenolate mofetil 200 mg/ml susp, 250 mg capsule, 500 mg tablet, 500 mg vial</i>	\$0 (Tier 1)	PA
<i>mycophenolic acid dr 180 mg, dr 360 mg</i>	\$0 (Tier 1)	PA
MYFORTIC 180 MG TABLET	\$0 (Tier 2)	PA
MYHIBBIN 200 MG/ML SUSPENSION	\$0 (Tier 2)	PA
NEORAL 25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION	\$0 (Tier 2)	PA
PROGRAF 0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE, 5 MG/ML AMPULE	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table 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 (ir), 1 mg capsule (ir), 5 mg capsule (ir)</i>	\$0 (Tier 1)	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	\$0 (Tier 2)	PA
ZORTRESS 0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET	\$0 (Tier 2)	PA

You can find information on what the symbols and abbreviations on this table 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
HIBERIX VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT 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
IMOVAX RABIES VACCINE VIAL	\$0 (Tier 2)	PA
INFANRIX DTAP SYRINGE	\$0 (Tier 2)	
IPOL VIAL	\$0 (Tier 2)	
IXCHIQ VIAL	\$0 (Tier 2)	
IXIARO 6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR	\$0 (Tier 2)	
JYNNEOS (NATIONAL STOCKPILE) 0.5 ML VIAL(STOCKPILE)	\$0 (Tier 2)	PA
JYNNEOS 0.5 ML VIAL	\$0 (Tier 2)	PA
KINRIX TIP-LOK SYRINGE	\$0 (Tier 2)	
M-M-R II VACCINE -- VIAL	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
PREHEVBRIO 10 MCG/ML VIAL	\$0 (Tier 2)	PA
PRIORIX 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
PROQUAD VIAL	\$0 (Tier 2)	
QUADRACEL DTAP-IPV -SYRINGE, -VIAL	\$0 (Tier 2)	
RABAVERT VACC W-DILUENT, VACCINE VIAL	\$0 (Tier 2)	PA
RECOMBIVAX HB 5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL	\$0 (Tier 2)	PA
ROTARIX ORAL SYRINGE, SUSPENSION	\$0 (Tier 2)	
ROTATEQ VACCINE	\$0 (Tier 2)	
SHINGRIX VIAL KIT	\$0 (Tier 2)	QL (2 PER 999 OVER TIME)
STAMARIL VIAL	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TDVAX VIAL	\$0 (Tier 2)	PA
TENIVAC SYRINGE, VIAL	\$0 (Tier 2)	PA
TICOVAC 1.2 MCG/0.25 ML SYRINGE, 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)	
VARIVAX VACCINE 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
VAXCHORA VACCINE	\$0 (Tier 2)	
YF-VAX -1 VIAL, -5 VIAL	\$0 (Tier 2)	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO ER 0.375 GRAM CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
ASACOL HD DR 800 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
AZULFIDINE 500 MG TABLET, ENTAB 500 MG	\$0 (Tier 2)	
<i>balsalazide disodium 750 mg cp</i>	\$0 (Tier 1)	
CANASA 1,000 MG SUPPOSITORY	\$0 (Tier 2)	
COLAZAL 750 MG CAPSULE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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 4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp</i>	\$0 (Tier 1)	
<i>mesalamine 800 mg dr tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>mesalamine dr 400 mg capsule</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	\$0 (Tier 2)	QL (480 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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</i>	\$0 (Tier 1)	
<i>sulfasalazine dr 500 mg tab</i>	\$0 (Tier 1)	
Glucocorticoids		
<i>budesonide dr 3 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>budesonide ec 3 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>budesonide er 9 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>procto-med hc -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>procto-pak -1% cream</i>	\$0 (Tier 1)	
<i>proctosol-hc -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>proctozone-hc -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)

Metabolic Bone Disease Agents

<i>alendronate sodium 10 mg tab</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
ATELVIA DR 35 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
<i>calcitonin-salmon -200 unit spr, -400 unit/2ml</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution, 1 mcg/ml vial</i>	\$0 (Tier 1)	
<i>cinacalcet hcl 30 mg tablet, 60 mg tablet, 90 mg tablet</i>	\$0 (Tier 1)	PA
FORTEO 600 MCG/2.4 ML PEN INJ	\$0 (Tier 2)	PA
FOSAMAX 70 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
<i>ibandronate sodium 3 mg/3 ml syringe, 3 mg/3 ml vial</i>	\$0 (Tier 1)	
MIACALCIN 400 UNIT/2 ML VIAL	\$0 (Tier 2)	
NATPARA 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	\$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
<i>paricalcitol 1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial</i>	\$0 (Tier 1)	
PROLIA 60 MG/ML SYRINGE	\$0 (Tier 2)	PA
<i>risedronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>risedronate sodium 5 mg tablet, 30 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>risedronate sodium dr 35 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
ROCALTROL 0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN	\$0 (Tier 2)	
SENSIPAR 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TERIPARATIDE TERIPARATIDE 620 MCG/2.48 ML, TERIPARATIDE 600 MCG/2.4ML PEN	\$0 (Tier 2)	PA
TYMLOS 80 MCG DOSE PEN INJECTR	\$0 (Tier 2)	PA
XGEVA 120 MG/1.7 ML VIAL	\$0 (Tier 2)	PA
ZEMPLAR 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL	\$0 (Tier 2)	
<i>zoledronic acid 4 mg/5 ml vial, 5 mg/100 ml</i>	\$0 (Tier 1)	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>artificial tears drops, gnp drops, gs eye drops, qc drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>atropine sulfate 1% eye drops</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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-timolol - 0.2%-0.5%</i>	\$0 (Tier 1)	
<i>carboxymethylcellulose sodium 0.5% eye drp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
COMBIGAN 0.2%-0.5% EYE DROPS	\$0 (Tier 2)	
COSOPT EYE DROPS	\$0 (Tier 2)	
CYSTADROPS CYSTA0.37% EYE	\$0 (Tier 2)	PA
CYSTARAN 0.44% EYE DROPS	\$0 (Tier 2)	PA
<i>dorzolamide-timolol -eye drops</i>	\$0 (Tier 1)	
GENTEAL TEARS SEVERE 0.3% GEL, 3-94% OIN	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lubricant eye drop 0.5%</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lubricant eye drops 0.5% drops, cvs 0.5% drops, cvs drops, drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>lubricant eye ointment</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>lubricant pm gnp</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>lubricating plus gnp lubricat 0.5% drp, gs lubricat 0.5% drps, lubricating 0.5% drps, sm lubricat 0.5% drps</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>lubrifresh pm eye ointment</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
MAXITROL EYE OINTMENT	\$0 (Tier 2)	
<i>neo-polycin hc -eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-poly-hc --- eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth --dexamet ointm, --dexameth drop</i>	\$0 (Tier 1)	
REFRESH CELLUVISC 1% EYE GEL	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REFRESH LACRI-LUBE -OINTMENT	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
REFRESH LIQUIGEL 1% EYE DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REFRESH PLUS 0.5% EYE DROPS	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
REFRESH TEARS 0.5% EYE DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
RESTASIS 0.05% EYE EMULSION	\$0 (Tier 2)	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05% EYE	\$0 (Tier 2)	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone - 10-0.23% eye drops</i>	\$0 (Tier 1)	
TOBRADEX DROPS, OINTMENT	\$0 (Tier 2)	
<i>tobramycin-dexamethasone - ophth 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
---------------------	---	--

Ophthalmic Anti-Infectives

<i>ak-poly-bac --eye ointment</i>	\$0 (Tier 1)	
<i>bacitracin 500 unit/gm ophth</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin -eye oint</i>	\$0 (Tier 1)	
BESIVANCE 0.6% SUSP	\$0 (Tier 2)	
<i>ciprofloxacin hcl 0.3% eye drop</i>	\$0 (Tier 1)	
<i>erythromycin 0.5% eye ointment</i>	\$0 (Tier 1)	
<i>gentamicin sulfate 0.3% eye drop</i>	\$0 (Tier 1)	
LACRISERT 5 MG EYE INSERT	\$0 (Tier 2)	
MOXEZA 0.5% EYE DROPS	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>moxifloxacin 0.5% drops, 0.5% drp-visc</i>	\$0 (Tier 1)	
NATACYN 5% EYE DROPS	\$0 (Tier 2)	
<i>neo-polycin -eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin --polymix eye oint</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin --eye drop</i>	\$0 (Tier 1)	
OCUFLOX 0.3% EYE DROPS	\$0 (Tier 2)	
<i>ofloxacin 0.3% eye drops</i>	\$0 (Tier 1)	
<i>polycin eye ointment</i>	\$0 (Tier 1)	
<i>polymyxin b sul-trimethoprim - tmp eye drops</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium 10% drops, 10% ointment</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>tobramycin 0.3% eye drop</i>	\$0 (Tier 1)	
<i>trifluridine 1% eye drops</i>	\$0 (Tier 1)	
VIGAMOX 0.5% EYE DROPS	\$0 (Tier 2)	

Ophthalmic Anti-allergy Agents

ALAWAY 0.025% EYE DROPS	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>azelastine hcl 0.05% drops</i>	\$0 (Tier 1)	
CHILDREN'S ALAWAY CHILD'S 0.025% EYE DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>cromolyn sodium 4% eye drops</i>	\$0 (Tier 1)	
<i>epinastine hcl 0.05% eye drops</i>	\$0 (Tier 1)	
<i>eye itch relief 0.025% drops, cvs 0.025% drp, eq 0.025% drop, ra 0.025% drop, sm 0.025% drop</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>ketotifen fumarate 0.025% drops, 0.035% drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>olopatadine hcl 0.1% drops, 0.2% drop</i>	\$0 (Tier 1)	
SYSTANE NIGHTTIME EYE OINTMENT	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>zaditor 0.025% (0.035%) drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

Ophthalmic Anti-inflammatories

ACULAR 0.5% EYE DROPS	\$0 (Tier 2)	
ACULAR LS 0.4% OPHTH SOL	\$0 (Tier 2)	
<i>bromfenac sodium 0.07%, 0.09%</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 0.1% eye drop</i>	\$0 (Tier 1)	
<i>diclofenac sodium 0.1% eye drops</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>difluprednate 0.05% eye drop</i>	\$0 (Tier 1)	
DUREZOL 0.05% EYE DROPS	\$0 (Tier 2)	
EYSUVIS 0.25% EYE DROPS	\$0 (Tier 2)	PA
<i>fluorometholone 0.1% eye drop</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium 0.03% eye drop</i>	\$0 (Tier 1)	
FML LIQUIFILM 0.1% EYE DROP	\$0 (Tier 2)	
ILEVRO 0.3% OPHTH DROPS	\$0 (Tier 2)	
INVELTYS 1% EYE DROP	\$0 (Tier 2)	
<i>ketorolac tromethamine 0.4%, 0.5%</i>	\$0 (Tier 1)	
PRED FORTE 1% EYE DROPS	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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 MILD 0.12% EYE DROPS	\$0 (Tier 2)	
<i>prednisolone acetate 1% eye drop</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 1% eye drop</i>	\$0 (Tier 1)	
PROLENSA 0.07% EYE DROPS	\$0 (Tier 2)	

Ophthalmic Beta-Adrenergic Blocking Agents

<i>betaxolol hcl 0.5% eye drop</i>	\$0 (Tier 1)	
BETOPTIC S 0.25% DROP, 0.25% DROP	\$0 (Tier 2)	
<i>carteolol hcl 1% eye drops</i>	\$0 (Tier 1)	
ISTALOL 0.5% EYE DROPS	\$0 (Tier 2)	
<i>levobunolol hcl 0.5% eye drops</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 0.25% gel-solution, maleate 0.25% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drop, maleate 0.5% eye drops</i>	\$0 (Tier 1)	
TIMOPTIC 0.25% DROP, 0.5% DROP	\$0 (Tier 2)	
TIMOPTIC OCUDOSE 0.25% DROP, 0.5% DROP	\$0 (Tier 2)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P ALHAGAN 0.1% DROS, ALHAGAN 0.15% EYE DROS	\$0 (Tier 2)	
AZOPT 1% EYE DROPS	\$0 (Tier 2)	
<i>brimonidine tartrate tartrate 0.1% drop, tartrate 0.15% drp, 0.2% eye drop</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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>brinzolamide 1% eye drops</i>	\$0 (Tier 1)	
<i>dorzolamide hcl 2% eye drops</i>	\$0 (Tier 1)	
<i>pilocarpine hcl 1% drops, 2% drops, 4% drops</i>	\$0 (Tier 1)	
RHOPRESSA 0.02% OPTH SOLUTION	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
ROCKLATAN 0.02%-0.005% EYE DRP	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
SIMBRINZA 1%-0.2% DROP, 1%-0.2% DROPS	\$0 (Tier 2)	

Ophthalmic Prostaglandin and Prostanoid Analogs

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRAVATAN Z 0.004% EYE DROP	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
<i>travoprost 0.004% eye drop</i>	\$0 (Tier 1)	QL (15 PER 75 OVER TIME)

Otic Agents

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

You can find information on what the symbols and abbreviations on this table 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-polymyxin-hydrocort --hc ear soln</i>	\$0 (Tier 1)	
<i>ofloxacin 0.3% ear drops</i>	\$0 (Tier 1)	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

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

You can find information on what the symbols and abbreviations on this table 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>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh</i>	\$0 (Tier 1)	PA
<i>budesonide 32 mcg nasal, cvs 32 mcg, gnp 32 mcg, ra 32 mcg</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>flunisolide 0.025% spray</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray</i>	\$0 (Tier 1)	QL (16 PER 30 DAYS), * (Medicaid Benefit Drug), *
<i>fluticasone propionate gnp 50 mcg sp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fluticasone propionate hfa 110 mcg</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)
<i>fluticasone propionate hfa 220 mcg</i>	\$0 (Tier 1)	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg</i>	\$0 (Tier 1)	QL (10.6 PER 30 DAYS)
<i>loratadine 10 mg odt, eq 10 mg odt, gnp 10 mg odt</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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 50 mcg spray</i>	\$0 (Tier 1)	QL (34 PER 30 DAYS)
QVAR REDHALER 40 MCG	\$0 (Tier 2)	QL (10.6 PER 30 DAYS)
QVAR REDHALER 80 MCG	\$0 (Tier 2)	QL (21.2 PER 30 DAYS)
XHANCE 93 MCG NASAL SPRAY	\$0 (Tier 2)	QL (32 PER 30 DAYS)

Antihistamines

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

You can find information on what the symbols and abbreviations on this table 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>all day allergy relief ft ad (lorat) 10 mg tb, sm all day 10 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
ALLER-CHLOR -4 MG TABLET	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aller-ease -180 mg tablet, eql -180 mg tablet, gs -180 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>aller-g-time --25 mcaplet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>allergy 4 mg tablet, (loratadine) 10 mg tab, eql 4 mg tablet, gnp 4 mg tablet, sm 4 mg tablet, 10 mg tablet, 25 mg capsule, 25 mg softgel, 25 mg tablet, cvs 25 mg tablet, eql 25 mg tablet, gnp 25 mg tablet, ra 25 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>allergy relief (loratadine) 10 mg tab, cvs (cetzn) 10 mg tab, cvs (fexo) 60 mg tab, cvs (lorat) 10 mg tab, cvs relief 4 mg tablet, cvs relief 25 mg tab, cvs relief 60 mg tab, cvs relief 180 mg tab, eq (lorat) 10 mg tab, eq relief 10 mg tablet, eq relief 25 mg tablet, eq relief 180 mg tab, eql (cetzn) 10 mg tab, eql (diphen) 25 mg tab, eql relief 10 mg tab, eql relief 180 mg tab, ft (chlorphen) 4 mg tb, ft (diphen) 25 mg tab, ft (fexo) 60 mg tablet, ft (fexo) 180 mg tab, gnp relief 4 mg tablet, gnp relief 25 mg lq cp, gnp relief 25 mg tab, gnp relief 50 mg/20 ml, gnp relief 180 mg tab, gs relief 4 mg tablet, gs relief 10 mg tablet, gs relief 25 mg tablet, qc (fexo) 180 mg tab, qc (lorat) 10 mg tab, ra relief 4 mg tablet, ra relief 10 mg tablet, ra relief 180 mg tab, relief 4 mg tablet, relief 10 mg tablet, relief 25 mg capsule, relief 25 mg softgel,</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.

relief 25 mg tablet, relief 180 mg tablet, rlf (cetrzn) 5 mg tab, rlf (cetrzn) 10 mg tab, rlf (fexo) 60 mg tab, sm (fexo) 60 mg tablet, sm relief 25 mg tablet, sw relief 10 mg tab

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>allergy relief cvs 50 mg/20 ml liq, cvs relief 5 mg/5 ml, gnp relf 5 mg/5 ml sln, relief 5 mg/5 ml soln, relief 12.5 mg/5 ml, relief 25 mg/10 ml, sm relief 12.5 mg/5 ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>azelastine hcl 0.1% (137 mcg) spry, 0.15% nasal spray</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>banophen 25 mg capsule, 25 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>banophen 50 mg capsule</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>cetirizine hcl 1 mg/ml soln, 1 mg/ml syrup, 5 mg chew tab, 5 mg tablet, 5 mg/5 ml cup, 10 mg chew tab, 10 mg tablet, ra 10 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>children's all day allergy child ergy 1 mg/ml, epl chld er 1 mg/ml, gnp chld er 1 mg/ml, gs child er 1 mg/ml, sm child er 1 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's allergy 5 mg/5 ml soln, eq 5 mg/5 ml sol, ra 5 mg/5 ml sol, sm 5 mg/5 ml sol</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>children's allergy child 12.5 mg/5 ml, child (fexo) 30 mg/5ml, child's 12.5 mg/5 ml, epl child 12.5 mg/5 ml, gnp child 12.5 mg/5 ml, gs child 12.5 mg/5 ml, qc child 12.5 mg/5 ml, qc children's 1 mg/ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>children's allergy relief child allergy relief 1 mg/ml, child allergy rlf 12.5 mg/5 ml, child's allergy 12.5 mg/5 ml, cvs child allergy 12.5 mg/5 ml, cvs child allergy relf 1 mg/ml, cvs child allergy rlf 1 mg/ml, cvs child allergy(fex) 30 mg/5, eq child allergy 12.5 mg/5 ml, eq child allergy relf 1 mg/ml, ft child allergy 12.5 mg/5 ml, ra child allergy relf 1 mg/ml, sm child allergy 12.5 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's allergy relief child rel 12.5 mg/5 ml, child relief 5 mg/5 ml, cvs child 5 mg/5 ml, cvs relief 5 mg/5 ml, eq child relief soln, eq1 child (lorat) soln, gs child rlf 5 mg/5 ml, ra child 12.5 mg/5 ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>children's cetirizine hcl hcl 1 mg/ml, 5 mg chew tab, 10 mg chew tb</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>children's diphenhydramine 12.5 mg/5, 25mg/10ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's loratadine 5 mg/5 ml syr</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>children's loratadine child 5 mg/5 ml sol, gnp chld 5 mg/5 ml, sm child 5 mg/5 ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>chlorpheniramine maleate 4 mg tablet, er 12 mg tab, qc 4 mg tab, ra 4 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>clemastine fumarate 2.68 mg tablet</i>	\$0 (Tier 1)	PA
<i>complete allergy qc 25 mg cap</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>cyproheptadine hcl 2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrpr</i>	\$0 (Tier 1)	PA
<i>desloratadine 5 mg tablet</i>	\$0 (Tier 1)	
<i>diphedryl 12.5 mg/5 ml elixir, gnp 12.5 mg/5 ml elx, ra 12.5 mg/5 ml elix</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>diphenhydramine hcl 12.5 mg/5 ml, 12.5mg/5ml cup, 25 mg caplet, 25 mg tablet, 25 mg/10 ml, 25 mg/10ml cup, 50 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>diphenhydramine hcl 25 mg capsule</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>diphenhydramine hcl 50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial</i>	\$0 (Tier 1)	
<i>ed chlorped jr syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>fexofenadine hcl 60 mg tablet, qc 180 mg tab, sm 60 mg tab, 180 mg tablet, sm 180 mg tab</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
HISTEX 2.5 MG/5 ML SYRUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
HISTEX PD 0.938 MG/ML DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>levocetirizine dihydrochloride 5 mg tablet</i>	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table 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 5 mg/5 ml solution, 10 mg tablet, gnp 10 mg tablet, qc 10 mg tablet, ra 10 mg tablet, sm 5 mg/5 ml syrup, sm 10 mg tablet</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>loratadine 5 mg/5 ml, gnp 5 mg/5 ml</i>	\$0 (Tier 2)	* (Medicaid Benefit Drug), *
<i>loratadine allergy 5 mg/5 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>m-dryl -12.5 g/5 l solution</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>olopatadine hcl 665 mcg nasal spry</i>	\$0 (Tier 1)	QL (30.5 PER 30 DAYS)
PEDIACLEAR PD 0.625 MG/ML DROP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
PEDIAVENT 2 MG/5 ML SYRUP	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>pharbedryl 50 mg capsule</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>siladryl 12.5 mg/5 ml liquid</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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>triprolidine hcl 0.938 mg/ml drops</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Antileukotrienes		
ACCOLATE 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	
<i>montelukast sodium 4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet</i>	\$0 (Tier 1)	
SINGULAIR 4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET	\$0 (Tier 2)	
<i>zafirlukast 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	
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 0.02% soln</i>	\$0 (Tier 1)	PA
<i>ipratropium bromide 0.03% spray</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>ipratropium bromide 0.06% spray</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER 18 MCG CAP	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG, 2.5 MCG	\$0 (Tier 2)	QL (4 PER 30 DAYS)

Bronchodilators, Sympathomimetic

<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	\$0 (Tier 1)	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	\$0 (Tier 1)	QL (36 PER 30 DAYS)
<i>albuterol sulfate sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln</i>	\$0 (Tier 1)	PA

You can find information on what the symbols and abbreviations on this table 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 sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab</i>	\$0 (Tier 1)	
<i>epinephrine 0.15 mg -injt, 0.3 mg -injt</i>	\$0 (Tier 1)	
PROAIR HFA 90 MCG INHALER	\$0 (Tier 2)	QL (36 PER 30 DAYS)
PROAIR RESPICLICK 90 MCG INHLR	\$0 (Tier 2)	QL (2 PER 30 DAYS)
SEREVENT DISKUS 50 MCG	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	\$0 (Tier 1)	
VENTOLIN HFA 90 MCG INHALER	\$0 (Tier 2)	QL (36 PER 30 DAYS)
XOPENEX HFA 45 MCG INHALER	\$0 (Tier 2)	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 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 300 mg/5 ml ampule</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 neb soln</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide 55 mcg nasal spr</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
Phosphodiesterase Inhibitors, Airways Disease		
<i>caffeine citrate 60 mg/3 ml oral</i>	\$0 (Tier 1)	
DALIRESP 250 MCG TABLET, 500 MCG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>roflumilast 250 mcg tablet, 500 mcg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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 er 300 mg tab, er 450 mg tab</i>	\$0 (Tier 1)	
<i>theophylline er er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet</i>	\$0 (Tier 1)	
Pulmonary Antihypertensives		
ADCIRCA 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ADEMPAS 0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
<i>alyq 20 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
<i>ambrisentan 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>bosentan 62.5 mg tablet, 125 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LETAIRIS 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OPSUMIT 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
REMODULIN 1 MG/ML VIAL, 2.5 MG/ML VIAL, 5 MG/ML VIAL, 10 MG/ML VIAL	\$0 (Tier 2)	PA
<i>sildenafil citrate 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TRACLEER 62.5 MG TABLET, 125 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table 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>treprostinil 20 mg/20 ml vial, 50 mg/20 ml vial, 100 mg/20 ml vial, 200 mg/20 ml vial</i>	\$0 (Tier 1)	PA
VENTAVIS 10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET 267 MG CAPSULE, 267 MG TABLET	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
OFEV 100 MG CAPSULE, 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>pirfenidone 267 mg capsule, 267 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)

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

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

Respiratory Tract Agents, Other

<i>acetylcysteine 10% vial, 20% vial</i>	\$0 (Tier 1)	PA
ADVAIR HFA HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER	\$0 (Tier 2)	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG INH	\$0 (Tier 2)	QL (60 PER 30 DAYS)
BREO ELLIPTA 50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>breyna 80-4.5 mcg, 160-4.5 mcg</i>	\$0 (Tier 1)	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE INHALER	\$0 (Tier 2)	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate -80-4.5, -160-4.5</i>	\$0 (Tier 1)	QL (30.9 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
COMBIVENT RESPIMAT 20-100 MCG	\$0 (Tier 2)	QL (8 PER 30 DAYS)
<i>cromolyn sodium nasal spray</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
DULERA 50 MCG-5 MCG INHALER, 100 MCG-5 MCG INHALER, 200 MCG-5 MCG INHALER	\$0 (Tier 2)	QL (39 PER 30 DAYS)
FASENRA 10 MG/0.5 ML SYRINGE, 30 MG/ML SYRINGE	\$0 (Tier 2)	PA
FASENRA PEN 30 MG/ML	\$0 (Tier 2)	PA
<i>fluticasone-salmeterol -100-50, -250-50, -500-50</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol -55-14, - 113-14, -232-14</i>	\$0 (Tier 1)	QL (1 PER 30 DAYS)
<i>guaifenesin-dextromethorphan -100-10 mg/5 ml, -200-20 mg/10 ml</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *

You can find information on what the symbols and abbreviations on this table 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-albuterol -0.5-3(2.5) mg/3 ml</i>	\$0 (Tier 1)	PA
LAGEVRIO (COMMERCIAL)	\$0 (Tier 2)	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	\$0 (Tier 2)	
ORALAIR 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	\$0 (Tier 2)	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	\$0 (Tier 2)	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 gm inhalation vial</i>	\$0 (Tier 1)	
<i>siltussin dm cough syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
STIOLTO RESPIMAT INHAL SPRAY, INHALER (10), INHALER (60)	\$0 (Tier 2)	QL (4 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRELEGY ELLIPTA 100-62.5-25, 200-62.5-25	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>tussin dm 20-200 mg/10 ml liq, cvs liquid, eql cough-chest syr, gnp syrup, gs cough syrup, gs liquid, liquid, qc liquid, ra liquid, ra syrup, sm liquid, sm syrup, syrup</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>tussin dm clear gnp</i>	\$0 (Tier 1)	* (Medicaid Benefit Drug), *
<i>wixela inhub 100, 250, 500</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

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

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

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

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
DAYVIGO 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl 3 mg tablet, 6 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>ramelteon 8 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ROZEREM 8 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SILENOR 3 MG TABLET, 6 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>tasimelteon 20 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
<i>temazepam 15 mg capsule, 30 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

<i>armodafinil 50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
LUMRYZ ER 4.5 GM PACKET, ER 6 GM PACKET, ER 7.5 GM PACKET, ER 9 GM PACKET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK 4.5-6-7.5 GM PK	\$0 (Tier 2)	PA, QL (28 PER 28 DAYS)
<i>modafinil 100 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NUVIGIL 50 MG TABLET, 150 MG TABLET, 200 MG TABLET, 250 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate 0.5 g/ml soln</i>	\$0 (Tier 1)	PA, QL (540 PER 30 DAYS)

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

Index of Covered Drugs

3

3 day vaginal	102
3-DAY VAGINAL CREAM	103

8

8 hour acetaminophen	19
8 hour pain relief	19
8hr arthritis pain	19
8hr arthritis pain relief	19

A

abacavir	184
abacavir-lamivudine	184
ABILIFY	168
ABILIFY ASIMTUFII	168
ABILIFY MAINTENA	168
abiraterone acetate	118
ABRAXANE	122
ABRYSVO	393
acamprosate calcium	47
acarbose	199
ACCOLATE	429
ACCUPRIL	228
ACCURETIC	241
accutane	270
acebutolol hcl	233
acetaminophen	19,20
acetaminophen 8 hour	20
acetaminophen er	20
acetaminophen-codeine	40
acetazolamide	242
acetazolamide er	242
acetic acid	417
acetylcysteine	437
acid controller	328
acid gone antacid	311
acid reducer	328,330
acid reducer complete	328
acitretin	270
ACNE MEDICATION	270,283

ACTHAR	342
ACTHAR SELFJECT	342
ACTHIB	393
ACTIMMUNE	386
ACTOS	199
ACULAR	412
ACULAR LS	412
acyclovir	195
acyclovir sodium	195
ADACEL TDAP	393
adapalene	270
ADCETRIS	152
ADCIRCA	434
ADDERALL XR	260
adefovir dipivoxil	192
ADEMPAS	434
ADIPEX-P	52
ADLARITY	86
adriamycin	122
ADRIAMYCIN	122
adult aspirin regimen	20
ADVAIR HFA	437
advanced antacid-antigas	311
AFINITOR	132
AFINITOR DISPERZ	133
afirmelle	350
aftera	367
AGRYLIN	219
AHIST	420
AIMOVIG	
AUTOINJECTOR	111
ak-poly-bac	409
AKEEGA	133
ALA-CORT	273
ala-cort	273
ala-hist ir	420
ALAWAY	411
albendazole	159
ALBUTEROL HFA 90 MCG INHALER (generic ProAir HFA)	430

ALBUTEROL HFA 90 MCG INHALER (generic Proventil HFA).....	430	ambrisentan.....	435
albuterol sulfate.....	430,431	amethia.....	351
alclometasone dipropionate.....	273	amethyst.....	351
ALDACTAZIDE.....	242	amikacin sulfate.....	53
ALDACTONE.....	252	amiloride hcl.....	252
ALDURAZYME.....	333	amiloride- hydrochlorothiazide.....	242
ALECENSA.....	133	amiodarone hcl.....	231
alendronate sodium.....	402	amitriptyline hcl.....	98
alfuzosin hcl er.....	340	amlodipine besylate.....	236
ALIMTA.....	122	amlodipine besylate- benazepril.....	242
ALIQOPA.....	133	amlodipine-atorvastatin.....	242
aliskiren.....	242	amlodipine-olmesartan.....	242
all day allergy.....	420	amlodipine-valsartan.....	243
all day allergy relief.....	421	amlodipine-valsartan-hctz.....	243
all day pain relief.....	28	ammonium lactate.....	273
all day relief.....	28	amnesteem.....	270
ALLER-CHLOR.....	421	amoxapine.....	98
aller-ease.....	421	amoxicillin.....	63
aller-g-time.....	421	amoxicillin-clavulanate pot er.....	63
allergy.....	421	amoxicillin-clavulanate potass.....	64
allergy relief.....	418,423	amphotericin b.....	103
allopurinol.....	110	amphotericin b liposome.....	103
allopurinol sodium.....	110	ampicillin sodium.....	64
almacone-2.....	311	ampicillin trihydrate.....	64
ALOPRIM.....	110	ampicillin-sulbactam.....	64
alosetron hcl.....	308	AMPYRA.....	266
ALPHAGAN P.....	415	anagrelide hcl.....	220
alprazolam.....	196	anastrozole.....	131
ALTACE.....	229	ANDROGEL.....	346
altavera.....	351	ANORO ELLIPTA.....	437
aluminum hydroxide.....	311	antacid.....	312,329
ALUNBRIG.....	133	antacid extra strength.....	312,313
alyacen.....	351	antacid maximum strength.....	328
ALYMSYS.....	152	antacid plus anti-gas.....	313
alyq.....	434	antacid plus gas relief.....	313
amabelz.....	351	antacid ultra strength.....	313
amantadine.....	162	antacid-antigas.....	313
AMBISOME.....	103		

antacid-gas relief	314	ASPARLAS	123
anti-diarrheal	309	asperflex lidocaine	279
anti-itch	273	aspirin	21
anti-itch with aloe	273	aspirin ec	22
antifungal	103	aspirin regimen	22
antifungal cream	103	aspirin-dipyridamole er	223
APOKYN	163	ASTAGRAF XL	386
apomorphine hcl	163	ATACAND	226
aprepitant	101	ATACAND HCT	243
apri	351	atazanavir sulfate	189
APRISO	399	ATELVIA	402
APTIOM	83	atenolol	233
APTIVUS	189	atenolol-chlorthalidone	243
aqua care sodium chloride	286	ATGAM	381
aranelle	351	athlete's foot	103
ARANESP	220	atomoxetine hcl	262,263
ARCALYST	382	atorvastatin calcium	254
AREXVY	393	atovaquone	160
ARICEPT	87	atovaquone-proguanil hcl	160
ARIMIDEX	131	atropine sulfate	405
aripiprazole	168	ATROVENT HFA	429
aripiprazole odt	169	aubra	351
ARISTADA	169	aubra eq	351
ARISTADA INITIO	169	AUGMENTIN	64
armodafinil	442	AUGTYRO	133
ARNUITY ELLIPTA	418	aurovela	352
AROMASIN	131	aurovela 24 fe	352
ARRANON	122	aurovela fe	352
arsenic trioxide	122	AURYXIA	304
arthritis pain	20	AUSTEDO	264
arthritis pain relief	21	AUSTEDO XR	265
arthritis pain reliever	21	AUSTEDO XR TITRATION	
ARTHROTEC 50	28	KT(WK1-4)	265
ARTHROTEC 75	28	AUVELITY	88
artificial tears	405	AVALIDE	243
ARZERRA	152	AVAPRO	226
ASACOL HD	399	AVASTIN	152
asenapine maleate	169	aviane	352
ashlyna	351	avidoxy	71
ASMANEX	418	AVITA	270
ASMANEX HFA	418	AVODART	340

AVONEX	266	BELSOMRA	441
AVONEX PEN	266	benazepril hcl	229
AYGESTIN	368	benazepril-	
ayuna	352	hydrochlorothiazide	243
AYVAKIT	134	bendamustine hcl	123
azacitidine	123	BENDEKA	123
AZACTAM	55	BENICAR	226,227
AZASAN	387	BENICAR HCT	244
azathioprine	387	BENLYSTA	382
azathioprine sodium	387	BENZAMYCIN	271
azelaic acid	271	benznidazole	159
azelastine hcl	411,423	benzoyl peroxide	271
AZELEX	271	benzphetamine hcl	52
AZILECT	165	benztropine mesylate	162
azithromycin	67	BESIVANCE	409
AZOPT	415	BESPONSA	153
AZOR	243	BESREMI	386
aztreonam	55	BETADINE	279
AZULFIDINE	399	betaine anhydrous	333
azurette	367	betamethasone diprop augmented	274
B		betamethasone dipropionate	274
bacitracin	283,409	betamethasone valerate	274
bacitracin-polymyxin	409	BETASERON	266
baclofen	180	betaxolol hcl	233,414
BACMIN	296	bethanechol chloride	342
BACTRIM	70	BETOPTIC S	414
BACTRIM DS	70	bexarotene	158
balsalazide disodium	399	BEXSERO	393
BALVERSA	134	bicalutamide	118
balziva	352	BICILLIN L-A	64
banophen	423	BICNU	123
BANZEL	83	BIKTARVY	180
BAQSIMI	208	BILTRICIDE	160
BARACLUDGE	192	bimatoprost	416
BAVENCIO	152	binaxnow covid ag card home tst	284
baza antifungal	104	binaxnow covid-19 ag self test	284
BCG VACCINE (TICE STRAIN)	393	bisacodyl	314
BELBUCA	38		
BELEODAQ	134		

bismatrol	314	bupropion hcl	88,89
bismuth	314	bupropion hcl sr	49,89
bismuth-metronidazole-		bupropion hcl sr 150mg	
tetracyc	314	tablet	89
bisoprolol fumarate	233	bupropion xl	89
bisoprolol-		buspironone hcl	196
hydrochlorothiazide	244	busulfan	116
BLENREP	153	butalbital-acetaminophen	22
bleomycin sulfate	123	butalbital-acetaminophen-	
BLINCYTO	123	caffe	22
blisovi 24 fe	352	butalbital-aspirin-caffeine	22
blisovi fe	352	butorphanol tartrate	41
BOOSTRIX TDAP	393	BUTRANS	39
bortezomib	134	BYDUREON BCISE	199
bosentan	435	BYETTA	199
BOSULIF	134, 135	BYSTOLIC	233
BRAFTOVI	135		
BREO ELLIPTA	437	C	
breyna	437	CABENUVA	180
BREZTRI AEROSPHERE	437	cabergoline	377
briellyn	352	CABLIVI	224
BRILINTA	223	CABOMETYX	135
brimonidine tartrate	415	caffeine citrate	433
brimonidine tartrate-timolol	406	cal-gest	314
brinzolamide	416	calcipotriene	279
BRIVIACT	72	calcitonin-salmon	402
bromfenac sodium	412	calcitrene	279
bromocriptine mesylate	163	calcitriol	403
BRUKINSA	135	calcium	286
budesonide	419	calcium 250-vit d3	286
budesonide dr	401	calcium 500-vit d3	287
budesonide ec	401	calcium 600 + vit d	287
budesonide er	401	calcium 600+d plus	
budesonide-formoterol		minerals	287
fumarate	437	calcium 600+minerals	287
buffered aspirin	22	calcium 600-vit d3	287, 288
bumetanide	251	calcium 600-vit d3-mineral	288
BUPHENYL	333	calcium acetate	304
buprenorphine	38	calcium antacid	314, 315
buprenorphine hcl	47	calcium carbonate	288, 315
buprenorphine-naloxone	47	CALQUENCE	135

camila	368	cefaclor	60
camrese	352	cefadroxil	60
camrese lo	353	cefazolin sodium	61
CANASA	399	cefazolin sodium-dextrose	61
CANCIDAS	104	cefdinir	61
candesartan cilexetil	227	cefepime	61
candesartan- hydrochlorothiazid	244	cefepime hcl	61
CAPLYTA	169	cefepime-dextrose	61
CAPRELSA	135	cefixime	61
captopril	229	cefoxitin	61
CARAFATE	330	cefoxitin sodium	61
CARBAGLU	288	cefpodoxime proxetil	62
carbamazepine	83	cefprozil	62
carbamazepine er	83	ceftazidime	62
CARBATROL	83	ceftriaxone	62
carbidopa	164	cefuroxime	62
carbidopa-levodopa	164	cefuroxime sodium	62
carbidopa-levodopa er	164	CELEBREX	28,29
carbidopa-levodopa- entacapone	162	celecoxib	29
carboplatin	123	CELEXA	91,92
carboxymethylcellulose sodium	406	CELLCEPT	387
CARDIZEM	238	celltrion diatrust cov-19 home	285
CARDIZEM CD	238	CELONTIN	77
CARDIZEM LA	238	cephalexin	62
CARDURA	225	CEREZYME	334
carestart covid-19 ag home tst	285	cetirizine hcl	423
carglumic acid	288	cevimeline hcl	268
carmustine	123	chateal	353
CARNITOR	334	chateal eq	353
CARNITOR SF	334	CHEMET	295
carteolol hcl	414	CHENODAL	315
cartia xt	238	children's acetaminophen	23
carvedilol	233	CHILDREN'S ALAWAY	411
carvedilol er	234	children's all day allergy	424
CASODEX	118	children's allergy	424
casprofungin acetate	104	children's allergy relief	425
cataflam	28	children's aspirin	23
		children's cetirizine hcl	425
		children's diphenhydramine	426

children's ferrous sulfate	296	clemastine fumarate	426
children's ibuprofen	29	CLEOCIN	55
children's loratadine	426	CLEOCIN HCL	55
children's mapap	23	CLEOCIN PHOSPHATE	55
children's pain relief	23	CLEOCIN T	55
children's pain reliever	23	clindacin etz	56
children's pain-fever	23	clindacin p	56
chloramphenicol sod succinate	55	clindamycin (pediatric)	56
chlorhexidine gluconate	269	clindamycin hcl	56
chloroquine phosphate	160	clindamycin phosphate	56
chlorpheniramine maleate	426	clindamycin phosphate-d5w	56
chlorpromazine hcl	100	clindamycin-0.9% nacl	56
chlorthalidone	252	clindamycin-benzoyl peroxide	271
cholestyramine	256	clinitest covid-19 home test	285
cholestyramine light	256	clobazam	78,79
CHORIONIC GONADOTROPIN	345	clobetasol emollient	274
chromium	288,296	clobetasol propionate	274,275
ciclodan	104	clodan	275
ciclopirox	104	clofarabine	124
cidofovir	192	CLOLAR	124
cilostazol	224	clomipramine hcl	98
CIMDUO	184	clonazepam	196,197
cimetidine	329	clonidine	224
cinacalcet hcl	403	clonidine hcl	224
CINRYZE	380	clonidine hcl er	263
CIPRO	69	clopidogrel	224
CIPRODEX	417	clorazepate dipotassium	197
ciprofloxacin	69	clotrimazole	104
ciprofloxacin hcl	69,409	clotrimazole-3	105
ciprofloxacin-d5w	70	clotrimazole-betamethasone	279
ciprofloxacin-dexamethasone	417	clozapine	178,179
cisplatin	123	clozapine odt	179
citalopram hbr	92	CLOZARIL	179
cladribine	124	COARTEM	160
claravis	271	codeine sulfate	41
clarithromycin	67	COLACE	315
clarithromycin er	67	COLACE CLEAR	315
clearlax	306	COLAZAL	399

colchicine	110	CRESTOR	254
COLCRYS	110	cromolyn	
COLESTID	256	sodium	334,411,433,438
colestipol hcl	256	cryselle	353
colistimethate	57	CRYSVITA	334
COMBIGAN	406	CUBICIN	57
COMBIPATCH	353	CUBICIN RF	57
COMBIVENT RESPIMAT	438	cyanocobalamin injection	297
COMETRIQ	135,136	cyclobenzaprine hcl	440
COMPLERA	184	cyclophosphamide	116
complete allergy	426	cycloserine	115
compro	100	CYCLOSET	199
COMTAN	162	cyclosporine	387
constulose	306	cyclosporine modified	387
CONTRAVE	52	CYKLOKAPRON	223
COPAXONE	266	CYLTEZO(CF)	387
COPIKTRA	136	CYLTEZO(CF) PEN	388
copper chloride	289	CYLTEZO(CF) PEN	
COREG CR	234	CROHN'S-UC-HS	387
CORGARD	234	CYLTEZO(CF) PEN	
CORLANOR	244	PSORIASIS-UV	388
CORTEF	343	CYMBALTA	92
corvita	296	cyproheptadine hcl	426
COSELA	159	CYRAMZA	136
COSENTYX (2		cyred	353
SYRINGES)	382	cyred eq	353
COSENTYX SENSOREADY		CYSTADANE	334
(2 PENS)	383	CYSTADROPS	406
COSENTYX SENSOREADY		CYSTAGON	335
PEN	383	CYSTARAN	406
COSENTYX SYRINGE	383	cytarabine	124
COSENTYX UNOREADY		CYTOMEL	371
PEN	383	CYTOTEC	330
COSMEGEN	124	D	
COSOPT	406	dabigatran etexilate	216
COTELLIC	136	dacarbazine	124
covid-19 at-home test		dactinomycin	124
(eua)	285	dalfampridine er	266
COZAAR	227	DALIRESP	433
CREON	334	DALVANCE	57
CRESEMBA	105		

danazol	347	DESCOVY	184
DANTRIUM	180	desipramine hcl	98
dantrolene sodium	180	desloratadine	426
DANYELZA	153	desmopressin acetate	346
dapsone	114	desogestr-eth estrad eth	
DAPTACEL DTAP	393	estra	353
daptomycin	57	desogestrel-ethinyl	
DARAPRIM	160	estradiol	354
darifenacin er	338	desonide	275
darunavir	189	desoximetasone	275
DARZALEX	153	desvenlafaxine succinate er	92
DARZALEX FASPRO	153	DETROL	338
dasatinib	136	DETROL LA	339
dasetta	353	dexamethasone	343
daunorubicin hcl	124	dexamethasone sodium	
DAURISMO	136	phosphate	343,412
DAYPRO	30	DEXEDRINE	260
daysee	353	dexmethylphenidate hcl	263
DAYVIGO	441	dexrazoxane	159
DDAVP	345	dextroamphetamine	
deblitane	368	sulfate	261
decadron	343	dextroamphetamine sulfate	
decitabine	124	er	261
deferasirox	295	dextroamphetamine-amphet	
DEKAS ESSENTIAL	297	er	261
DEKAS PLUS	297	dextroamphetamine-	
DELSTRIGO	182	amphetamine	261
DELZICOL	400	dextrose 2.5%-0.45% nacl	289
demeclocycline hcl	71	dextrose 5%-0.2% nacl	289
DEMSEK	244	dextrose 5%-0.225% nacl	289
DENGVAXIA	393	dextrose 5%-0.3% nacl	289
DEPAKOTE	72	dextrose 5%-0.33% nacl	289
DEPAKOTE ER	73	dextrose 5%-0.45% nacl	289
DEPAKOTE SPRINKLE	73	dextrose 5%-0.9% nacl	289
DEPEN	342	dextrose in lactated	
DEPO-ESTRADIOL	348	ringers	289
DEPO-PROVERA	369	dextrose in water	297
DEPO-SUBQ PROVERA		DIACOMIT	73
104	369	DIALYVITE	298
DEPO-TESTOSTERONE	347	DIALYVITE 3000	297
dermacinrx lidocan	45	DIALYVITE 5000	297

DIALYVITE SUPREME D	297	DIPROLENE	275
DIALYVITE ZINC	298	dipyridamole	224
diarrhea relief	315	disulfiram	47
diazepam	79,197	divalproex sodium	73
diazoxide	209	divalproex sodium er	73
diclofenac potassium	30	DIVIGEL	348
diclofenac sodium	30,279,412	docetaxel	124
diclofenac sodium er	30	docusate calcium	315
diclofenac sodium- misoprostol	30	docusate sodium	316
dicloxacillin sodium	65	dofetilide	231
dicyclomine hcl	311	dok	316
diethylpropion hcl	52	dolishale	354
diethylpropion hcl er	52	donepezil hcl	87
DIFFERIN	271	donepezil hcl odt	87
DIFICID	67	dorzolamide hcl	416
DIFLUCAN	105	dorzolamide-timolol	406
difluprednate	413	dotti	348
digitek	244	DOVATO	181
digox	244	doxazosin mesylate	225
digoxin	245	doxepin hcl	99,275,441
dihydroergotamine mesylate	111	doxorubicin hcl	125
DILANTIN	84	doxorubicin hcl liposome	125
DILANTIN-125	84	doxy 100	71
dilt-xr	239	doxycycline hyclate	71
diltiazem 12hr er	239	doxycycline ir-dr	271
diltiazem 24hr er	239	doxycycline monohydrate	71
diltiazem 24hr er (cd)	239	DRISDOL	298
diltiazem 24hr er (la)	239	DRIZALMA SPRINKLE	92
diltiazem 24hr er (xr)	239	dronabinol	101
diltiazem hcl	239	drospirenone-eth estra- levomef	354
dimethyl fumarate	266	drospirenone-ethinyl estradiol	354
DIOVAN	227	droxidopa	225
DIOVAN HCT	245	dual action complete	316
DIPENTUM	400	DUAVEE	371
diphedryl	426	DULERA	438
diphenhydramine hcl	427	duloxetine hcl	93
diphenoxylate-atropine	310	DUPIXENT PEN	383
DIPHThERIA-TETANUS		DUPIXENT SYRINGE	383
TOXOIDS-PED	394	DURAMORPH	41

DUREZOL	413	EMTRIVA	185
dutasteride	341	emzahn	369
dutasteride-tamsulosin	341	enalapril maleate	229
E		enalapril- hydrochlorothiazide	245
E.E.S. 200	67	ENBREL	388
ec-naproxen	30,31	ENBREL MINI	388
econazole nitrate	105	ENBREL SURECLICK	388
econtra ez	367	ENDARI	335
econtra one-step	367	endocet	41
ed chlorped jr	427	enema	316
ed-apap	23	enema disposable	317
EDARBI	227	ENEMEEZ	306
EDARBYCLOR	245	ENGERIX-B ADULT	394
EDURANT	182	ENGERIX-B PEDIATRIC- ADOLESCENT	394
efavirenz	182	ENHERTU	153
efavirenz-emtricitabine-tenofovir disoproxil fumarate	182	enilloring	367
efavirenz-lamivudine-tenofovir disoproxil fumarate	182	ENLYTE	298
EFFEXOR XR	93	enoxaparin sodium	216,217
EFUDEX	279	enpresse	354
ELAPRASE	335	enskyce	354
ELELYSO	335	entacapone	162
ELIDEL	275	entecavir	193
ELIGARD	377	ENTRESTO	245
elinest	354	ENTRESTO SPRINKLE	246
ELIQUIS	216	enulose	307
ELITEK	159	EPCLUSA	193
ellume covid-19 home test	285	EPIDIOLEX	73
eluryng	354	epinastine hcl	411
EMCYT	120	epinephrine	431
EMEND	101	epitol	84
EMGALITY PEN	111	EPIVIR	185
EMGALITY SYRINGE	111	eplerenone	252
emoquette	354	EPRONTIA	73
EMPLICITI	153	EPZICOM	185
EMSAM	91	ERBITUX	153
emtricitabine	184	ergocalciferol	298
emtricitabine-tenofovir disoproxil fumarate	184	ergotamine-caffeine	111
		eribulin mesylate	125
		ERIVEDGE	136

ERLEADA	118	etravirine	182
erlotinib hcl	137	EULEXIN	118
errin	369	EUTHYROX	372
ertapenem	66	everolimus	137,388
ERVEBO (NATIONAL STOCKPILE)	394	EVISTA	371
ery	67	EVOMELA	117
ERY-TAB	68	EVOTAZ	189
ERYPED 200	68	EXELON	87
ERYPED 400	68	exemestane	131
ERYTHROCIN LACTOBIONATE	68	EXFORGE	246
ERYTHROCIN STEARATE	68	EXFORGE HCT	246
erythromycin	68,409	EXJADE	295
erythromycin ethylsuccinate	68	EXKIVITY	137
erythromycin lactobionate	69	EXTENCILLINE	65
erythromycin-benzoyl peroxide	271	eye itch relief	411
ESBRIET	436	EYSUVIS	413
escitalopram oxalate	93	ezetimibe	256
ESGIC	24	ezetimibe-simvastatin	256
esomeprazole magnesium	330	F	
esomeprazole sodium	331	fabb	298
estarylla	354	FABRAZYME	335
ESTRACE	348	falmina	355
estradiol	349	famciclovir	196
estradiol (once weekly)	349	famotidine	329
estradiol (twice weekly)	349	FANAPT	169,170
estradiol valerate	349	FARESTON	120
estradiol-norethindrone acetat	355	FARXIGA	200
ESTRING	349	FARYDAK	137
ethambutol hcl	115	FASENRA	438
ethosuximide	77	FASENRA PEN	438
ethynodiol-ethinyl estradiol	355	FASLODEX	120
etodolac	31	fast relief laxative	317
etodolac er	31	felbamate	74
etonogestrel-ethinyl estradiol	355	FELDENE	31
ETOPOPHOS	131	felodipine er	236
etoposide	132	FEMARA	131
		femynor	355
		fenofibrate	253
		fenofibric acid	253
		fentanyl	39

fentanyl citrate	42	fluphenazine decanoate	166
ferro-time	298	fluphenazine hcl	166
ferrous gluconate	298	flurbiprofen	31
ferrous sulfate	298	flurbiprofen sodium	413
fesoterodine fumarate er	339	fluticasone propionate	276,419
FETZIMA	93	fluticasone propionate hfa	419
FEVERALL	24	fluticasone-salmeterol	438
fexofenadine hcl	427	fluvastatin sodium	254
fiber	317	flvoxamine maleate	94
fiber powder	317	FML	413
fiber smooth	317	FOCALIN	263
fiber therapy	317	folic acid	298
FINACEA	271	FOLOTYN	121
finasteride	341	FOLTRATE	299
fingolimod	267	fomepizole	299
FINTEPLA	74	fondaparinux sodium	217
FIRAZYR	380	FORTEO	403
FIRMAGON	377	FOSAMAX	403
first aid antibiotic	283	fosamprenavir calcium	189
FIRST AID ANTISEPTIC	283	fosaprepitant dimeglumine	101
flac otic oil	417	fosinopril sodium	229
FLAGYL	57	fosinopril-	
flecainide acetate	231	hydrochlorothiazide	246
FLOMAX	341	fosphenytoin sodium	84
FLORIVA	289	FOSRENOL	304
flowflex covid-19 ag home		FOTIVDA	137
test	285	FRUZAQLA	137,138
fluconazole	105	FULPHILA	220
fluconazole-nacl	105	fulvestrant	120
flucytosine	105	FUNGOID TINCTURE	106
fludarabine phosphate	125	furosemide	251
fludrocortisone acetate	343	FUZEON	187
flunisolide	419	FYCOMPA	74
fluocinolone acetonide	275		
fluocinolone acetonide oil	417	G	
fluocinonide	276	gabapentin	79
fluocinonide-e	276	GABITRIL	79
fluorometholone	413	galantamine er	87
fluorouracil	121,280	galantamine hbr	87
fluoxetine dr	94	galantamine hydrobromide	87
fluoxetine hcl	94	GAMMAGARD LIQUID	381

GAMMAGARD S-D	381	glipizide xl	201
GAMMAPLEX	381	glipizide-metformin	201
GAMUNEX-C	382	GLUCAGEN	209
ganciclovir sodium	192	GLUCAGON EMERGENCY	
GARDASIL 9	394	KIT	209
GATTEX	317	glucose in water	299
GAUZE PADS & DRESSINGS		GLUCOTROL XL	201
- PADS 2 X 2	200	glyburide	202
gavilax	307	glyburide micronized	202
gavilyte-c	317	glyburide-metformin hcl	202
gavilyte-g	317	glycopyrrolate	311
gavilyte-n	317	glydo	45
GAVISCON	318	GLYXAMBI	202
GAVRETO	138	GOLYTELY	318
GAZYVA	153	granisetron hcl	102
gefitinib	138	GRANIX	221
gemcitabine hcl	125	griseofulvin	106
gemfibrozil	253	griseofulvin ultramicrosize	106
gemmily	355	guaifenesin-	
GEMTESA	339	dextromethorphan	438
genabio covid-19 rapid at-		guanfacine hcl	225
home	285	guanfacine hcl er	263
generlac	307	GVOKE	209
gengraf	388	GVOKE HYPOPEN 1-	
gentamicin sulfate	54,283,409	PACK	209
gentamicin sulfate in ns	54	GVOKE HYPOPEN 2-	
GENTEAL TEARS		PACK	209
SEVERE	406	GVOKE PFS 1-PACK	
gentle laxative	318	SYRINGE	210
GENVOYA	181	GVOKE PFS 2-PACK	
GEODON	170	SYRINGE	210
geri-kot	318	H	
GILENYA	267	HADLIMA	388
GILOTRIF	138	HADLIMA PUSH TOUCH	389
glatiramer acetate	267	HADLIMA(CF)	389
glatopa	267	HADLIMA(CF)	
GLEEVEC	138	PUSH TOUCH	389
GLEOSTINE	117	HAEGARDA	381
glimepiride	200	hailey	355
glipizide	200	hailey 24 fe	355
glipizide er	200,201		

hailey fe	355	HUMALOG MIX 75-25	
HALAVEN	125	KWIKPEN	211
HALDOL DECANOATE		HUMALOG TEMPO PEN U-	
100	166	100	211
HALDOL DECANOATE 50	166	HUMATIN	54
halobetasol propionate	276	HUMIRA	389
haloette	355	HUMIRA PEN	389
haloperidol	166	HUMIRA PEN CROHN'S-UC-	
haloperidol decanoate	166	HS	389
haloperidol decanoate 100	166	HUMIRA PEN PSOR-	
haloperidol lactate	167	UVEITS-ADOL HS	389
HARVONI	193	HUMIRA(CF)	389
HAVRIX	394	HUMIRA(CF) PEDIATRIC	
healthylax	307	CROHN'S	390
heartburn relief	318,329	HUMIRA(CF) PEN	390
heather	369	HUMIRA(CF) PEN CROHN'S-	
HEMADY	343	UC-HS	390
heparin sodium	217	HUMIRA(CF) PEN	
heparin sodium-d5w	218	PEDIATRIC UC	390
HEPLISAV-B	394	HUMIRA(CF) PEN PSOR-UV-	
HERCEPTIN	154	ADOL HS	390
HERCEPTIN HYLECTA	154	HUMULIN 70-30	211
HERZUMA	154	HUMULIN 70/30	
HETLIOZ	441	KWIKPEN	211
hi-cal	290	HUMULIN N	211
HIBERIX	394	HUMULIN N KWIKPEN	212
hidex	344	HUMULIN R	212
HISTEX	427	HUMULIN R U-500	212
HISTEX PD	427	HUMULIN R U-500	
HUMALOG	210	KWIKPEN	212
HUMALOG JUNIOR		hydralazine hcl	258
KWIKPEN	210	HYDREA	121
HUMALOG KWIKPEN U-		hydrochlorothiazide	252
100	211	hydrocodone bitartrate er	39
HUMALOG KWIKPEN U-		hydrocodone-	
200	211	acetaminophen	42
HUMALOG MIX 50-50	211	hydrocodone-ibuprofen	42
HUMALOG MIX 50-50		hydrocortisone 276,344,401,40	
KWIKPEN	211	2	
HUMALOG MIX 75-25	211	hydrocortisone	
		acetate	276,277

hydrocortisone butyrate	277	IMOVAX RABIES	
hydrocortisone plus	277	VACCINE	395
hydrocortisone valerate	277	IMPAVIDO	57
hydrocortisone-acetic acid	417	IMURAN	390
hydrocortisone-aloe	277	INBRIJA	164
hydromorphone hcl	42,43	incassia	369
hydroxocobalamin	299	INCRELEX	346
hydroxychloroquine sulfate	161	INCRUSE ELLIPTA	429
hydroxyprogesterone		indapamide	253
caproate	369	INDERAL LA	234
hydroxyurea	121	INDERAL XL	234
hydroxyzine hcl	197	indicaid covid-19 ag home	
hydroxyzine pamoate	198	test	285
HYZAAR	246	indomethacin	34
I		INFANRIX DTAP	395
ibandronate sodium	403	infant pain relief	24
IBRANCE	138	infant pain-fever	24
ibu	31,32	infant vitamin d	299
ibuprofen	34	infant's ibuprofen	35
ibuprofen ib	34	infant-toddler iron	299
icatibant	381	infants ibuprofen	35
iclevia	356	infants' acetaminophen	24
ICLUSIG	138	infants' ibuprofen	35
icosapent ethyl	256	infants' pain relief	24
idarubicin hcl	125	infants' pain reliever	24
IDHIFA	139	infants' pain-fever	24,25
IFEX	125	INFUVITE ADULT	299
ifosfamide	126	INFUVITE PEDIATRIC	299
ihealth covid-19 ag home		INLYTA	139
test	285	INNOPRAN XL	234
ILARIS	383	inpen (for humalog)	212
ILEVRO	413	inpen (for novolog or fiasp)	212
imatinib mesylate	139	INQOVI	126
IMBRUVICA	139	INREBIC	139
IMFINZI	154	INSPRA	252
imipenem-cilastatin sodium	66	INSULIN PEN NEEDLE	212
imipramine hcl	99	INSULIN SYRINGE (DISP) U-	
imiquimod	280	100 0.3 ML	212
IMITREX	112	INSULIN SYRINGE (DISP) U-	
IMLYGIC	126	100 1 ML	212

INSULIN SYRINGE (DISP) U-100 1/2 ML	212
insulin syringe u-500	213
INTELENCE	183
inteliswab covid-19 home test	285
INTRALIPID	299
introvale	356
INVANZ	66
INVEGA	170
INVEGA HAFYERA	170
INVEGA SUSTENNA	170, 171
INVEGA TRINZA	171
INVELTYS	413
IPOL	395
ipratropium bromide	430
ipratropium-albuterol	439
irbesartan	227
irbesartan-hydrochlorothiazide	246
IRESSA	139
irinotecan hcl	132
iron	299
ISENTRESS	181
ISENTRESS HD	181
isibloom	356
isoniazid	115
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	202
ISORDIL TITRADOSE	259
isosorbide dinitrate	259
isosorbide mononitrate	259
isosorbide mononitrate er	259
isotretinoin	272
isradipine	237
ISTALOL	414
ISTODAX	126
itraconazole	106
ivabradine hcl	247
ivermectin	160, 281
IWILFIN	132

IXCHIQ	395
IXEMPRA	126
IXIARO	395

J

JADENU	295
JADENU SPRINKLE	296
jaimiess	356
JAKAFI	140
jantoven	218
JANUMET	203
JANUMET XR	203
JANUVIA	203
JARDIANCE	203
jasmiel	356
javygtor	335
JAYPIRCA	140
JEMPERLI	154
jencycla	369
JENTADUETO	203
JENTADUETO XR	204
JEVTANA	140
jolessa	356
juleber	356
JULUCA	181
junel	356
junel fe	356
junel fe 24	356
JUXTAPID	257
JYNNEOS	395
JYNNEOS (NATIONAL STOCKPILE)	395

K

K-PHOS ORIGINAL	290
KADCYLA	154
kaitlib fe	357
KALETRA	189, 190
kalliga	357
KALYDECO	432
KANJINTI	154

kariva	357	labetalol hcl	235
kcl-d5w-0.2% nacl	290	lacosamide	84
kcl-d5w-0.225% nacl	290	LACRISERT	409
kcl-d5w-0.45% nacl	290	lactated ringers	291
kelnor 1-35	357	lactulose	307
kelnor 1-50	357	LAGEVRIO	
kemoplat	126	(COMMERCIAL)	439
KEPIVANCE	269	LAGEVRIO (USG Dist.)	439
KEPPRA	74	LAMICTAL	75
KERENDIA	252	LAMICTAL (BLUE)	74
KESIMPTA PEN	267	LAMISIL AT	106
ketoconazole	106	lamisil at	106
ketorolac tromethamine	413	lamivudine	185,193
ketotifen fumarate	412	lamivudine hbv	193
KEYTRUDA	154	lamivudine-zidovudine	185
KINERET	384	lamotrigine	75
KINRIX	395	lamotrigine (blue)	75
kionex	305	lamotrigine er	75
KISQALI	140	LANOXIN	247
KISQALI FEMARA CO- PACK	126	lansoprazole	331
KLARON	272	lanthanum carbonate	304,305
klayesta	106	LANTUS	213
KLOR-CON 10	290	LANTUS SOLOSTAR	213
KLOR-CON 8	290	lapatinib	141
klor-con m10	290	larin	357
KLOR-CON M15	291	larin 24 fe	357
klor-con m20	291	larin fe	357
KLOXXADO	48	larissia	357
KOMBIGLYZE XR	204	LASIX	251
konsyl	318	latanoprost	416
KORLYM	376	LATUDA	171
KOSELUGO	140	laxative	318
kourzeq	269	laxative suppository	319
KRAZATI	141	LAYOLIS FE	358
kurvelo	357	LAZCLUZE	141
KUVAN	335	ledipasvir-sofosbuvir	193
KYPROLIS	141	leena	358
L		leflunomide	390
l-glutamine	335	lenalidomide	119
		lentocilin s	65
		LENVIMA	141

lessina	358	lidocaine-prilocaine	46
LETAIRIS	435	lidocan iii	46
letrozole	131	LIDODERM	46
leucovorin calcium	127	LILETTA	341
LEUKERAN	117	lillow	358
LEUKINE	221	lindane	282
leuprolide acetate	377	linezolid	57
leuprolide depot	377	linezolid-0.9% nacl	57
levetiracetam	75	linezolid-d5w	57
levetiracetam er	75	LINZESS	307
levetiracetam-nacl	75	liothyronine sodium	373
LEVO-T	372	LIPITOR	254
levobunolol hcl	414	liquid calcium-vit d	291
levocarnitine	336	lisdexamfetamine	
levocarnitine sf	336	dimesylate	262
levocetirizine		lisinopril	229
dihydrochloride	427	lisinopril-	
levofloxacin	70	hydrochlorothiazide	247
levofloxacin-d5w	70	lithium carbonate	198
levonest	358	lithium carbonate er	198
levonorg-eth estrad eth		lithium citrate	198
estrad	358	LITHOBID	198
levonorgestrel	367	lo-zumandimine	358
levonorgestrel-eth		LOCOID LIPOCREAM	277
estradiol	358	LOESTRIN	359
levora-28	358	LOESTRIN FE	359
levorphanol tartrate	39	lojaimiess	359
levothyroxine sodium	373	LONSURF	127
LEVOXYL	373	loperamide	310,319
LEXAPRO	94	LOPID	253
LEXIVA	190	lopinavir-ritonavir	190
LIALDA	400	LOPRESSOR	235
LIBERVANT	80	LOPROX	106
LIBTAYO	154	loratadine	419,428
lice killing	281	loratadine allergy	428
lice treatment	282	lorazepam	198
lidocaine	45,280	lorazepam intensol	198
lidocaine hcl	45,46,231	LORBRENA	141,142
lidocaine hcl laryngotracheal		loryna	359
4% solution	46	losartan potassium	227,228
lidocaine hcl viscous	46		

losartan- hydrochlorothiazide	247	LYUMJEV KWIKPEN U- 100	213
LOSEASONIQUE	359	LYUMJEV KWIKPEN U- 200	213
LOTENSIN	229	LYUMJEV TEMPO PEN U- 100	213
LOTENSIN HCT	247	lyza	369
LOTRONEX	310	M	
lovastatin	254	m-dryl	428
LOVAZA	257	M-M-R II VACCINE	395
LOVENOX	218	m-pap	25
low-ogestrel	359	MAG-AL	319
loxapine	167	mag-al plus	319
lubiprostone	307	mag-al plus xs	319
lubricant eye	407	magic bullet	319
lubricant eye drop	406	magnesium	319
lubricant eye drops	406	magnesium oxide	291,320
lubricant pm	407	magnesium sulfate	291
lubricating plus	407	MAGOX 400	291
lubrifresh pm	407	MALARONE	161
lucira check-it covid home tst	286	malathion	282
LUMAKRAS	142	manganese chloride	291
LUMIGAN	416	mapap	25
LUMIZYME	336	mapap arthritis pain	25
LUMOXITI	155	maraviroc	188
LUMRYZ	442	MARGENZA	155
LUMRYZ STARTER PACK	442	marlissa	359
LUPRON DEPOT	378	MARPLAN	91
LUPRON DEPOT (LUPANETA)	377	MATULANE	117
LUPRON DEPOT-PED	378	matzim la	240
lurasidone hcl	172	MAXALT	113
lutea	359	MAXALT MLT	113
LYBALVI	172	MAXITROL	407
lyleq	369	MAXZIDE	247
lyllana	350	MAXZIDE-25 MG	247
LYNPARZA	142	MAYZENT	267,268
LYRICA	77,78	meclizine hcl	100
LYSODREN	376	mediproxen	35
LYTGOBI	142	MEDROL	344
LYUMJEV	213		

medroxyprogesterone acetate	370	methylprednisolone sodium succ	344
mefloquine hcl	161	methyltestosterone	347
megestrol acetate	370	metoclopramide hcl	320
MEKINIST	142	metolazone	253
MEKTOVI	143	metoprolol succinate	235
meloxicam	35	metoprolol tartrate	235
melphalan hcl	117	metoprolol-hydrochlorothiazide	248
memantine hcl	88	METRO IV	58
memantine hcl er	88	METROCREAM	283
MENACTRA	396	METROGEL	283
MENEST	350	METROLOTION	283
MENQUADFI	396	metronidazole	58,283
MENVEO A-C-Y-W-135-DIP	396	metyrosine	248
mercaptopurine	122	mexiletine hcl	231
meropenem	66	mgo-400	291
meropenem-0.9% nacl	67	MIACALCIN	403
merzee	359	micafungin	106
mesalamine	400	micafungin-0.9% nacl	107
mesalamine dr	400	MICARDIS	228
mesalamine er	400	MICARDIS HCT	248
mesna	159	miconazole 1	107
MESNEX	159	miconazole 3	107
MESTINON	114	miconazole 7	107
metformin hcl	204	miconazole nitrate	107
metformin hcl er	204	miconazole-7	107
methadone hcl	39,40	micotrin ac	108
methazolamide	247	microgestin	359
methenamine hippurate	58	microgestin 24 fe	360
methimazole	380	microgestin fe	360
methocarbamol	440	midodrine hcl	225
methotrexate	390	mifepristone	376
methotrexate sodium	391	miglustat	336
methoxsalen	280	MIGRANAL	112
methscopolamine bromide	311	mili	360
methsuximide	78	mimvey	360
methylergonovine maleate	342	MINIPRESS	225
methylphenidate er	263	minocycline hcl	71
methylphenidate hcl	263,264	minoxidil	258
methylprednisolone	344	mintox	320

mintox maximum strength 320
 mintox plus 320
 MIRCETTE 360
 mirtazapine 89
 misoprostol 330
 mitomycin 127
 mitoxantrone hcl 127
 modafinil 442
 moexipril hcl 230
 molindone hcl 167
 mometasone
 furoate 277,278,420
 mondoxyne nl 72
 monistat care 278
 MONJUVI 155
 mono-lynyah 360
 montelukast sodium 429
 morphine sulfate 43,44
 morphine sulfate er 40
 MOUNJARO 205
 MOVANTIK 308
 MOVIPREP 320
 MOXEZA 409
 moxifloxacin 70,410
 moxifloxacin hcl 70
 MOZOBIL 221
 MRESVIA 396
 MULTAQ 231
 multi-vitamin w-fluoride-
 iron 292,300
 multivitamin with fluoride 300
 multivitamin-iron-
 fluoride 292,300
 mupirocin 284
 MUTAMYCIN 127
 MVASI 155
 my choice 367
 my way 367
 MYALEPT 320
 MYCOBUTIN 114
 mycophenolate mofetil 391

mycophenolic acid 391
 mycozyl ac 108
 MYFORTIC 391
 MYHIBBIN 391
 MYLOTARG 155
 myorisan 272
 MYRBETRIQ 339
 MYSOLINE 80

N

nabumetone 35,36
 nadolol 235
 nafcillin 65
 nafcillin sodium 65
 NAGLAZYME 336
 naloxone hcl 48
 naltrexone hcl 47
 NAMENDA 88
 naproxen 36
 naproxen sodium 36,37
 naratriptan hcl 113
 NARCAN 48
 NARDIL 91
 NASCOBAL 300
 NATACYN 410
 nateglinide 205
 NATPARA 403
 NAYZILAM 80
 nebivolol hcl 235
 NEBUPENT 161
 necon 360
 NEEDLES, INSULIN DISP.
 SAFETY 213
 nefazodone hcl 94
 nelarabine 127
 neo-polycin 410
 neo-polycin hc 407
 neomycin sulfate 54
 neomycin-bacitracin-poly-
 hc 407

neomycin-bacitracin-polymyxin	410	nitrofurantoin	58
neomycin-polymyxin b	58	nitrofurantoin mono-macro	58
neomycin-polymyxin-dexameth	407	nitroglycerin	259
neomycin-polymyxin-gramicidin	410	nitroglycerin patch	259
neomycin-polymyxin-hc	417	NITROLINGUAL	259
neomycin-polymyxin-hydrocort	418	NITROSTAT	260
NEORAL	391	NIVESTYM	221
NEPHPLEX RX	300	nizatidine	329
NERLYNX	143	non-aspirin	25
NEUPRO	163	non-aspirin extra strength	25
NEURONTIN	80,81	non-aspirin pain relief	25
nevirapine	183	nora-be	370
nevirapine er	183	norethin-eth estra-ferrous fum	360
new day	367	norethindron-ethinyl estradiol	360
NEXAVAR	143	norethindrone	370
NEXIUM	331	norethindrone ac (lupaneta)	370
NEXIUM I.V.	332	norethindrone acetate	370
niacin er	257	norethindrone-e.estradiol-iron	361
nicardipine hcl	237	norgestimate-ethinyl estradiol	361
NICODERM CQ	49	norlyda	370
NICORETTE	49	NORPRAMIN	99
nicotine gum	49	NORTHERA	225
nicotine lozenge	25,50	nortrel	361
nicotine patch	50,51	nortriptyline hcl	99
NICOTROL	51	NORVASC	237
NICOTROL NS	51	NORVIR	190
nifedipine er	237	novopen echo	213
nikki	360	NOXAFIL	108
NILANDRON	118	nu-mag	292
nilutamide	118	NUBEQA	118
nimodipine	237	NUDEXTA	265
NINLARO	128	NULOJIX	384
NIPENT	128	NULYTELY	320
nisoldipine	237	NUPLAZID	172
nitazoxanide	161	NURTEC ODT	112
nitisinone	336	NUTRILIPID	300
NITRO-BID	259		

NUVARING	361	omnipod 5 g6-g7 intro	
NUVIGIL	443	kt(gen5)	214
NUZYRA	72	omnipod 5 g6-g7 pods (gen	
nyamyc	108	5)	214
nylia	361	omnipod 5	
nymyo	361	intro(g6/libre2plus)	214
nystatin	108	omnipod classic pdm kit(gen	
nystatin-triamcinolone	280	3)	214
nystop	108	omnipod classic pods (gen	
O		3)	214
OCALIVA	321	omnipod dash intro kit (gen	
ocella	361	4)	214
octreotide acetate	378	omnipod dash pdm kit (gen	
octreotide acetate er	378	4)	214
OCUFLOX	410	omnipod dash pods (gen	
ODEFSEY	186	4)	214
ODOMZO	143	omnipod go pods	215
OFEV	436	OMNITROPE	346
ofloxacin	70,410,418	on-go covid-19 ag at home	
OGIVRI	155	test	286
OGSIVEO	143	ONCASPAR	128
OJEMDA	143	ondansetron hcl	102
OJJAARA	143	ondansetron odt	102
olanzapine	172	ONFI	81
olanzapine odt	172	ONGLYZA	205
olmesartan medoxomil	228	ONIVYDE	132
olmesartan-amlodipine-		ONTRUZANT	155
hctz	248	ONUREG	128
olmesartan-		opcicon one-step	368
hydrochlorothiazide	248	OPDIVO	155
olopatadine hcl	412,428	OPSUMIT	435
omega-3 acid ethyl esters	257	option 2	368
omeprazole	332	ORACEA	272
omeprazole		ORALAIR	439
magnesium	329,332	oralone	269
omnipod 5 (g6/libre 2 plus)	213	ORENCIA	384
omnipod 5 dexg7g6 intro(gen		ORENCIA CLICKJECT	384
5)	214	ORFADIN	336
omnipod 5 dexg7g6 pods (gen		ORGOVYX	379
5)	214	ORKAMBI	432
		orlistat	52

ORSERDU	121	PAXIL	95,96
orsythia	361	PAXLOVID	439
oseltamivir phosphate	194	pazopanib hcl	144
OTEZLA	280	PEDIA-LAX ENEMA	321
OVIDE	282	PEDIACLEAR PD	428
oxaliplatin	128	PEDIARIX	396
oxaprozin	37	pediatric iron	300
oxazepam	198	pediatric vitamin d3	300
oxcarbazepine	84	PEDIAVENT	428
oxybutynin chloride	339	PEDVAXHIB	396
oxybutynin chloride er	339,340	peg 3350-electrolyte	321
oxycodone hcl	44	peg-3350 and electrolytes	321
oxycodone-acetaminophen	44	peg3350-sod sul-nacl-kcl-asb-c	321
oysco 500-vit d3	292	PEGASYS	386
oyster shell calcium	292	PEMAZYRE	144
oyster shell calcium w-vit d	292	pemetrexed	129
oyster shell calcium-vit d3	292	pemetrexed disodium	129
oyster shell calcium-vitamin d	292	PENBRAYA	396
OZEMPIC	205	penicillamine	342
P		penicillin g potassium	65
PACERONE	231	penicillin g sodium	65
pacerone	231	penicillin gk-iso-osm dextrose	65
paclitaxel	128	penicillin v potassium	65
PADCEV	156	PENTACEL	396
pain relief	26	PENTAM 300	161
pain relief extra strength	26	pentamidine isethionate	161
pain reliever	27	PENTASA	400,401
paliperidone er	173	pentoxifylline	248
palonosetron hcl	102	perindopril erbumine	230
PALYNZIQ	336	periogard	269
PANRETIN	158	PERJETA	156
pantoprazole sodium	332,333	permethrin	282
paraplatin	128	perphenazine	100
paricalcitol	404	PERSERIS	173
PARNATE	91	pfizerpen	66
paromomycin sulfate	54	pharbedryl	428
paroxetine cr	95	pharbetol	27
paroxetine er	95	phendimetrazine tartrate	52
paroxetine hcl	95	phenelzine sulfate	91

phenobarbital	81	polymyxin b sul-	
phenobarbital sodium	81	trimethoprim	410
phenoxybenzamine hcl	226	POMALYST	119
phentermine hcl	52,53	portia	362
PHENYTEK	85	PORTRAZZA	156
phenytoin	85	posaconazole	108
phenytoin sodium extended	85	potassium chloride	293
PHESGO	156	potassium chloride in d5lr	293
philith	362	potassium chloride	
phytonadione	223	proamp	293
PIFELTRO	183	potassium chloride-0.45%	
pilocarpine hcl	269,416	nacl	293
pilot covid-19 at-home test	286	potassium chloride-dextrose	
pimecrolimus	278	5%	293
pimozide	167	potassium citrate er	294
pimtree	362	POTELIGEO	156
pindolol	235	povidone-iodine	280
pink bismuth	321	PRADAXA	218,219
pioglitazone hcl	205,206	pramipexole	
pioglitazone-glimepiride	206	dihydrochloride	163
pioglitazone-metformin	206	prasugrel hcl	224
piperacillin-tazobactam	66	pravastatin sodium	255
PIQRAY	144	praziquantel	160
pirfenidone	436	prazosin hcl	226
pirmella	362	PRED FORTE	413
piroxicam	37,38	PRED MILD	414
PLAN B ONE-STEP	368	prednicarbate	278
PLAQUENIL	161	prednisolone	344
PLAVIX	224	prednisolone acetate	414
PLEGRIDY	268	prednisolone sodium	
PLEGRIDY PEN	268	phosphate	344,414
plerixafor	221	prednisone	345
podofilox	280	pregabalin	78
POLIVY	156	PRÉGNYL	346
POLY-VI-FLOR	300,301	PREHEVBRIO	396
POLY-VI-FLOR WITH		PREMARIN	350
IRON	301	PREMPHASE	362
polycin	410	PREMPRO	362
polyethylene glycol		PREVACID	333
3350	308,310	PREVACID 24HR	333
		prevalite	257

previfem.....	362	PROZAC.....	96
PREVYMIS.....	192	PRUDOXIN.....	278
PREZCOBIX.....	190	PULMOZYME.....	432
PREZISTA.....	190, 191	PURIXAN.....	122
PRIFTIN.....	115	PYLERA.....	321
primaquine.....	161	pyrazinamide.....	115
primidone.....	81	pyridostigmine bromide.....	114
PRIORIX.....	396	pyridostigmine bromide er.....	114
PRISTIQ.....	96	pyridoxine hcl.....	294
PROAIR HFA.....	431	pyrimethamine.....	162
PROAIR RESPICLICK.....	431	Q	
probenecid.....	110	QINLOCK.....	144
probenecid-colchicine.....	110	QSYMIA.....	53
PROCARDIA XL.....	237	QUADRACEL DTAP-IPV.....	397
prochlorperazine.....	100	quetiapine fumarate.....	173
prochlorperazine edisylate.....	100	quetiapine fumarate er.....	173
prochlorperazine maleate.....	101	QUFLORA.....	301
PROCRIT.....	221	QUFLORA FE.....	301
procto-med hc.....	402	quickvue at-home covid-19	
procto-pak.....	402	test.....	286
proctosol-hc.....	402	quinapril hcl.....	230
proctozone-hc.....	402	quinapril-	
progesterone.....	370	hydrochlorothiazide.....	248
PROGLYCEM.....	210	quinidine gluconate.....	232
PROGRAF.....	391	quinidine sulfate.....	232
PROLASTIN C.....	337	quinine sulfate.....	162
PROLENSA.....	414	QVAR REDIHALER.....	420
PROLIA.....	404	R	
PROMACTA.....	222	RABAVERT.....	397
promethazine hcl.....	101	rabeprazole sodium.....	333
promethegan.....	101	raloxifene hcl.....	371
propafenone hcl.....	232	ramelteon.....	441
propafenone hcl er.....	232	ramipril.....	230
propranolol hcl.....	235	ranolazine er.....	249
propranolol hcl er.....	236	RAPAFLO.....	341
propylthiouracil.....	380	RAPAMUNE.....	392
PROQUAD.....	397	rasagiline mesylate.....	165
PROSCAR.....	341	reclipsen.....	362
PROTONIX.....	333	RECOMBIVAX HB.....	397
protriptyline hcl.....	99		
PROVERA.....	371		

RECTIV	260	RINVOQ	384
REFRESH CELLUVISC	407	RINVOQ LQ	384
REFRESH LACRI-LUBE	408	risedronate sodium	404
REFRESH LIQUIGEL	408	risedronate sodium dr	404
REFRESH PLUS	408	RISPERDAL	174
REFRESH TEARS	408	RISPERDAL CONSTA	174
REGLAN	321	risperidone	174, 175
REGANEX	281	risperidone er	175
RELAFEN	38	risperidone odt	175
RELENZA	194	RITALIN	264
RELISTOR	308	ritonavir	191
REMERON	89, 90	RITUXAN	156
REMODULIN	435	RITUXAN HYCELA	156
renal caps	301	rivastigmine	87
RENFLEXIS	392	rizatriptan	113
RENOVA	281, 282	ROCALTROL	404
RENOVA PUMP	281, 282	ROCKLATAN	416
REVELA	305	roflumilast	433
repaglinide	206	romidepsin	129
REPATHA PUSHTRONEX	257	ROMIDEPSIN	129
REPATHA SURECLICK	257	ropinirole er	164
REPATHA SYRINGE	258	ropinirole hcl	164
RESTASIS	408	rosadan	284
RESTASIS MULTIDOSE	408	rosuvastatin calcium	255
RETACRIT	222	ROTARIX	397
RETEVMO	144	ROTATEQ	397
RETIN-A	272	ROWASA	401
RETROVIR	186	roweepra	76
REVCovi	337	ROXICODONE	44
REVLIMID	119, 120	ROZEREM	441
REXULTI	174	ROZLYTREK	145
REYATAZ	191	RUBRACA	145
REZLIDHIA	145	rufinamide	85
RHOPRESSA	416	RUKOBIA	188
RIABNI	156	RUXIENCE	157
ribavirin	193, 439	RYBELSUS	206
RIDAURA	384	RYBREVANT	157
rifabutin	115	RYDAPT	145
RIFADIN	115	RYLAZE	129
rifampin	115	RYTARY	165
riluzole	265	RYTHMOL SR	232

S

SABRIL.....	81	siladryl.....	428
sajazir.....	381	silapap.....	27
SALAGEN.....	269	sildenafil citrate.....	435
saline enema.....	321	SILENOR.....	441
SAMSCA.....	296	silodosin.....	341
SANDIMMUNE.....	392	siltussin dm.....	439
SANDOSTATIN LAR DEPOT.....	379	SILVADENE.....	281
SANTYL.....	281	silver sulfadiazine.....	281
SAPHRIS.....	175	SIMBRINZA.....	416
sapropterin dihydrochloride.....	337	simliya.....	363
SARCLISA.....	157	simpesse.....	363
saxagliptin hcl.....	206	SIMULECT.....	392
saxagliptin-metformin er.....	206,207	simvastatin.....	255
SAXENDA.....	53	SINEMET 10-100.....	165
SCSEMBLIX.....	145	SINEMET 25-100.....	165
scopolamine.....	101	SINGULAIR.....	429
SEASONIQUE.....	362	sirolimus.....	392
SECUADO.....	175	SIRTURO.....	115
selegiline hcl.....	165	SIVEXTRO.....	58
selenium sulfide.....	278	SKYLA.....	342
SELZENTRY.....	188	SKYRIZI.....	384
senna.....	322	SKYRIZI ON-BODY.....	385
senna lax.....	322	SKYRIZI PEN.....	385
senna laxative.....	322	SLOW-MAG.....	294
SENSIPAR.....	404	smooth antacid.....	322
SEREVENT DISKUS.....	431	smooth dissolving antacid.....	322
SEROQUEL.....	175,176	sod sulf-potass sulf-mag sulf.....	322
SEROQUEL XR.....	176	sodium bicarbonate.....	322
sertraline hcl.....	96	sodium chloride.....	294
setlakin.....	363	sodium chloride-water.....	295
sevelamer carbonate.....	305	sodium oxybate.....	443
SFROWASA.....	401	sodium phenylbutyrate.....	337
sharobel.....	371	sodium polystyrene sulfonate.....	306
SHINGRIX.....	397	sofosbuvir-velpatasvir.....	194
SIGNIFOR.....	379	solifenacin succinate.....	340
SIGNIFOR LAR.....	379	SOLIQUA 100-33.....	207
		SOLTAMOX.....	121
		SOLU-MEDROL.....	345
		SOMATULINE DEPOT.....	379

SOMAVERT	379	sulfacetamide sodium	272,410
SOOLANTRA	282	sulfacetamide-	
sorafenib	146	prednisolone	408
sorine	232	sulfadiazine	70
sotalol	232	sulfamethoxazole-	
sotalol af	232	trimethoprim	71
SOVALDI	194	sulfasalazine	401
speedyswab covid-19 home		sulfasalazine dr	401
test	286	sulindac	38
SPIRIVA HANDIHALER	430	sumatriptan	113
SPIRIVA RESPIMAT	430	sumatriptan succinate	113
spironolactone	252	sunitinib malate	146
spironolactone-hctz	249	SUNLENCA	188
SPORANOX	109	super calcium 600-vit d3	295
SPRAVATO	90	SUPRAX	63
sprintec	363	SUPREP	326
SPRITAM	76	SUTAB	326
SPRYCEL	146	SUTENT	146
SPS	306	syeda	363
sronyx	363	SYMFI	183
SSD	281	SYMFI LO	183
st. joseph aspirin	27	SYMLINPEN 120	207
STAMARIL	397	SYMLINPEN 60	207
stavudine	186	SYMPAZAN	82
STELARA	385	SYMTUZA	191
STIOLTO RESPIMAT	439	SYNAGIS	382
STIVARGA	146	SYNAREL	380
stomach relief	323,324	SYNJARDY	207
stool softener	326	SYNJARDY XR	207
STRATTERA	264	SYNRIBO	129
STRENSIQ	337	SYNTHROID	374
streptomycin sulfate	54	SYPRINE	296
STRIBILD	181	SYSTANE	412
STROMECTOL	160		
STROVITE ONE	301	T	
SUBLOCADE	48	TABLOID	122
SUBOXONE	48	TABRECTA	147
subvenite	76	tacrolimus	278,392
subvenite (blue)	76	tadalafil	435
sucralfate	330	TAFINLAR	147
SULAR	237	TAGRISO	147

take action.....	368	tension headache.....	27,38
TALZENNA.....	147	TEPMETKO.....	148
TAMIFLU.....	195	terazosin hcl.....	226
tamoxifen citrate.....	121	terbinafine.....	109
tamsulosin hcl.....	341	terbinafine hcl.....	109
taperdex.....	345	terbutaline sulfate.....	431
TARCEVA.....	148	terconazole.....	109
TARGRETIN.....	158	TERIPARATIDE.....	405
tarina 24 fe.....	363	testosterone.....	347
tarina fe.....	363	testosterone cypionate.....	348
tarina fe 1-20 eq.....	363	testosterone enanthate.....	348
TASIGNA.....	148	tetrabenazine.....	265
tasimelteon.....	441	tetracycline hcl.....	72
TASMAR.....	163	THALOMID.....	120
taysofy.....	368	THEO-24.....	434
tazarotene.....	272	theophylline anhydrous.....	434
tazicef.....	63	theophylline er.....	434
TAZORAC.....	272	thiamine hcl.....	295
taztia xt.....	240	thioridazine hcl.....	167
TAZVERIK.....	148	thiotepa.....	129
TDVAX.....	398	thiothixene.....	167
TECENTRIQ.....	157	THYMOGLOBULIN.....	382
TECFIDERA.....	268	tiadylt er.....	240
TEFLARO.....	63	tiagabine hcl.....	82
TEGRETOL.....	85	TIAZAC.....	240
TEGRETOL XR.....	85	TIBSOVO.....	148
TEKTURNA.....	249	TICOVAC.....	398
telmisartan.....	228	tigecycline.....	58
telmisartan-amlodipine.....	249	TIKOSYN.....	233
telmisartan- hydrochlorothiazid.....	249	tilia fe.....	363
temazepam.....	442	timolol maleate.....	236,415
TEMODAR.....	117	TIMOPTIC.....	415
temsirolimus.....	148	TIMOPTIC OCUDOSE.....	415
tencon.....	27	tioconazole-1.....	109
TENIVAC.....	398	TIROSINT.....	375
tenofovir disoproxil fumarate.....	186	TIROSINT-SOL.....	375
TENORETIC 100.....	249	TIVICAY.....	181
TENORETIC 50.....	249	TIVICAY PD.....	182
TENORMIN.....	236	tizanidine hcl.....	180
		TOBRADEX.....	408
		tobramycin.....	411,432

tobramycin sulfate	54	treprostinil	436
tobramycin-dexamethasone	408	tretinoin	159,273
tolcapone	163	tri femynor	364
tolnaftate	109	tri-buffered aspirin	28
tolterodine tartrate	340	tri-estarylla	364
tolterodine tartrate er	340	tri-legest fe	364
tolvaptan	296	tri-lynyah	364
topiramate	76	tri-lo-estarylla	364
toposar	132	tri-lo-marzia	364
topotecan hcl	132	tri-lo-mili	364
TOPROL XL	236	tri-lo-sprintec	364
toremifene citrate	121	tri-mili	364
TORISEL	148	tri-nymyo	364
torpenz	148,149	tri-previfem	365
torseamide	251	tri-sprintec	365
TOUJEO MAX		TRI-VI-FLOR	301,302
SOLOSTAR	215	tri-vite with fluoride	302
TOUJEO SOLOSTAR	215	tri-vylibra	365
TOVIAZ	340	tri-vylibra lo	365
TRACLEER	435	triamcinolone	
TRADJENTA	207	acetonide	269,278,433
tramadol hcl	45	triamterene-	
tramadol hcl er	40	hydrochlorothiazid	250
tramadol hcl-acetaminophen	45	TRIBENZOR	250
trandolapril	230	triderm	279
trandolapril-verapamil er	249	trientine hcl	296
tranexamic acid	223	trifluoperazine hcl	167
tranylcyromine sulfate	91	trifluridine	411
TRAVASOL	301	TRIKAFTA	433
TRAVATAN Z	417	triklo	258
travoprost	417	TRILEPTAL	85
TRAZIMERA	157	trimethoprim	59
trazodone hcl	97	trimipramine maleate	99
TREANDA	129	TRINTELLIX	97
TRECTOR	116	triphrocaps	302
TRELEGY ELLIPTA	440	triple antibiotic	284
TRELSTAR	380	triprolidine hcl	429
TREMFYA	385	TRISENOX	129
TREMFYA PEN	385	TRIUMEQ	186
		TRIUMEQ PD	186
		trivora-28	365

TRIZIVIR.....	186	ursodiol.....	327
TRODELVY.....	157	UZEDY.....	176,177
TROGARZO.....	188	V	
TROPHAMINE.....	302	v-go 20.....	215
tropium chloride.....	340	v-go 30.....	215
tropium chloride er.....	340	v-go 40.....	215
TRULICITY.....	208	VAGIFEM.....	350
TRUMENBA.....	398	valacyclovir.....	196
TRUQAP.....	149	VALCHLOR.....	117
TRUVADA.....	187	VALCYTE.....	192
TRUXIMA.....	157	valganciclovir hcl.....	192
TUKYSA.....	149	valproate sodium.....	76
tulana.....	371	valproic acid.....	76
TUMS.....	326,327	valsartan.....	228
TUMS SMOOTHIES.....	327	valsartan-	
TUMS ULTRA.....	327	hydrochlorothiazide.....	250
tums ultra strength.....	327	VALTOCO.....	82
TUMS X-STR.....	327	VALTRESX.....	196
TURALIO.....	149	vancomycin.....	59
turqoz.....	368	vancomycin hcl.....	59
tussin dm.....	327,440	vancomycin hcl-0.9% nacl.....	60
tussin dm clear.....	440	vancomycin hcl-d5w.....	60
TWINRIX.....	398	VANDAZOLE.....	60
TYBLUME.....	365	VANFLYTA.....	149
TYBOST.....	189	VAQTA.....	398
tydemy.....	365	varenicline tartrate.....	51
TYGACIL.....	59	VARIVAX VACCINE.....	398
TYKERB.....	149	VASCEPA.....	258
TYMLOS.....	405	VASERETIC.....	250
TYPHIM VI.....	398	VASOTEC.....	230
TYSABRI.....	268	VAXCHORA VACCINE.....	399
U		VECTIBIX.....	158
UBRELVY.....	112	VEGZELMA.....	158
UDENYCA.....	222	VELCADE.....	149
UDENYCA		velivet.....	365
AUTOINJECTOR.....	222	VELPHORO.....	305
UDENYCA ONBODY.....	222	VELTASSA.....	306
ultra strength antacid.....	327	VENCLEXTA.....	149,150
UNITHROID.....	376	VENCLEXTA STARTING	
UNITUXIN.....	157	PACK.....	150

venlafaxine besylate er	97	vit 3	302
venlafaxine hcl	97	VITAL-D RX	302
venlafaxine hcl er	97	vitamin d2	302
VENTAVIS	436	vitamin d3	303
VENTOLIN HFA	431	vitamin k1	223,303
verapamil er	240	vitamins a,c,d and fluoride	303
verapamil er pm	241	VITRAKVI	150
verapamil hcl	241	VIVITROL	48
verapamil sr	241	VIZIMPRO	150
VERELAN	241	volnea	366
VERELAN PM	241	VONJO	151
VERQUVO	250	VORANIGO	151
VERSACLOZ	179	voriconazole	109
VERZENIO	150	VOSEVI	194
vestura	365	VOTRIENT	151
VFEND IV	109	VPRIV	337
vgo 20	215	VRAYLAR	177
vgo 30	215	VUMERITY	268
vgo 40	215	vyfemla	366
VIBERZI	310	vylibra	366
VIBRAMYCIN	72	VYNDAMAX	337
VICTOZA 2-PAK	208	VYNDAQEL	337
VICTOZA 3-PAK	208	VYTORIN	258
vienva	365	VYVANSE	262
vigabatrin	82	VYXEOS	130
vigadrone	82	W	
VIGAFYDE	82	warfarin sodium	219
VIGAMOX	411	water	303
vigpoder	82	wee care	303
VIBRYD	97	WEGOYV	53
vilazodone hcl	98	WELIREG	130
VIMPAT	86	WELLBUTRIN SR	90
vinblastine sulfate	130	WELLBUTRIN XL	90
vincasar pfs	130	wera	366
vincristine sulfate	130	wescaps	304
vinorelbine tartrate	130	wixela inhub	440
viorele	366	women's gentle laxative	328
VIRACEPT	191,192	wymzya fe	366
VIREAD	187		
virt-caps	302		
virt-gard	302		

X

XALKORI	151
XARELTO	219
XATMEP	392
XCOPRI	77
XELJANZ	385
XELJANZ XR	385
XENAZINE	265,266
XENICAL	53
XERMELO	310
XGEVA	405
XHANCE	420
XIFAXAN	328
XIGDUO XR	208
XOFLUZA	195
XOLAIR	386
XOPENEX HFA	431
XOSPATA	151
XPOVIO	130
XTANDI	119
XYLOCAINE	46
XYLOCAINE-MPF	46

Y

yargesa	337
YASMIN 28	366
YAZ	366
YERVOY	158
YF-VAX	399
YONDELIS	117
YONSA	119
yuvaferm	350

Z

zaditor	412
zafirlukast	429
zaleplon	442
ZALTRAP	120
ZANOSAR	131
zarah	366

ZARONTIN	78
ZEBUTAL	28
ZEJULA	151
ZELBORAF	152
ZEMPLAR	405
zenatane	273
ZENPEP	338
zenzedi	262
ZEPATIER	194
ZEPZELCA	117
ZESTORETIC	250
ZESTRIL	230
ZETIA	258
ZIAC	251
ZIAGEN	187
zidovudine	187
ZIEXTENZO	222
ziprasidone hcl	177
ziprasidone mesylate	177
ZIRABEV	158
ZITHROMAX	69
ZITHROMAX TRI-PAK	69
ZOCOR	255
ZOKINVY	338
zoledronic acid	405
ZOLINZA	131
zolmitriptan odt	113
ZOLOFT	98
zolpidem tartrate	442
ZONALON	279
ZONEGRAN	86
ZONISADE	86
zonisamide	86
ZONTIVITY	219
ZORTRESS	392
ZOSYN	66
zovia 1-35	366
ZOVIRAX	196
ZTALMY	82
ZTLIDO	46
zumandimine	367

ZURZUVAE.....	90
ZYDELIG.....	152
ZYKADIA.....	152
ZYLOPRIM.....	110
ZYNLONTA.....	158
ZYPREXA.....	177,178
ZYPREXA RELPREVV.....	178
ZYPREXA ZYDIS.....	178
ZYVOX.....	60

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 12/01/2024

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

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

