



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

HPMS Submission ID 00025016, Version 19

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



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

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

Introduction

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

No changes made since 12/01/2025

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

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A. Disclaimers

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

- ❖ Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.
- ❖ You can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format.
- ❖ The *List of Covered Drugs* and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ 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

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pay for your services. For more information, call UPHP MI Health Link Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time or read the UPHP MI Health Link *Member Handbook*.

B. Frequently Asked Questions (FAQ)

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

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

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

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

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

B2. Does the *Drug List* ever change?

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

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

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

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

If you are taking a drug that was covered at the **beginning** of the year, we will generally not

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remove or change coverage of that drug **during the rest of the year** unless:

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

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

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

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

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the

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drug, we will send you a notice after we make the change.

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

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

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables in section C. You can also get more information by visiting our website at www.uphp.com/medicare/uphp-mi-health-link. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs in section C has a column labeled "Necessary actions, restrictions, or limits on use."

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

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find the Index starting on page 168. The section provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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

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

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

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

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

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UPHP MI Health Link. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

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

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.



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.
- This is in addition to the temporary supply during the first 90 days you are a member of UPHP MI Health Link.

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

Yes. You can ask UPHP MI Health Link to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, UPHP MI Health Link may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call UPHP Customer Service. A UPHP Customer Service representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After, we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. You, your representative, or your doctor (or other prescriber) can send us the prescriber supporting statement. For fastest service we recommend faxing the statement to 866-391-6730. You can also mail the statement:

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

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If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

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

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

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

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

B15. What are OTC drugs?

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

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

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

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

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

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

B17. What is my copay?

As a UPHP MI Health Link member, you have no copays for prescription and OTC drugs as long

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as you follow UPHP MI Health Link’s rules.

B18. What are drug tiers?

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

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

All tiers have (\$0) copay.

C. Overview of the List of Covered Drugs

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

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

The information in the necessary actions, restrictions, or limits on use column tells you if UPHP MI Health Link has 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.
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C1. Drugs Grouped by Medical Condition

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

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

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

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

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

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

QLC = This medication is subject to Opioid Safety Edits



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UPHP MI HEALTH LINK (List of Covered Drugs)

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Analgesics		
<i>8 hour acetaminophen er 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>8 hour pain relief (ft 8 hour rlf er 650 mg, gnp 8 hour relief 650 mg, sm 8 hour relief 650 mg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>8hr arthritis pain (arthritis er 650 mg, gnp arthrit er 650 mg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>acetaminophen (120 mg suppos, 160 mg/5 ml cup, 160 mg/5 ml liq, 160 mg/5 ml soln, 325 mg gelcap, 325 mg tablet, 325 mg/10.15 ml, 500 mg caplet, 500 mg gelcap, 500 mg tablet, 650 mg suppos, 650mg/20.3ml cup)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>acetaminophen 8 hour qc 8-hr 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>acetaminophen er (er 650 mg caplet, er 650 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>arthritis pain gs er 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>arthritis pain relief (er 650 mg caplt, qc er 650 mg, sm er 650 mg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>arthritis pain reliever sm 650 mg tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aspirin (81 mg chewable tablet, 300 mg suppository, ft 325 mg tablet, gnp 325 mg tablet, gs 81 mg chewable tab, gs 325 mg tablet, qc 81 mg chewable tab, 325 mg tablet, qc 325 mg tablet, sm 81 mg chewable tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aspirin ec (ec 81 mg tablet, ec 325 mg tablet, ft ec 81 mg tablet, ft ec 325 mg tablet, gnp ec 81 mg tablet, qc ec 81 mg tablet, qc ec 325 mg tablet, sm ec 81 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aspirin regimen 81 mg ec tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>buffered aspirin 325 mg tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's acetaminophen chld 160 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's aspirin (81 mg tab chew, sm 81 mg chw tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>children's mapap 80 mg tab chw</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's pain relief qc rlf 160 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's pain reliever sm child's susp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's pain-fever (child pain-fever 160 mg/5 ml, gnp child pain-fever 160 mg/5, gs child fever-pain 160 mg/5ml, gs child pain-fever 160 mg/5ml, sm chld pain-fever 160 mg/5 ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ed-apap 160 mg/5 ml liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
FEVERALL (80 MG, 120 MG, 325 MG, 650 MG)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>infant pain-fever 160 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>infants' acetaminophen 160 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>infants' pain-fever (gs infant 160 mg/5, infant 160 mg/5 ml, infants 160 mg/5 ml, qc infant 160 mg/5, sm infant 160 mg/5)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>m-pap 160 mg/5 ml liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>mapap 500 mg capsule</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nicotine lozenge (4 mg, ft 4 mg, gnp 4 mg, gs 4 mg, sm 4 mg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>non-aspirin 325 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>non-aspirin extra strength 500 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>non-aspirin pain relief (500 mg caplet, 500 mg gelcap, pain relief tb)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pain relief (325 mg tablet, ft 325 mg tablet, 500 mg caplet, 500 mg gelcap, 500 mg tablet, ft 500 mg gelcap, ft 500 mg tablet, gs 325 mg tablet, gs 500 mg caplet, gs 500 mg tablet, gs er 650 mg cplt, qc 325 mg tablet, qc 500 mg caplet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pain relief extra strength (500 mg caplet, 500 mg gelcap)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pain reliever (sm 325 mg tablet, 500 mg caplet, 500 mg tablet, sm 500 mg caplet, sm 500 mg tablet, sm er 650 mg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pharbetol (325 mg tablet, 500 mg caplet, 500 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>st. joseph aspirin 81 mg chew</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tension headache caplet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tri-buffered aspirin 325 mg tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
Analgesics, Other		
<i>butalbital-acetaminophen butalbital-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)
ESGIC 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
<i>tencon 50-325 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
ZEBUTAL 50-325-40 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
<i>all day pain relief (ft 220 mg caplet, relief 220 mg tab, rlf 220 mg caplet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>all day relief (220 mg caplet, 220 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ARTHROTEC 50 MG-200 MCG TAB	\$0 (Tier 2)	QL (120 PER 30 DAYS)
ARTHROTEC 75 MG-200 MCG TAB	\$0 (Tier 2)	QL (90 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	\$0 (Tier 2)	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>celecoxib 400 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>children's ibuprofen (child 100 mg/5ml cup, child 200mg/10ml cup, children 100 mg/5 ml, ft child 100 mg/5 ml, gs child 100 mg/5 ml, qc child 100 mg/5 ml, sm child 100 mg/5 ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
DAYPRO 600 MG CAPLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diclofenac potassium 50 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium (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 1% gel</i>	\$0 (Tier 1)	
<i>diclofenac sodium 1.5% topical soln</i>	\$0 (Tier 1)	PA
<i>diclofenac sodium er 100 mg tab</i>	\$0 (Tier 1)	QL (60 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>diclofenac sodium-misoprostol diclofenac-misoprost 50-0.2 mg</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 375 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 500 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	QL (60 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 er (er 400 mg tablet, er 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>flurbiprofen 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ibuprofen (ft 200 mg mini sfgl, gnp 100 mg chew tab, 200 mg caplet, 200 mg capsule, 200 mg softgel, 200 mg tablet, ft 200 mg caplet, ft 200 mg softgel, ft 200 mg tablet, gnp 200 mg mini sfgl, gnp 200 mg softgel, gnp 200 mg tablet, gs 100 mg chew tab, gs 200 mg caplet, gs 200 mg liquid gel, gs 200 mg softgel, gs 200 mg tablet, jr str 100 mg tb chw, qc 200 mg caplet, qc 200 mg tablet, sm 200 mg caplet, sm 200 mg softgel, sm 200 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ibuprofen 100 mg/5 ml susp</i>	\$0 (Tier 1)	
<i>ibuprofen 400 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ibuprofen ib (ft 100 mg chew tb, sm 100 mg chew tb, sm 200 mg caplet, sm 200 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>indomethacin 25 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>indomethacin er 75 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>infant's ibuprofen (gs inf 50 mg/1.25 ml, infant 50 mg/1.25 ml, sm inf 50 mg/1.25 ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>infants' ibuprofen 50 mg/1.25 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ketorolac tromethamine 10 mg tablet</i>	\$0 (Tier 1)	
<i>mediproxen 220 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>meloxicam 15 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>naproxen (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 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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>naproxen sodium (ft sodium 220 mg cap, gnp sod 220 mg caplet, gnp sod 220 mg tablet, gs sod 220 mg caplet, gs sod 220 mg tablet, qc sod 220 mg tablet, sm sod 220 mg caplet, sodium 220 mg caplet, sodium 220 mg capsule, sodium 220 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>naproxen sodium 275 mg tab</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)</i>	\$0 (Tier 1)	PA, QL (4 PER 28 DAYS)
BUTRANS (5 MCG/HR PATCH, 7.5 MCG/HR PATCH, 10 MCG/HR PATCH, 15 MCG/HR PATCH, 20 MCG/HR PATCH)	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS)
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 37.5 mcg/hr patch, 50 mcg/hr patch, 62.5 mcg/hr patch, 75 mcg/hr patch, 87.5 mcg/hr patch, 100 mcg/hr patch)</i>	\$0 (Tier 1)	PA, QL (15 PER 30 DAYS)
<i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate (2 mg tablet, 3 mg tablet)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine #4 tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS)
<i>butorphanol tartrate 10 mg/ml spray</i>	\$0 (Tier 1)	QL (48 PER 30 DAYS)
<i>codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet)</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (7.5, 7.5, 10-300 mg, 10-325 mg)</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen (5-200 mg, 7.5, 10)</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	\$0 (Tier 1)	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl (10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	\$0 (Tier 1)	PA
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS)
<i>morphine sulfate 100 mg/5 ml conc</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>morphine sulfate 20 mg/5 ml soln</i>	\$0 (Tier 1)	QL (1350 PER 30 DAYS)
<i>morphine sulfate ir 15 mg tab</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen oxycodone-acetaminophn 7.5-325</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
ROXICODONE (15 MG TABLET, 30 MG TABLET)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen tramadol-acetaminophn 37.5-325</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocan 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	\$0 (Tier 1)	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl laryngotracheal 4% solution</i>	\$0 (Tier 1)	
<i>lidocaine hcl laryngotracheal 4% solution</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous (2% 15 ml cup, 2% soln)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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)
<i>lidocan iv 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>lidocan v 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
LIDODERM 5% PATCH	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZTLIDO 1.8% TOPICAL SYSTEM	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

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

Opioid Dependence

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

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

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

Smoking Cessation Agents

<i>bupropion hcl sr 150 mg tablet</i>	\$0 (Tier 1)	
<i>nicoderm cq 21 mg/24hr patch</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nicotine gum (2 mg, gnp 2 mg, 4 mg, gnp 4 mg, gs 2 mg, gs 4 mg, sm 2 mg, sm 4 mg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nicotine lozenge (2 mg, 2 mg mini, ft 2 mg, gnp 2 mg, gnp 2 mg mini, 4 mg mini, gnp 4 mg mini, gs 2 mg, gs 2 mg mini, gs 4 mg mini, sm 2 mg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nicotine patch (7 mg/24hr patch, 21 mg/24hr patch, gnp 21 mg/24hr patch, sm 7 mg/24hr patch, 14 mg/24hr patch, sm 14 mg/24hr patch, sm 21 mg/24hr patch, transdermal system)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
NICOTROL CARTRIDGE INHALER	\$0 (Tier 2)	
NICOTROL NS 10 MG/ML SPRAY	\$0 (Tier 2)	
<i>varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet, varenicline starting month box)</i>	\$0 (Tier 1)	

Anti-Obesity Agents

Anti-Obesity Agents, Other

ADIPEX-P 37.5 MG TABLET	\$0 (Tier 2)	PA, (Medicaid Benefit Drug), *
<i>benzphetamine hcl 50 mg tablet</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>diethylpropion hcl 25 mg tablet</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>diethylpropion hcl er 75 mg tablet</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
IMCIVREE 10 MG/ML VIAL	\$0 (Tier 2)	PA, (Medicaid Benefit Drug), *
<i>orlistat 120 mg capsule</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>phendimetrazine tartrate 35 mg tablet</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>phendimetrazine tartrate er 105 mg cap</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>phentermine hcl (15 mg capsule, 30 mg capsule, 37.5 mg capsule, 37.5 mg tablet)</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
SAXENDA 18 MG/3 ML PEN	\$0 (Tier 2)	PA, (Medicaid Benefit Drug), *
WEGOVY (0.25 MG/0.5 ML PEN, 0.5 MG/0.5 ML PEN, 1 MG/0.5 ML PEN, 1.7 MG/0.75 ML PEN, 2.4 MG/0.75 ML PEN)	\$0 (Tier 2)	PA, (Medicaid Benefit Drug), *
XENICAL 120 MG CAPSULE	\$0 (Tier 2)	PA, (Medicaid Benefit Drug), *

Antibacterials

Aminoglycosides

<i>amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vial)</i>	\$0 (Tier 1)	
ARIKAYCE 590 MG/8.4 ML VIAL	\$0 (Tier 2)	PA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>	\$0 (Tier 1)	
HUMATIN 250 MG CAPSULE	\$0 (Tier 2)	
<i>neomycin sulfate 500 mg tablet</i>	\$0 (Tier 1)	
<i>streptomycin sulfate 1 gm vial</i>	\$0 (Tier 1)	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	\$0 (Tier 1)	

Antibacterials, Other

AZACTAM (1 GM VIAL, 2 GM VIAL)	\$0 (Tier 2)	
<i>aztreonam (1 gm vial, 2 gm vial)</i>	\$0 (Tier 1)	
CLEOCIN 2% VAGINAL CREAM	\$0 (Tier 2)	
CLEOCIN HCL (75 MG CAPSULE, 150 MG CAPSULE, 300 MG CAPSULE)	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL)	\$0 (Tier 2)	
CLEOCIN T 1% LOION	\$0 (Tier 2)	
<i>clindacin etz 1% pledget</i>	\$0 (Tier 1)	
<i>clindacin p 1% ledgets</i>	\$0 (Tier 1)	
<i>clindamycin (pediatric) (pedi) 75 mg/5 ml</i>	\$0 (Tier 1)	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	\$0 (Tier 1)	
<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, 600 mg/50, 900 mg/50)</i>	\$0 (Tier 1)	
<i>clindamycin-0.9% nacl (300 mg/50, 600 mg/50, 900 mg/50)</i>	\$0 (Tier 1)	
<i>colistimethate 150 mg vial</i>	\$0 (Tier 1)	
CUBICIN 500 MG VIAL	\$0 (Tier 2)	
CUBICIN RF 500 MG VIAL	\$0 (Tier 2)	
DALVANCE 500 MG VIAL	\$0 (Tier 2)	
<i>daptomycin 500 mg vial</i>	\$0 (Tier 1)	
FLAGYL 375 CAPSULE	\$0 (Tier 2)	
IMPAVIDO 50 MG CAPSULE	\$0 (Tier 2)	
<i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>	\$0 (Tier 1)	PA
<i>linezolid-0.9% nacl 600mg/300ml-0.9%nacl</i>	\$0 (Tier 1)	
<i>linezolid-d5w 600 mg/300 ml-d5w</i>	\$0 (Tier 1)	
<i>methenamine hippurate 1 gm tablet</i>	\$0 (Tier 1)	
METRO IV 500 MG/100 ML	\$0 (Tier 2)	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	\$0 (Tier 1)	
<i>nitrofurantoin mono-macro mono-mcr 100 mg</i>	\$0 (Tier 1)	
SIVEXTRO 200 MG TABLET	\$0 (Tier 2)	PA
SIVEXTRO 200 MG VIAL	\$0 (Tier 2)	
<i>tigecycline 50 mg vial</i>	\$0 (Tier 1)	
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>trimethoprim 100 mg tablet</i>	\$0 (Tier 1)	
TYGACIL 50 MG VIAL	\$0 (Tier 2)	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 1.75 gram vial, hcl 2 gram vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial)</i>	\$0 (Tier 1)	
<i>vancomycin hcl 125 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	\$0 (Tier 2)	PA
ZYVOX 600 MG/300 ML-D5W	\$0 (Tier 2)	
Beta-lactam, Cephalosporins		
<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	\$0 (Tier 1)	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	\$0 (Tier 1)	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	\$0 (Tier 1)	
<i>cefazolin sodium-dextrose 1 g/50 ml-dextrose</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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cefoxitin (1 gm vial, 2 gm vial, 10 gm vial)</i>	\$0 (Tier 1)	
<i>cefoxitin sodium (1 gm, 2 gm)</i>	\$0 (Tier 1)	
<i>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 vial, 2 gm vial, 6 gm vial)</i>	\$0 (Tier 1)	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	\$0 (Tier 1)	
<i>cefuroxime (250 mg tab, 500 mg tab)</i>	\$0 (Tier 1)	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	\$0 (Tier 1)	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)</i>	\$0 (Tier 1)	
<i>tazicef (1 gm add-vantage vial, 1 gram vial, 2 gm add-vantage vial, 2 gram vial, 6 gram vial)</i>	\$0 (Tier 1)	
TEFLARO (400 MG VIAL, 600 MG VIAL)	\$0 (Tier 2)	
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 amox-clav 1,000-62.5 mg tab</i>	\$0 (Tier 1)	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	\$0 (Tier 1)	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ampicillin trihydrate 500 mg capsule</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	\$0 (Tier 1)	
BICILLIN L-A (600,000 UNIT/ML, 1,200,000 UNITS, 2,400,000 UNITS)	\$0 (Tier 2)	
<i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i>	\$0 (Tier 1)	
EXTENCILLINE (1,200,000 UNIT VL, 2,400,000 UNIT VL)	\$0 (Tier 2)	
<i>lentocilin s 1,200,000unit</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 bottle, 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 (2 million unit/50 ml, 3 million unit/50 ml)</i>	\$0 (Tier 1)	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>pfizerpen (5 million vial, 20 million vial)</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>	\$0 (Tier 1)	
ZOSYN 2.25 GM/50 ML GALAXY BAG	\$0 (Tier 2)	
Carbapenems		
<i>ertapenem 1 gram vial</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin sodium (250 mg, 500 mg)</i>	\$0 (Tier 1)	
INVANZ 1 GM VIAL	\$0 (Tier 2)	
<i>meropenem (1 gm vial, 500 mg vial)</i>	\$0 (Tier 1)	
<i>meropenem-0.9% nacl (1 gram/50, 500 mg/50)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Macrolides		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	\$0 (Tier 1)	
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>clarithromycin er 500 mg tab</i>	\$0 (Tier 1)	
DIFICID 200 MG TABLET	\$0 (Tier 2)	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	\$0 (Tier 2)	QL (136 PER 10 OVER TIME)
E.E.S. 200 MG/5 ML SUSPENSION	\$0 (Tier 2)	
<i>ery 2% pads</i>	\$0 (Tier 1)	
ERY-TAB (DR 250 MG TABLET, DR 333 MG TABLET, DR 500 MG TABLET)	\$0 (Tier 2)	
ERYPED 200 MG/5 ML SUSPENSION	\$0 (Tier 2)	
ERYPED 400 MG/5 ML SUSPENSION	\$0 (Tier 2)	
ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	\$0 (Tier 2)	
<i>erythromycin (2% solution, 250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate (200 mg/5 ml, 400 mg/5 ml)</i>	\$0 (Tier 1)	
<i>erythromycin lactobionate 500 mg vial</i>	\$0 (Tier 1)	
<i>fidaxomicin 200 mg tablet</i>	\$0 (Tier 1)	QL (20 PER 10 OVER TIME)
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)	

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

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

CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	\$0 (Tier 2)	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	\$0 (Tier 1)	
<i>ciprofloxacin-d5w (200 mg/100ml-d5w, 400 mg/200ml-d5w)</i>	\$0 (Tier 1)	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	\$0 (Tier 1)	
<i>levofloxacin-d5w (250 mg/50, 500 mg/100, 750 mg/150)</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 800-160 MG TABLET	\$0 (Tier 2)	
<i>sulfadiazine 500 mg tablet</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>	\$0 (Tier 1)	

Tetracyclines

<i>avidoxy 100 mg tablet</i>	\$0 (Tier 1)	
<i>demeclocycline hcl (150 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	
<i>doxy 100 mg vial</i>	\$0 (Tier 1)	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)</i>	\$0 (Tier 1)	

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

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

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	\$0 (Tier 2)	
DEPAKOTE (DR 125 MG TABLET, DR 250 MG TABLET, DR 500 MG TABLET)	\$0 (Tier 2)	
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 11.

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 (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	\$0 (Tier 2)	QL (680 PER 28 DAYS)
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	\$0 (Tier 2)	
LAMICTAL (5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	
LAMICTAL (BLUE) TAB START KIT	\$0 (Tier 2)	
<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 (blue) tab start kit-blue</i>	\$0 (Tier 1)	
<i>lamotrigine er (er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet)</i>	\$0 (Tier 1)	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	\$0 (Tier 1)	
<i>levetiracetam er (er 500 mg tablet, er 750 mg tablet)</i>	\$0 (Tier 1)	
<i>perampanel (2 mg tablet, 4 mg tablet, 6 mg tablet, 8 mg tablet, 10 mg tablet, 12 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<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 (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>subvenite (blue) tab start kit</i>	\$0 (Tier 1)	
<i>topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 25 mg/ml solution, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	\$0 (Tier 1)	
Calcium Channel Modifying Agents		
CELONTIN 300 MG CAPSULE	\$0 (Tier 2)	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	\$0 (Tier 1)	
<i>methsuximide 300 mg capsule</i>	\$0 (Tier 1)	
ZARONTIN 250 MG CAPSULE	\$0 (Tier 2)	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)
<i>diazepam (2.5mg gel(2pk), 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
<i>gabapentin (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 100 mg capsule</i>	\$0 (Tier 1)	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	\$0 (Tier 2)	QL (10 PER 30 DAYS)
LYRICA (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 11.

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)
LYRICA 20 MG/ML ORAL SOLUTION	\$0 (Tier 2)	QL (900 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 (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	\$0 (Tier 2)	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	\$0 (Tier 2)	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	\$0 (Tier 2)	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	\$0 (Tier 2)	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	\$0 (Tier 2)	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
<i>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)
<i>pregabalin 20 mg/ml solution</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)
<i>primidone (50 mg tablet, 125 mg tablet, 250 mg tablet)</i>	\$0 (Tier 1)	
SABRIL (500 MG POWDER PACKET, 500 MG TABLET)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SYMPAZAN (10 MG FILM, 20 MG FILM)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	PA, QL (1100 PER 30 DAYS)
Sodium Channel Agents		
APTIOM (200 MG TABLET, 400 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	\$0 (Tier 2)	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	\$0 (Tier 1)	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	\$0 (Tier 1)	
CARBATROL (ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE)	\$0 (Tier 2)	
DILANTIN (DILANTIN 30 MG CAPSULE, DILANTIN 30 MG CAPSULE, DILANTIN 100 MG CAPSULE, DILANTIN 100 MG CAPSULE, DILANTIN 50 MG INFATAB)	\$0 (Tier 2)	
DILANTIN-125 MG/5 ML SUSP	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>epitol 200 mg tablet</i>	\$0 (Tier 1)	
<i>eslicarbazepine acetate (200 mg tablet, 400 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tablet, 800 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i>	\$0 (Tier 1)	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	\$0 (Tier 1)	
PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE)	\$0 (Tier 2)	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	\$0 (Tier 1)	
<i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>	\$0 (Tier 1)	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	\$0 (Tier 2)	
TEGRETOL XR (100 MG TABLET, 200 MG TABLET, 400 MG TABLET)	\$0 (Tier 2)	
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	\$0 (Tier 2)	
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	
XCOPRI (12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	\$0 (Tier 2)	

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

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

Antidementia Agents

Cholinesterase Inhibitors

ADLARITY (5 MG/DAY PATCH, 10MG/DAY PATCH)	\$0 (Tier 2)	
ARICEPT (5 MG TABLET, 10 MG TABLET)	\$0 (Tier 2)	
<i>donepezil hcl (5 mg tablet, 10 mg tablet, 23 mg tablet)</i>	\$0 (Tier 1)	
<i>donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)</i>	\$0 (Tier 1)	
EXELON (4.6 MG/24HR PATCH, 9.5 MG/24HR PATCH, 13.3 MG/24HR PATCH)	\$0 (Tier 2)	
<i>galantamine er (er 8 mg capsule, er 16 mg capsule, er 24 mg capsule)</i>	\$0 (Tier 1)	
<i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide 4 mg/ml oral soln</i>	\$0 (Tier 1)	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	\$0 (Tier 1)	

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

<i>memantine hcl (hcl 2 mg/ml solution, 5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet, hcl 10 mg/5 ml cup)</i>	\$0 (Tier 1)	PA
<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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NAMENDA (5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET)	\$0 (Tier 2)	PA

Antidepressants

Antidepressants, Other

AUVELITY ER 45-105 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>bupropion hcl sr (150 mg tablet, 200 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 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)
EXXUA (ER 18.2 MG TAB (TITRATN), ER 18.2 MG TABLET, ER 36.3 MG TABLET, ER 54.5 MG TABLET, ER 72.6 MG TABLET)	\$0 (Tier 2)	QL (30 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)
<i>mirtazapine 15 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
WELLBUTRIN SR (SR 150 MG TABLET, SR 200 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	\$0 (Tier 2)	QL (90 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 11.

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 Inhibito		
CELEXA (10 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er (er 25 mg, er 50 mg, er 100mg)</i>	\$0 (Tier 1)	QL (30 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)
DRIZALMA SPRINKLE 30 MG CAP	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>escitalopram oxalate (oxalate 5 mg/5 ml, 10 mg/10 ml cup)</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 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)
FETZIMA 20-40 MG TITRATION PAK	\$0 (Tier 2)	QL (28 PER 28 DAYS)
<i>fluoxetine dr 90 mg capsule</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	\$0 (Tier 2)	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	\$0 (Tier 1)	
<i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>paroxetine cr 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 er 12.5 mg tablet</i>	\$0 (Tier 1)	QL (30 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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PAXIL (10 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	\$0 (Tier 2)	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PRISTIQ (ER 25 MG TABLET, ER 50 MG TABLET, ER 100 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
RALDESY 10 MG/ML SOLUTION	\$0 (Tier 2)	QL (1200 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	QL (45 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>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, 20 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>vilazodone hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZOLOFT 20 MG/ML ORAL CONC	\$0 (Tier 2)	QL (300 PER 30 DAYS)
Tricyclics		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	\$0 (Tier 1)	
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0 (Tier 1)	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	\$0 (Tier 1)	
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	\$0 (Tier 1)	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	\$0 (Tier 1)	
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
NORPRAMIN (10 MG TABLET, 25 MG TABLET)	\$0 (Tier 2)	
<i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	\$0 (Tier 1)	
<i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cp)</i>	\$0 (Tier 1)	
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	\$0 (Tier 1)	PA
<i>compro 25 mg suppository</i>	\$0 (Tier 1)	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	\$0 (Tier 1)	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>prochlorperazine 25 mg supp</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>	\$0 (Tier 1)	
<i>promethazine hcl (6.25 mg/5 ml cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 12.5 mg/10 ml cup, 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>granisetron hcl 1 mg tablet</i>	\$0 (Tier 1)	PA
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution, hcl 4 mg tablet, hcl 8 mg tablet)</i>	\$0 (Tier 1)	
<i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>	\$0 (Tier 1)	
Antifungals		
<i>3 day vaginal qc 4% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
3-DAY VAGINAL CREAM (CREAM, SM CREAM)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
AMBISOME 50 MG VIAL	\$0 (Tier 2)	PA
<i>amphotericin b 50 mg vial</i>	\$0 (Tier 1)	PA
<i>amphotericin b liposome 50 mg</i>	\$0 (Tier 1)	PA
<i>antifungal (1%, sm 1%)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antifungal cream (1%, ft 1%, qc 1%, sm 1%)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>athlete's foot (1%, ft 1%, gnp 1%)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>baza antifungal 2% cream</i>	\$0 (Tier 1)	(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% vaginal, qc 1% vag, sm 1% vag)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>clotrimazole (clotrimazole 1% topical, tm-clotrimazole 1% top)</i>	\$0 (Tier 1)	*
<i>clotrimazole-3 2% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
CRESEMBA (74.5 MG CAPSULE, 186 MG CAPSULE, 372 MG VIAL)	\$0 (Tier 2)	PA
DIFLUCAN (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	
<i>econazole nitrate 1% cream</i>	\$0 (Tier 1)	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	\$0 (Tier 1)	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	\$0 (Tier 1)	PA
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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	\$0 (Tier 1)	
<i>klayesta 100,000 unit/gm powd</i>	\$0 (Tier 1)	
LOPROX 1% SHAMPOO	\$0 (Tier 2)	
<i>micafungin (50 mg vial, 100 mg vial)</i>	\$0 (Tier 1)	
<i>micafungin-0.9% nacl (50 mg/50ml-0.9%nacl, 100 mg/100-0.9%nacl, 150 mg/150-0.9%nacl)</i>	\$0 (Tier 1)	
<i>miconazole 1 (1 combination, gnp 1 combo)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>miconazole 3 (3, gs 3, sm 3)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>miconazole 7 (7 100 mg vag supp, 7 cream, gs 7 cream, sm 7 100 mg vag sup, sm 7 cream)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>miconazole nitrate (2% topical cream, 2% vaginal cream, nitrate 2% solution, sm 2% topical cream, sm 2% vaginal cream)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>miconazole-7 qc</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>micotrin ac 1% topical cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>mycozyl ac 1% topical cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP, 300 MG/16.7 ML VIAL)	\$0 (Tier 2)	PA
<i>nyamyc 100,000 unit/gm powder</i>	\$0 (Tier 1)	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	\$0 (Tier 1)	
<i>nystop 100,000 unit/gm powder</i>	\$0 (Tier 1)	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp, 300 mg/16.7 ml vl)</i>	\$0 (Tier 1)	PA
SPORANOX 100 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>terbinafine 1% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>terbinafine hcl 250 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	\$0 (Tier 1)	

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

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

Antigout Agents

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

Antimigraine Agents

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

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists

AIMOVIG AUTOINJECTOR 140 MG/ML	\$0 (Tier 2)	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
EMGALITY PEN 120 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	\$0 (Tier 2)	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 30 DAYS)
NURTEC ODT 75 MG TABLET	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)
UBRELVY (50 MG TABLET, 100 MG TABLET)	\$0 (Tier 2)	PA, QL (16 PER 30 DAYS)

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

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

Antimyasthenic Agents

Parasympathomimetics

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

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

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

Antimycobacterials, Other

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

Antituberculars

<i>cycloserine 250 mg capsule</i>	\$0 (Tier 1)	
<i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>	\$0 (Tier 1)	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	
PRETOMANID 200 MG TABLET	\$0 (Tier 2)	
PRIFTIN 150 MG TABLET	\$0 (Tier 2)	
<i>pyrazinamide 500 mg tablet</i>	\$0 (Tier 1)	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	\$0 (Tier 1)	
SIRTURO (20 MG TABLET, 100 MG TABLET)	\$0 (Tier 2)	
TRECTOR 250 MG TABLET	\$0 (Tier 2)	

Antineoplastics

Alkylating Agents

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Antiandrogens		
<i>abiraterone acetate 250 mg tab</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>abirtega 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>bicalutamide 50 mg tablet</i>	\$0 (Tier 1)	
CASODEX 50 MG TABLET	\$0 (Tier 2)	
ERLEADA 240 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
EULEXIN 125 MG CAPSULE	\$0 (Tier 2)	
NILANDRON 150 MG TABLET	\$0 (Tier 2)	
<i>nilutamide 150 mg tablet</i>	\$0 (Tier 1)	
NUBEQA 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
YONSA 125 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	\$0 (Tier 1)	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
THALOMID 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
THALOMID 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
Antiestrogens/Modifiers		
FARESTON 60 MG TABLET	\$0 (Tier 2)	
INLURIYO 200 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>mercaptopurine (20 mg/ml suspen, 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		
AVMAPKI-FAKZYNJA CO-PACK	\$0 (Tier 2)	PA, QL (66 PER 28 DAYS)
HYDREA 500 MG CAPSULE	\$0 (Tier 2)	
<i>hydroxyurea 500 mg capsule</i>	\$0 (Tier 1)	
INQOVI 35 MG-100 MG TABLET	\$0 (Tier 2)	PA, QL (5 PER 28 DAYS)
IWILFIN 192 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
KISQALI FEMARA CO-PACK 200 MG	\$0 (Tier 2)	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	\$0 (Tier 2)	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	\$0 (Tier 2)	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	\$0 (Tier 1)	
LONSURF 15 MG-6.14 MG TABLET	\$0 (Tier 2)	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	\$0 (Tier 2)	PA, QL (80 PER 28 DAYS)
LYSODREN 500 MG TABLET	\$0 (Tier 2)	
NIPENT 10 MG VIAL	\$0 (Tier 2)	
ONUREG (200 MG TABLET, 300 MG TABLET)	\$0 (Tier 2)	PA, QL (14 PER 28 DAYS)
ORGOVYX 120 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	\$0 (Tier 2)	PA, QL (8 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
XPOVIO (40 MG, 60 MG)	\$0 (Tier 2)	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	\$0 (Tier 2)	PA, QL (32 PER 28 DAYS)
ZOLINZA 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

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

Molecular Target Inhibitors

AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
AKEEGA (50-500 MG TABLET, 100-500 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ALECENSA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 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)
ALUNBRIG 30 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
AUGTYRO 160 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
BALVERSA 3 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BRUKINSA 160 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
BRUKINSA 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
CALQUENCE (100 MG CAPSULE, 100 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COTELLIC 20 MG TABLET	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
DANZITEN (71 MG TABLET, 95 MG TABLET)	\$0 (Tier 2)	PA, QL (112 PER 28 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)
<i>dasatinib 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ERIVEDGE 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
EXKIVITY 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>gefitinib 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP)	\$0 (Tier 2)	PA, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAPSULE	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
HERNEXEOS 60 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 60 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)
IBTROZI 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
IDHIFA (50 MG TABLET, 100 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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 (70 MG CAPSULE, 420 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (324 PER 30 DAYS)
IMKELDI 80 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (280 PER 28 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)
ITOVEBI 3 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
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)
KOSELUGO 5 MG SPRINKLE CAPSULE	\$0 (Tier 2)	PA, QL (600 PER 30 DAYS)
KOSELUGO 7.5 MG SPRINKLE CAP	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
KRAZATI 200 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
<i>lapatinib 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
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 240 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LYNPARZA (100 MG TABLET, 150 MG TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	\$0 (Tier 2)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
MODEYSO 125 MG CAPSULE	\$0 (Tier 2)	PA, QL (20 PER 28 DAYS)
NERLYNX 40 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NEXAVAR 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
OJEMDA 25 MG/ML ORAL SUSP	\$0 (Tier 2)	PA, QL (96 PER 28 DAYS)
OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	\$0 (Tier 2)	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
QINLOCK 50 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	\$0 (Tier 2)	PA, QL (60 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)
REVUFORJ 110 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
REZLIDHIA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ROMVIMZA (14 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	\$0 (Tier 2)	PA, QL (8 PER 28 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)
SCSEMBLIX 100 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TABLET	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sorafenib 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 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)
SPRYCEL 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
STIVARGA 40 MG TABLET	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	\$0 (Tier 1)	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)
SUTENT 12.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
TABRECTA (150 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (840 PER 28 DAYS)
TAGRISSE (40 MG TABLET, 80 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
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)
TEPMETKO 225 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
TIBSOVO 250 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VONJO 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
VOTRIENT 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
XOSPATA 40 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 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ZYDELIG (100 MG TABLET, 150 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
Monoclonal Antibody/Antibody-Drug Conjugate		
KANJINTI (150 MG VIAL, 420 MG VIAL, 420 MG VIAL W-DILUENT)	\$0 (Tier 2)	PA
MVASI (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	\$0 (Tier 2)	PA
ONTRUZANT (150 MG VIAL, 420 MG VIAL)	\$0 (Tier 2)	PA
RIABNI (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	\$0 (Tier 2)	PA
RUXIENCE (100 MG/10 ML VIAL, 500 MG/50 ML VIAL)	\$0 (Tier 2)	PA
TRAZIMERA (150 MG VIAL, 420 MG VIAL)	\$0 (Tier 2)	PA
ZIRABEV (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	\$0 (Tier 2)	PA
Retinoids		
<i>bexarotene (1% gel, 75 mg capsule)</i>	\$0 (Tier 1)	PA
PANRETIN 0.1% GEL	\$0 (Tier 2)	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	\$0 (Tier 2)	PA
<i>tretinoin 10 mg capsule</i>	\$0 (Tier 1)	PA
Treatment Adjuncts		
<i>mesna 400 mg tablet</i>	\$0 (Tier 1)	
MESNEX 400 MG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Antiparasitics		
Anthelmintics		
<i>albendazole 200 mg tablet</i>	\$0 (Tier 1)	
<i>benznidazole (12.5 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
BILTRICIDE 600 MG TABLET	\$0 (Tier 2)	
<i>ivermectin 3 mg tablet</i>	\$0 (Tier 1)	PA
<i>praziquantel 600 mg tablet</i>	\$0 (Tier 1)	
STROMEKTOL 3 MG TABLET	\$0 (Tier 2)	PA
Antiprotozoals		
<i>atovaquone (750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup)</i>	\$0 (Tier 1)	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl (62.5, 250)</i>	\$0 (Tier 1)	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
COARTEM TABLETS	\$0 (Tier 2)	
DARAPRIM 25 MG TABLET	\$0 (Tier 2)	PA
<i>hydroxychloroquine sulfate (100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	\$0 (Tier 1)	
LAMPIT (30 MG TABLET, 120 MG TABLET)	\$0 (Tier 2)	
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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>primaquine 26.3 mg tablet</i>	\$0 (Tier 1)	
<i>pyrimethamine 25 mg tablet</i>	\$0 (Tier 1)	PA
<i>quinine sulfate 324 mg capsule</i>	\$0 (Tier 1)	PA

Antiparkinson Agents

Antiparkinson Agents, Other

<i>amantadine (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, 75, 100, 125, 150, 200)</i>	\$0 (Tier 1)	
COMTAN 200 MG TABLET	\$0 (Tier 2)	
<i>entacapone 200 mg tablet</i>	\$0 (Tier 1)	
TASMAR 100 MG TABLET	\$0 (Tier 2)	
<i>tolcapone 100 mg tablet</i>	\$0 (Tier 1)	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	PA

Dopamine Agonists

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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 (carbidopa-levo 10-100 mg odt, carbidopa-levo 25-100 mg odt, carbidopa-levo 25-250 mg odt, carbidopa-levodopa 10-100 tab, carbidopa-levodopa 25-100 tab, carbidopa-levodopa 25-250 tab)</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i>	\$0 (Tier 1)	
INBRIJA 42 MG INHALATION CAP	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	\$0 (Tier 2)	
SINEMET (10-100 MG TABLET, 25-100 MG TABLET)	\$0 (Tier 2)	
SINEMET 10-100 MG TABLET	\$0 (Tier 2)	
SINEMET 25-100 MG TABLET	\$0 (Tier 2)	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT (0.5 MG TABLET, 1 MG TABLET)	\$0 (Tier 2)	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	\$0 (Tier 1)	
<i>selegiline hcl (5 mg capsule, 5 mg tablet)</i>	\$0 (Tier 1)	
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine decanoate 125 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)</i>	\$0 (Tier 1)	PA
<i>haloperidol decanoate 100 mg/ml amp</i>	\$0 (Tier 1)	PA
<i>haloperidol lactate (2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl)</i>	\$0 (Tier 1)	PA
<i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	\$0 (Tier 1)	PA
<i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>	\$0 (Tier 1)	PA
<i>pimozide (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	PA
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	PA
<i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0 (Tier 1)	PA
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	PA
2nd Generation/Atypical		
ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	\$0 (Tier 2)	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	\$0 (Tier 2)	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	\$0 (Tier 2)	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 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 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (750 PER 30 DAYS)
<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)
FANAPT FNPT TITRTION PCK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
FANAPT TITRATION PACK C	\$0 (Tier 2)	PA, QL (8 PER 28 OVER TIME)
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GEODON (20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	\$0 (Tier 2)	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	\$0 (Tier 2)	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	\$0 (Tier 2)	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	\$0 (Tier 2)	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	\$0 (Tier 2)	QL (1.5 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)
<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 (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 10 mg vial</i>	\$0 (Tier 1)	PA, QL (90 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)
OPIPZA (5 MG FILM, 10 MG FILM)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	\$0 (Tier 2)	PA, QL (30 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)
<i>paliperidone er 6 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
PERSERIS (ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	\$0 (Tier 2)	QL (1 PER 28 DAYS)
<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)

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

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

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

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)
UZEDY ER 50 MG/0.14 ML SYRINGE	\$0 (Tier 2)	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	\$0 (Tier 2)	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate 20 mg/ml vial</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ZYPREXA (15 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	\$0 (Tier 2)	PA, QL (90 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)

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

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

COBENFY (50 MG-20 MG CAPSULE, 100 MG-20 MG CAPSULE, 125 MG-30 MG CAPSULE)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)

Treatment-Resistant

<i>clozapine (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (odt 25 mg tablet, odt 100 mg tablet)</i>	\$0 (Tier 1)	PA, QL (270 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)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	PA, QL (90 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)
VERSACLOZ 50 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

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

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

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

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DOVATO 50-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
GENVOYA TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	\$0 (Tier 2)	QL (180 PER 30 DAYS)
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 (25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
TIVICAY PD 5 MG TAB FOR SUSP	\$0 (Tier 2)	QL (360 PER 30 DAYS)

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

DELSTRIGO 100-300-300 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EDURANT 25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EDURANT PED 2.5MG TAB FOR SUSP	\$0 (Tier 2)	QL (180 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate (efavirenz-emtricitenofovir) 600-200-300</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate (400-300-300, 600-300-300)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>etravirine (100 mg tablet, 200 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
INTELENCE 25 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	\$0 (Tier 1)	QL (1200 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
PIFELTRO 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI 600-300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYMFI LO 400-300-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

<i>abacavir 20 mg/ml solution</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<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- rilpivirine-tenof emtricit- rilp-tenof 200-25-300</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg, 200-300mg)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	\$0 (Tier 2)	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPZICOM TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lamivudine 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ODEFSEY TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	\$0 (Tier 2)	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	\$0 (Tier 2)	QL (180 PER 30 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tb</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TRIUMEQ 600-50-300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SUSP	\$0 (Tier 2)	QL (180 PER 30 DAYS)
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIREAD POWDER	\$0 (Tier 2)	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	\$0 (Tier 2)	QL (960 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	\$0 (Tier 1)	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON 90 MG VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
RUKOBIA ER 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SUNLENCA (4- 300 MG TABLET, 300 MG TABLET)	\$0 (Tier 2)	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	\$0 (Tier 2)	QL (5 PER 28 OVER TIME)
TYBOST 150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EVOTAZ 300 MG-150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium 700 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	\$0 (Tier 2)	QL (480 PER 30 DAYS)
LEXIVA 700 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir lopinavir-ritonavir 100-25mg tb</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir lopinavir-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 (675 MG TABLET, 800 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	\$0 (Tier 2)	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REYATAZ 200 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
<i>ritonavir 100 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
SYMTUZA 800-150-200-10 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	\$0 (Tier 2)	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY 200 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	\$0 (Tier 2)	
<i>valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)</i>	\$0 (Tier 1)	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil 10 mg tab</i>	\$0 (Tier 1)	
BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	\$0 (Tier 2)	
<i>entecavir (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	
<i>lamivudine 100 mg tablet</i>	\$0 (Tier 1)	
<i>lamivudine hbv 100 mg tablet</i>	\$0 (Tier 1)	
Anti-hepatitis C (HCV) Agents		
MAVYRET (50-20 MG PELLETT PACKET, 100-40 MG TABLET)	\$0 (Tier 2)	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	\$0 (Tier 1)	
ZEPATIER 50-100 MG TABLET	\$0 (Tier 2)	
Anti-influenza Agents		
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	\$0 (Tier 1)	QL (84 PER 365 OVER TIME)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>oseltamivir phosphate 30 mg capsule</i>	\$0 (Tier 1)	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml suspension</i>	\$0 (Tier 1)	QL (1080 PER 365 OVER TIME)
RELENZA 5 MG DISKHALER	\$0 (Tier 2)	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	\$0 (Tier 2)	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	\$0 (Tier 2)	QL (168 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, 200 mg/5 ml susp cup, 400 mg tablet, 800 mg tablet, 800 mg/20ml susp cup)</i>	\$0 (Tier 1)	
<i>acyclovir 5% ointment</i>	\$0 (Tier 1)	PA
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	\$0 (Tier 1)	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
<i>valacyclovir (1 gram tablet, 500 mg tablet)</i>	\$0 (Tier 1)	
VALTREX (1 GM, 500 MG)	\$0 (Tier 2)	
ZOVIRAX 5% OINTMENT	\$0 (Tier 2)	PA
Antiviral, Coronavirus agents		
PAXLOVID (EUA) (150-100 MG PACK, 300-100 MG PACK)	\$0 (Tier 2)	
PAXLOVID 150-100 MG (MODERATE)	\$0 (Tier 2)	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	\$0 (Tier 2)	QL (30 PER 30 OVER TIME)
PAXLOVID 300/150-100MG(SEVERE)	\$0 (Tier 2)	QL (11 PER 30 OVER TIME)

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

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

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>buspirone hcl (5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	\$0 (Tier 1)	
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>chlordiazepoxide hcl 25 mg capsule</i>	\$0 (Tier 1)	PA, QL (360 PER 30 DAYS)
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<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 11.

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, 100 mg cap)</i>	\$0 (Tier 1)	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol 2 mg/ml</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>oxazepam (10 mg capsule, 15 mg capsule, 30 mg capsule)</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

Bipolar Agents

Mood Stabilizers

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

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<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 (30 MG TABLET, 45 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	\$0 (Tier 2)	PA, QL (3.4 PER 28 DAYS)
CYCLOSET 0.8 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>gauze pad gnp sterile pads 2" x 2"</i>	\$0 (Tier 2)	PA
<i>gauze pads & dressings - pads 2 x 2</i>	\$0 (Tier 2)	PA
<i>glimepiride 1 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</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)
GLUCOTROL XL 10 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glyburide micronized 1.5 mg tab</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>glyburide micronized 3 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glyburide micronized 6 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>glyburide-metformin hcl glyburid-metformin 1.25-250 mg</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
GLYXAMBI (10 MG TABLET, 25 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	\$0 (Tier 2)	PA
JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
JENTADUETO (2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	\$0 (Tier 2)	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride (30, 30)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>pioglitazone-metformin (15, 15)</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, 5 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er saxagliptin-metformin 2.5-1000</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNIT-33 MCG/ML PEN	\$0 (Tier 2)	QL (18 PER 30 DAYS)
<i>sterile pads ft 2" x 2"</i>	\$0 (Tier 2)	PA
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 (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRADJENTA 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Glycemic Agents		
BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)	\$0 (Tier 2)	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	\$0 (Tier 1)	
GLUCAGEN 1 MG HYPOKIT	\$0 (Tier 2)	QL (4 PER 30 DAYS)
<i>glucagon emergency kit (glucagon 1 mg emergency kit, glucagon 1 mg vial, glucagon 1 mg emergency kit, glucagon 1 mg vial)</i>	\$0 (Tier 1)	QL (4 PER 30 DAYS)
GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL)	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2-PK 1 MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE 2-PK 1 MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
PROGLYCEM 50 MG/ML ORAL SUSP	\$0 (Tier 2)	
Insulins		
<i>autosshield duo pen needle ndl 30g 5mm</i>	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>droplet insulin syringe (0.3 ml 29g 12.7mm(1/2), 0.3 ml 30g 12.7mm(1/2), ins 0.3ml 30g 8mm(1/2), ins 0.3ml 31g 6mm(1/2), ins 0.3ml 31g 8mm(1/2), ins 0.5 ml 29g 12.7mm, ins 0.5 ml 30g 12.7mm, ins syr 0.5 ml 31g 6mm, ins syr 0.5 ml 31g 8mm, ins syr 0.5ml 30g 8mm, ins syr 1 ml 30g 8mm, ins syr 1 ml 31g 6mm, ins syr 1 ml 31g 8mm, ins syr 1ml 29g 12.7mm, ins syr 1ml 30g 12.7mm)</i>	\$0 (Tier 2)	PA
<i>droplet micron pen needle 34g 3.5mm</i>	\$0 (Tier 2)	PA
<i>droplet pen needle (29g 10mm, 29g 12mm, 31g 5mm, 31g 6mm, 31g 8mm, 32g 4mm, 32g 5mm, 32g 6mm, 32g 8mm)</i>	\$0 (Tier 2)	PA
<i>easy comfort insulin syringe (0.5ml, 1 ml)</i>	\$0 (Tier 2)	PA
<i>easy comfort pen needle (4mm, 5mm)</i>	\$0 (Tier 2)	PA
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN JR 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN 70-30 VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN N 100 UIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN 100 UIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R U-500 KWIKPEN UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R U-500 UNIT/ML VIAL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>insulin pen needle</i>	\$0 (Tier 2)	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0 (Tier 2)	PA
<i>insulin syringe (disp) u-100 1 ml</i>	\$0 (Tier 2)	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	\$0 (Tier 2)	PA
<i>insulin syringe (syr 0.5 ml 28g 12.7mm, syringe 1 ml 27g 16mm, syringe 1ml 28g 12.7mm)</i>	\$0 (Tier 2)	PA
LANTUS 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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>nano 2nd gen pen needle 3g 4mm</i>	\$0 (Tier 2)	PA
<i>nano pen needle 32g 4mm</i>	\$0 (Tier 2)	PA
<i>needles, insulin disp., safety</i>	\$0 (Tier 2)	PA
NOVOLIN 70-30 (70-30 100 UNIT/ML VIAL, RELION 70-30 VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN (70, RELION 70)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN N (N 100 UNIT/ML VIAL, RELION N 100 UNIT/ML)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN (N 100 UNIT/ML, RELION N U)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN R (R 100 UNIT/ML VIAL, RELION R 100 UNIT/ML)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN (R 100 UNIT/ML, RELION R U)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG (100 UNIT/ML VIAL, RELION 100 UNIT/ML VL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN (100 UNIT/ML, RELION U)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
NOVOLOG MIX 70-30 (70-30 VIAL, RELION 70-30 VIAL)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN (70-30 FLEXPEN, RELION 70-30 FLXPN)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG PENFILL 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>omnipod 5 (g6/libre 2 plus)</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 intro(g6/libre2plus)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod classic pods (gen 3) pods(gen3) 5pk</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pods (gen 4) 5pk</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
<i>omnipod go pods (10 unit/day, 15 unit/day, 20 unit/day, 25 unit/day, 30 unit/day, 35 unit/day, 40 unit/day)</i>	\$0 (Tier 2)	PA, QL (10 PER 30 DAYS)
<i>pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)</i>	\$0 (Tier 2)	PA
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>true comfort safety pen needle (31g 5mm, 31g 6mm, 32g 4mm)</i>	\$0 (Tier 2)	PA
<i>ultra-fine insulin syringe (0.3 ml 30g 12.7mm, 0.3ml 31g 6mm (1/2), 0.3ml 31g 8mm (1/2), ins syr 1ml 31g 6mm, ins syr 1ml 31g 8mm, syr 0.3 ml 31g 6mm, syr 0.3 ml 31g 8mm, 0.5 ml 30g 12.7mm, syr 0.5 ml 31g 6mm, syr 0.5 ml 31g 8mm, syr 1 ml 30g 12.7mm)</i>	\$0 (Tier 2)	PA
<i>ultra-fine pen needle (ndl 29g 12.7mm, needle 31g 5mm, needle 31g 8mm, needle 32g 6mm)</i>	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>unifine otc pen needle (31g 5mm, 32g 4mm)</i>	\$0 (Tier 2)	PA
<i>unifine pentips 32g 4mm</i>	\$0 (Tier 2)	PA
<i>unifine pentips plus 33g 4mm</i>	\$0 (Tier 2)	PA

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
ELIQUIS (0.5 MG PKT(1X0.5MG TB), 1.5 MG PKT(3X0.5MG TB), 2 MG PKT(4X 0.5 MG TB))	\$0 (Tier 2)	QL (560 PER 28 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	\$0 (Tier 2)	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ELIQUIS SPRINKLE 0.15 MG CAP	\$0 (Tier 2)	QL (74 PER 30 DAYS)
<i>enoxaparin sodium (100 mg/ml, 150 mg/ml)</i>	\$0 (Tier 1)	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml, 120 mg/0.8 ml)</i>	\$0 (Tier 1)	QL (24 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)
<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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	\$0 (Tier 1)	
<i>jantoven (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	\$0 (Tier 2)	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	\$0 (Tier 2)	QL (24 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)
<i>rivaroxaban 1 mg/ml suspension</i>	\$0 (Tier 1)	QL (620 PER 30 DAYS)
<i>rivaroxaban 2.5 mg tablet</i>	\$0 (Tier 1)	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 (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 1 MG/ML SUSPENSION	\$0 (Tier 2)	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	\$0 (Tier 2)	QL (51 PER 30 DAYS)
ZONTIVITY 2.08 MG TABLET	\$0 (Tier 2)	
Blood Products and Modifiers, Other		
AGRYLIN 0.5 MG CAPSULE	\$0 (Tier 2)	
<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	\$0 (Tier 2)	PA
FULPHILA 6 MG/0.6 ML SYRINGE	\$0 (Tier 2)	PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	\$0 (Tier 2)	PA
LEUKINE 250 MCG VIAL	\$0 (Tier 2)	PA
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	\$0 (Tier 2)	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	\$0 (Tier 2)	PA
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG SUSPENSION PCKT, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET)	\$0 (Tier 2)	PA
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)	\$0 (Tier 2)	PA
UDENYCA 6 MG/0.6 ML SYRINGE	\$0 (Tier 2)	PA
UDENYCA AUTOINJECTOR 6 MG/0.6 ML	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
UDENYCA ONBODY 6 MG/0.6 ML	\$0 (Tier 2)	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE	\$0 (Tier 2)	PA
Hemostasis Agents		
<i>phytonadione (1 mg/0.5 ml syr, 1 mg/0.5 ml vial, 5 mg tablet, 10 mg/ml ampul, 10 mg/ml vial)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tranexamic acid 650 mg tablet</i>	\$0 (Tier 1)	
<i>vitamin k1 (1 mg/0.5 ml, 10 mg/ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
Platelet Modifying Agents		
<i>aspirin-dipyridamole er 25-200 mg</i>	\$0 (Tier 1)	
BRILINTA (60 MG TABLET, 90 MG TABLET)	\$0 (Tier 2)	
CABLIVI (11 MG KIT, 11 MG VIAL)	\$0 (Tier 2)	
<i>cilostazol (50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
<i>clopidogrel 75 mg tablet</i>	\$0 (Tier 1)	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	\$0 (Tier 1)	
PLAVIX 75 MG TABLET	\$0 (Tier 2)	
<i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
<i>ticagrelor (60 mg tablet, 90 mg tablet)</i>	\$0 (Tier 1)	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine (0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch)</i>	\$0 (Tier 1)	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	\$0 (Tier 1)	
<i>droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)</i>	\$0 (Tier 1)	PA
<i>guanfacine hcl (1 mg tablet, 2 mg tablet)</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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)
<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 (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>terazosin hcl 1 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
AVAPRO (75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DIOVAN 320 MG TABLET	\$0 (Tier 2)	QL (30 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 (25 mg tab, 50 mg tab)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	\$0 (Tier 1)	QL (30 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 (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

ALTACE (1.25 MG CAPSULE, 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	\$0 (Tier 2)	
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	\$0 (Tier 1)	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	\$0 (Tier 1)	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	\$0 (Tier 1)	
LOTENSIN (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	
<i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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)	
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	\$0 (Tier 1)	
<i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>	\$0 (Tier 1)	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	\$0 (Tier 1)	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	\$0 (Tier 1)	
MULTAQ 400 MG TABLET	\$0 (Tier 2)	
PACERONE (100 MG TABLET, 400 MG TABLET)	\$0 (Tier 2)	
<i>pacerone 200 mg tablet</i>	\$0 (Tier 1)	
<i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i>	\$0 (Tier 1)	
<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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>sorine (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	\$0 (Tier 1)	
<i>sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	\$0 (Tier 1)	
<i>sotalol af (80 mg tablet, 120 mg tablet, 160 mg tablet)</i>	\$0 (Tier 1)	
TIKOSYN (125 MCG CAPSULE, 250 MCG CAPSULE, 500 MCG CAPSULE)	\$0 (Tier 2)	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	\$0 (Tier 1)	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	\$0 (Tier 1)	
BYSTOLIC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	
<i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	\$0 (Tier 1)	
<i>carvedilol er (er 10 mg capsule, er 20 mg capsule, er 40 mg capsule, er 80 mg capsule)</i>	\$0 (Tier 1)	
COREG CR (CR 10 MG CAPSULE, CR 20 MG CAPSULE, CR 40 MG CAPSULE, CR 80 MG CAPSULE)	\$0 (Tier 2)	
INDERAL LA (60 MG CAPSULE, 80 MG CAPSULE, 120 MG CAPSULE, 160 MG CAPSULE)	\$0 (Tier 2)	
INDERAL XL (80 MG CAPSULE, 120 MG CAPSULE)	\$0 (Tier 2)	
INNOPRAN XL (80 MG CAPSULE, 120 MG CAPSULE)	\$0 (Tier 2)	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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 (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	\$0 (Tier 1)	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i>	\$0 (Tier 1)	
TENORMIN (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	\$0 (Tier 2)	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
TOPROL XL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	\$0 (Tier 1)	
<i>felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)</i>	\$0 (Tier 1)	
<i>isradipine (2.5 mg capsule, 5 mg capsule)</i>	\$0 (Tier 1)	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	\$0 (Tier 1)	
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>	\$0 (Tier 1)	
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet, er 90 mg tablet)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>nimodipine 30 mg capsule</i>	\$0 (Tier 1)	
<i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 25.5 mg tablet, er 34 mg tablet)</i>	\$0 (Tier 1)	
NORVASC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	\$0 (Tier 2)	
PROCARDIA XL (30 MG TABLET, 60 MG TABLET, 90 MG TABLET)	\$0 (Tier 2)	
SULAR (ER 8.5 MG TABLET, ER 17 MG TABLET, ER 34 MG TABLET)	\$0 (Tier 2)	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM (30 MG TABLET, 60 MG TABLET, 120 MG TABLET)	\$0 (Tier 2)	
CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	\$0 (Tier 2)	
CARDIZEM LA (120 MG TABLET, 180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	\$0 (Tier 2)	
<i>cartia xt (120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule)</i>	\$0 (Tier 1)	
<i>dilt-xr (120 mg capsule, 180 mg capsule, 240 mg capsule)</i>	\$0 (Tier 1)	
<i>diltiazem 12hr er (er 60 mg cap, er 90 mg cap, er 120 mg cap)</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (cd) (er(cd) 120 mg, er(cd) 180 mg, er(cd) 240 mg, er(cd) 300 mg, er(cd) 360 mg)</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (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 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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	\$0 (Tier 1)	
<i>matzim la (180 mg tablet, 240 mg tablet, 300 mg tablet, 360 mg tablet, 420 mg tablet)</i>	\$0 (Tier 1)	
<i>taztia xt (120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule, 360 mg capsule)</i>	\$0 (Tier 1)	
<i>tiadylt er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule, er 300 mg capsule, er 360 mg capsule, er 420 mg capsule)</i>	\$0 (Tier 1)	
TIAZAC (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	\$0 (Tier 2)	
<i>verapamil er (er 120 mg capsule, er 120 mg tablet, er 180 mg capsule, er 180 mg tablet, er 240 mg capsule, er 240 mg tablet)</i>	\$0 (Tier 1)	
<i>verapamil er pm (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)</i>	\$0 (Tier 1)	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	\$0 (Tier 1)	
<i>verapamil sr (120 mg capsule, 180 mg capsule, 240 mg capsule, 360 mg capsule)</i>	\$0 (Tier 1)	
VERELAN (120 MG CAP PELLETT, 180 MG CAP PELLETT, 240 MG CAP PELLETT, 360 MG CAP PELLETT)	\$0 (Tier 2)	
VERELAN PM (100 MG CAP PELLETT, 200 MG CAP PELLETT, 300 MG CAP PELLETT)	\$0 (Tier 2)	
Cardiovascular Agents, Other		
<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	\$0 (Tier 1)	
<i>acetazolamide er 500 mg cap</i>	\$0 (Tier 1)	
<i>aliskiren (150 mg tablet, 300 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide hcl-hctz 5-50 mg tab</i>	\$0 (Tier 1)	

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>digoxin 0.05 mg/ml solution</i>	\$0 (Tier 1)	QL (150 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 (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE (6-6MG PELLETT, 15-16 MG PLT)	\$0 (Tier 2)	QL (240 PER 30 DAYS)
EXFORGE (5-160 MG TABLET, 5-320 MG TABLET, 10-160 MG TABLET, 10-320 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EXFORGE HCT (5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	\$0 (Tier 1)	
HYZAAR (50-12.5 TABLET, 100-12.5 TABLET, 100-25 TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide (150-12.5 mg, 300-12.5 mg)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>ivabradine hcl (5 mg tablet, 7.5 mg tablet)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<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 11.

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>metirosine 250 mg capsule</i>	\$0 (Tier 1)	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz (20-5-12.5, 40-10-12.5, 40-10-25mg, 40-5-12.5, 40-5-25 mg)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pentoxifylline er 400 mg tab</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	\$0 (Tier 1)	
<i>ranolazine er (er 500 mg tablet, er 1,000 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan (49-51 mg, 97-103 mg)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>sacubitril-valsartan 24-26 mg</i>	\$0 (Tier 1)	QL (180 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, 40-5 mg, 80, 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 telmisartan-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)	
TRIBENZOR (20-5-12.5 MG TABLET, 40-10-12.5 MG TABLET, 40-10-25 MG TABLET, 40-5-12.5 MG TABLET, 40-5-25 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VASERETIC 10-25 MG TABLET	\$0 (Tier 2)	
ZESTORETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET)	\$0 (Tier 2)	
ZIAC (2.5-6.25 MG TABLET, 5-6.25 MG TABLET, 10-6.25 MG TABLET)	\$0 (Tier 2)	
Diuretics, Loop		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	\$0 (Tier 1)	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml 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>toremide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
Diuretics, Potassium-sparing		
<i>amiloride hcl 5 mg tablet</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	\$0 (Tier 1)	
Diuretics, Thiazide		
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)</i>	\$0 (Tier 1)	
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	\$0 (Tier 1)	
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	

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

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

<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>gemfibrozil 600 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
LOPID 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)

Dyslipidemics, HMG CoA Reductase Inhibitors

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>simvastatin 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
Dyslipidemics, Other		
<i>cholestyramine (packet, powder)</i>	\$0 (Tier 1)	
<i>cholestyramine light (packet, powder)</i>	\$0 (Tier 1)	
COLESTID 1 GM TABLET	\$0 (Tier 2)	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	\$0 (Tier 1)	
<i>ezetimibe 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin (10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	\$0 (Tier 2)	PA
<i>niacin er (er 750 mg tablet, er 1,000 mg tablet)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	\$0 (Tier 1)	QL (30 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 (6 PER 28 DAYS)
REPATHA SYRINGE 140 MG/ML	\$0 (Tier 2)	PA, QL (6 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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VYTORIN (10-10 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET, 10-80 MG TABLET)	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
ZETIA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
Mineralocorticoid Receptor Antagonists		
ALDACTONE (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	\$0 (Tier 2)	
<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, 40 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE 5 MG TAB	\$0 (Tier 2)	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	\$0 (Tier 1)	
<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 11.

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)	
VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>zenzedi 10 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<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 (5 mg tablet, 10 mg tablet, 20 mg tablet)</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/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 (9 MG TABLET, 12 MG TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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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)
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INGREZZA INITIATION PK(TARDIV)	\$0 (Tier 2)	PA, QL (28 PER 28 DAYS)
INGREZZA SPRINKLE (60 MG CAP, 80 MG CAP)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
INGREZZA SPRINKLE 40 MG CAP	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
NUEDEXTA 20-10 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>riluzole 50 mg tablet</i>	\$0 (Tier 1)	
<i>tetrabenazine 12.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
VEOZAH 45 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
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 (4 PACK) 30 MCG/0.5 ML SYR (4PK)	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
AVONEX 30 MCG/0.5 ML SYRINGE	\$0 (Tier 2)	PA, QL (1 PER 28 DAYS)
AVONEX PEN (4 PACK) 30 MCG/0.5 ML (4PK)	\$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)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>dalfampridine er 10 mg tablet</i>	\$0 (Tier 1)	PA
<i>dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>fingolimod 0.5 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	\$0 (Tier 1)	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN 20 MG/0.4 ML	\$0 (Tier 2)	PA, QL (1.6 PER 28 DAYS)
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)
VUMERITY DR 231 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl 30 mg capsule</i>	\$0 (Tier 1)
<i>chlorhexidine gluconate (0.12% 15 ml cup, 0.12% rinse)</i>	\$0 (Tier 1)
<i>kourzeq 0.1% dental paste</i>	\$0 (Tier 1)
<i>oralone 0.1% paste</i>	\$0 (Tier 1)
<i>periogard 0.12% oral rinse</i>	\$0 (Tier 1)
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	\$0 (Tier 1)
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 11.

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

Acne and Rosacea Agents

<i>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 (5% GEL, 10% GEL)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>acne medication 2.5% gel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>adapalene 0.1% gel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>amnesteem (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	
AVITA (0.025% CREAM, 0.025% GEL)	\$0 (Tier 2)	PA
<i>azelaic acid 15% gel</i>	\$0 (Tier 1)	
AZELEX 20% CREAM	\$0 (Tier 2)	
BENZAMYCIN GEL	\$0 (Tier 2)	
<i>benzoyl peroxide (2.5% gel, 5% gel, 5% wash, 10% gel)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>claravis (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	
<i>clindamycin phos-benzoyl perox ph-benzoyl 1.2-5%</i>	\$0 (Tier 1)	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	\$0 (Tier 1)	
<i>doxycycline ir-dr 40 mg cap</i>	\$0 (Tier 1)	
<i>erythromycin-benzoyl peroxide gel</i>	\$0 (Tier 1)	
FINACEA (15% FOAM, 15% GEL)	\$0 (Tier 2)	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	
KLARON 10% LOTION	\$0 (Tier 2)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>myorisan (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	
<i>neuac gel</i>	\$0 (Tier 1)	
ORACEA 40 MG CAPSULE	\$0 (Tier 2)	
RETIN-A (0.01% GEL, 0.025% CREAM, 0.025% GEL, 0.05% CREAM, 0.1% CREAM)	\$0 (Tier 2)	PA
<i>sulfacetamide sodium (sod 10% top susp, sodium 10% lotn)</i>	\$0 (Tier 1)	
<i>tazarotene (0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel)</i>	\$0 (Tier 1)	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	\$0 (Tier 2)	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	\$0 (Tier 1)	PA
<i>zenatane (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	\$0 (Tier 1)	
Dermatitis and Pruitus Agents		
ALA-CORT 1% CREAM	\$0 (Tier 2)	
<i>alclometasone dipropionate (dipr 0.05% oint, dipro 0.05% crm)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ammonium lactate (12% cream, 12% lotion)</i>	\$0 (Tier 1)	*
<i>anti-itch gs 1% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>anti-itch with aloe qc 1% crm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>betamethasone diprop augmented (0.05% crm, 0.05% gel, 0.05% oin)</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>betamethasone diprop augmented dp 0.05% lot</i>	\$0 (Tier 1)	QL (210 PER 30 DAYS)
<i>betamethasone dipropionate (0.05% crm, 0.05% oint)</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>betamethasone dipropionate dp 0.05% lot</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va 0.1% cream, valer 0.1% ointm)</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>betamethasone valerate 0.1% lotion</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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% solution, prop 0.05% foam)</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>clobetasol propionate 0.05% shampoo</i>	\$0 (Tier 1)	QL (236 PER 30 DAYS)
<i>clodan 0.05% shampoo</i>	\$0 (Tier 1)	QL (236 PER 30 DAYS)
<i>desonide (0.05% cream, 0.05% ointment)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
DIPROLENE 0.05% OINTMENT	\$0 (Tier 2)	QL (200 PER 28 DAYS)
<i>doxepin hcl 5% cream</i>	\$0 (Tier 1)	PA
ELIDEL 1% CREAM	\$0 (Tier 2)	PA
<i>fluocinolone acetonide (0.01% body, 0.01% scalp)</i>	\$0 (Tier 1)	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluocinonide (0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluocinonide 0.1% cream</i>	\$0 (Tier 1)	QL (240 PER 28 DAYS)
<i>fluocinonide-e 0.05% cream</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 (1% cream, 1% ointment, sm 1% ointment)</i>	\$0 (Tier 1)	*
<i>hydrocortisone 0.5% cream</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%, 1%)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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 butyrate 0.1% soln</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone plus sm 1% crm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>hydrocortisone valerate (0.2% cream, 0.2% ointmt)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone-aloe (1% cream, sm 1% crm)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
LOCOID LIPOCREAM 0.1%	\$0 (Tier 2)	QL (135 PER 30 DAYS)
<i>mometasone furoate (0.1% cream, 0.1% oint)</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>monistat care 1% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pimecrolimus 1% cream</i>	\$0 (Tier 1)	PA
PRUDOXIN 5% CREAM	\$0 (Tier 2)	PA
<i>selenium sulfide 2.5% lotion</i>	\$0 (Tier 1)	
<i>tacrolimus (0.03%, 0.1%)</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>triderm 0.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
ZONALON 5% CREAM	\$0 (Tier 2)	PA
Dermatological Agents, Other		
BETADINE 10% SOLUTION	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>calcipotriene (0.005% cream, 0.005% ointment, 0.005% solution)</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>calcitrene 0.005% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	\$0 (Tier 1)	
<i>diclofenac sodium 3% gel</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EFUDEX 5% CREAM	\$0 (Tier 2)	
<i>fluorouracil (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, qc 10% soln, sm 10% soln)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
REGRANEX 0.01% GEL	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
RENOVA 0.02% CREAM	\$0 (Tier 2)	(Medicaid Benefit Drug), *
RENOVA PUMP 0.02% CREAM	\$0 (Tier 2)	(Medicaid Benefit Drug), *
SANTYL OINTMENT	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SILVADENE 1% CREAM	\$0 (Tier 2)	
<i>silver sulfadiazine 1% cream</i>	\$0 (Tier 1)	
SSD 1% CREAM	\$0 (Tier 2)	
Pediculicides/Scabicides		
<i>ivermectin 1% cream</i>	\$0 (Tier 1)	PA
<i>lice killing (ft shampoo, gs 1 % crm rinse, gs shampoo, sb shampoo, shampoo)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lice treatment (1% creme rinse, cvs 1% crm rins, shampoo, sm 1% crm rinse)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>malathion 0.5% lotion</i>	\$0 (Tier 1)	
OVIDE 0.5% LOTION	\$0 (Tier 2)	
<i>permethrin 5% cream</i>	\$0 (Tier 1)	
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 11.

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 2)	(Medicaid Benefit Drug), *
<i>bacitracin 500 unit/gm ointmnt</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>first aid antibiotic gs oint</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
FIRST AID ANTISEPTIC 10% OINT	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>gentamicin sulfate (0.1% cream, 0.1% ointment)</i>	\$0 (Tier 1)	
METROCREAM METRO0.75%	\$0 (Tier 2)	
METROGEL (1% GEL, 1% PUMP)	\$0 (Tier 2)	
METROLOTION TOPICAL 0.75%	\$0 (Tier 2)	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	\$0 (Tier 1)	
<i>mupirocin (2% cream, 2% ointment)</i>	\$0 (Tier 1)	QL (30 PER 30 OVER TIME)
<i>rosadan (0.75% cream, 0.75% gel)</i>	\$0 (Tier 1)	
TRIPLE ANTIBIOTIC OINTMENT	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>triple antibiotic sm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

Diagnostic Test Devices, Supplies, And Services

Diagnostics

<i>binaxnow covid-19 ag self test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>carestart covid-19 ag home tst</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>celltrion diatrust cov-19 home</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>clinitest covid-19 home test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>covid-19 at-home test (eua) (covid, cvs covid19)</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>ellume covid-19 home test covid19 (eua)</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>flowflex covid-19 ag home test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>genabio covid-19 rapid at-home</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>ihealth covid-19 ag home test</i>	\$0 (Tier 2)	(Medicaid Benefit Drug), *

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

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

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride 0.9% nacl irrigation</i>	\$0 (Tier 1)	
<i>calcium (500 mg tablet, 600 mg tablet, cvs 600 mg tablet, gnp 600 mg tablet, ra 600 mg tablet, sv 600 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 250-vit d3 mg-vit dmcg tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 500-vit d3 (500 mg-vit 5 mcg tb, 500 mg-vit 600 unit, 500-vit 200 caplet, 500-vit 200 tablet, 500-vit 400 tablet, 500-vit 600 tablet, 500mg-vit 10mcg tab, 500mg-vit 15mcg tab, eq 500-vit 400 tab, gnp 500-vit 600 tab, sm 500-vit 200 cplt, sm 500-vit 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 600-minels tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>calcium 600-vit d3 (600 mg-d3 20 mcg cplt, 600 mg-d3 20 mcg tab, 600 mg-vit d3 10mcg tb, 600 mg-vit d3 5 mcg tb, 600-d3 20mcg(800 unit), 600-vit d3 200 tablet, 600-vit d3 400 caplet, 600-vit d3 400 tablet, 600-vit d3 800 tablet, cvs 600-vit d3 800 tab, cvs 600mg-d3 20mcg tab, eq 600mg-d3 20mcg tab, eql 600-vit d3 800 tab, grp 600 mg-d3 800 unit, ra 600-vit d3 400 tab, sm 600mg-d3 20mcg tab, sv 600mg-d3 20mcg tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 600-vit d3-mineral chew tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
CARBAGLU 200 MG TAB FOR SUSP	\$0 (Tier 2)	PA
<i>carglumic acid 200 mg tab susp</i>	\$0 (Tier 1)	PA
<i>chromium cl 40 mcg/10 ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>copper chloride 4 mg/10 ml vl</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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 iv sol</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.45% nacl iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.9% nacl iv soln</i>	\$0 (Tier 1)	
FLORIVA (0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET, 1 MG CHEWABLE TABLET)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>glucose 5%-0.9% nacl 1000 ml</i>	\$0 (Tier 1)	
<i>hi-cal ra plus vitamin d tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
K-PHOS ORIGINAL TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>kcl-d5w-0.2% nacl (10 meq/500 ml-d5w-0.2%nacl, 20 meq/l-d5w-0.2% nacl)</i>	\$0 (Tier 1)	
<i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)</i>	\$0 (Tier 1)	
<i>kcl-d5w-0.45% nacl (10 meq/500ml-d5w-0.45%nacl, 10 meq/l-d5w-0.45% nacl, 20 meq/l-d5w-0.45% nacl, 30 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)</i>	\$0 (Tier 1)	
KLOR-CON 10 MEQ TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
KLOR-CON 8 MEQ TABLET	\$0 (Tier 2)	
<i>klor-con m10 tablet</i>	\$0 (Tier 1)	
KLOR-CON M15 TABLET	\$0 (Tier 2)	
<i>klor-con m20 tablet</i>	\$0 (Tier 1)	
<i>liquid calcium-vit d softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>magnesium oxide 420 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>magnesium sulfate (50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml, 50% syringe)</i>	\$0 (Tier 1)	
MAGOX 400 TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>manganese chloride 1 mg/10 ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>mgo-400 tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>multi-vitamin w-fluoride-iron multivit-fluor-iron 0.25 mg/ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>multivitamin-iron-fluoride multivit-iron-fluor 0.25 mg/ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>oysco 500-vit d3 200 tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>oyster shell calcium 500 mg tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>oyster shell calcium-vit d3 (250 mg-d3 3.12mcg, 250-vit d3 125 tb, 500-vit d3 200 tb, 500mg-vit d3 5mcg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>oyster shell calcium-vitamin d tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	\$0 (Tier 1)	
<i>potassium chloride in d5lr kcl 20 meqd5w-lact ringer</i>	\$0 (Tier 1)	
<i>potassium chloride proamp cl 20 meq/10 ml conc</i>	\$0 (Tier 1)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>potassium chloride-0.45% nacl 20 meq-0.45% na</i>	\$0 (Tier 1)	
<i>potassium chloride-dextrose 5% kcl 20 meq/l in d5w solution</i>	\$0 (Tier 1)	
<i>potassium citrate er (er 5 tab, er 10 tb, er 15 tb)</i>	\$0 (Tier 1)	
<i>pyridoxine hcl 100 mg/ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
SLOW-MAG 71.5 MG TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	\$0 (Tier 1)	
<i>sodium chloride-water 0.9%-water</i>	\$0 (Tier 1)	
<i>super calcium 600-vit d3 400</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>thiamine hcl 200 mg/2 ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ultra calcium 600-vit d3 600mg-vit 10mcg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
Electrolyte/Mineral/Metal Modifiers		
CHEMET 100 MG CAPSULE	\$0 (Tier 2)	
<i>deferasirox (90 mg granule pkt, 90 mg tablet, 125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	\$0 (Tier 1)	PA
EXJADE (125 MG TABLET, 250 MG TABLET, 500 MG TABLET)	\$0 (Tier 2)	PA
JADENU (90 MG TABLET, 180 MG TABLET, 360 MG TABLET)	\$0 (Tier 2)	PA
JADENU SPRINKLE (90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE)	\$0 (Tier 2)	PA
SAMSCA (15 MG TABLET, 30 MG TABLET)	\$0 (Tier 2)	PA

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SYPRINE 250 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>tolvaptan (15 mg tablet, 30 mg tablet)</i>	\$0 (Tier 1)	PA
<i>trientine hcl 250 mg capsule</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
BACMIN CAPLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>corvita tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>cyanocobalamin injection (1,000 mcg/ml vl, 10,000 mcg/10ml, 30,000 mcg/30ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>dekas essential capsule</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
DEKAS ESSENTIAL LIQUID	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DEKAS PLUS (CHEWABLE TABLET, LIQUID, SOFTGEL)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)</i>	\$0 (Tier 1)	
DIALYVITE 3000 3,000 TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DIALYVITE 5000 TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DIALYVITE SUPREME D IALYVITE TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DIALYVITE TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DIALYVITE ZINC WITH TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
DRISDOL 1.25 MG (50,000 UNIT)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
ENLYTE SOFTGEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>ergocalciferol (200 mcg/ml drop, 8,000 unit/ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ferro-time 325 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ferrous gluconate 324 mg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ferrous sulfate (sulf 15 mg iron/ml drp, sulf ec 324 mg tablet, sulfate 325 mg tablet, true sulf ec 324 mg tb)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>folic acid (1 mg tablet, 5 mg/ml vial, 50 mg/10 ml vial, 1,000 mcg tablet, true 1600mcg dfe tb)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
FOLTRATE TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>glucose in water (50 ml, 100 ml)</i>	\$0 (Tier 1)	
<i>hydroxocobalamin 1,000 mcg/ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>infant vitamin d 10 mcg/ml rp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>infant-toddler iron 15 mg/ml drop</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
INFUVITE ADULT (BULK VIAL, VIAL)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
INFUVITE PEDIATRIC (BULK VIAL, VIAL)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
INTRALIPID 20% IV FAT EMUL	\$0 (Tier 2)	PA
<i>iron (65 mg tablet, cvs 65 mg tablet, gnp 65 mg tablet, sm 65 mg tablet, sm 325 mg tablet, sv 65 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>multivitamin with fluoride (multivit-fluor 0.25 mg tab chw, multivit-fluor 0.25 mg/ml drop, multivit-fluor 0.5 mg tab chew, multivit-fluor 0.5 mg/ml drop, multivit-fluoride 1 mg tab chw)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
NASCOBAL 500 MCG NASAL SPRAY	\$0 (Tier 2)	(Medicaid Benefit Drug), *
NEPHPLEX RX TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
NUTRILIPID 20% IV FAT EMULSION	\$0 (Tier 2)	PA
<i>pediatric iron pharm chc 15mg/ml drp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pediatric vitamin d3 pharm choice 400 unit/ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
POLY-VI-FLOR (0.25 MG TAB CHEW, 0.25 MG/ML DRP, 0.5 MG TAB CHEW, 1 MG TAB CHEW)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
POLY-VI-FLOR WITH IRON POLY-VI-FLOR-IRON 0.5-10MG CHW	\$0 (Tier 2)	(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 2)	(Medicaid Benefit Drug), *
QUFLORA FE (0.25 MG CHEW TABLET, PED 0.25 MG/ML DROP)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>renal caps softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
STROVITE ONE CAPLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
TRAVASOL 10% SOLN VIAFLEX	\$0 (Tier 2)	PA
<i>tri-vite with fluoride (0.25 mg/ml, 0.5 mg/ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>triphrocaps softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
TROPHAMINE 10% IV SOLUTION	\$0 (Tier 2)	PA
<i>virt-caps softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>vit 3 bp capsule</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
VITAL-D RX TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>vitamin c sm 1,000 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>vitamin d2 1.25mg(50,000 unit)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>vitamin d3 (10 mcg/ml drop, 10 mcg/ml liquid, 50 mcg (2,000 unit), 50 mcg capsule, 50 mcg softgel, cvs 50 mcg softgel, ra 2,000 unit sfgl, sm 50 mcg softgel, 400 unit/ml liquid, 2,000 unit softgel, eq1 2,000 unit sfgl, ra 2,000 unit sftgl, sm 2,000 unit sftgl, sv 2,000 unit sftgl)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>vitamins a,c,d and fluoride (0.25 mg/ml, 0.5 mg/ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>wee care 15 mg/1.25 ml susp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>wescaps capsule</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

Potassium Binders

<i>kionex 15 gm/60 ml suspension</i>	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 1)	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	\$0 (Tier 2)	
VELTASSA (1 GM POWDER PACKET, 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 (ft, gs, packet, sm)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
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You can find information on what the symbols and abbreviations on this table mean by going to page 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>constulose 10 gm/15 ml soln</i>	\$0 (Tier 1)	
ENEMEEZ MINI ENEMA	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>enulose 10 gm/15 ml solution</i>	\$0 (Tier 1)	
<i>gavilax powder</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>generlac 10 gm/15 ml solution</i>	\$0 (Tier 1)	
<i>healthylax powder packet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	\$0 (Tier 1)	
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>polyethylene glycol 3350 powd</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	\$0 (Tier 2)	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	\$0 (Tier 2)	PA, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
<i>alosetron hcl (0.5 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>anti-diarrheal (1 mg/7.5 ml sol, ft 1 mg/7.5 ml, 2 mg caplet, ft 2 mg caplet, gnp 2 mg tablet, gs 1 mg/7.5 ml, gs 2 mg caplet, qc 2 mg softgel, sm 1 mg/7.5 ml, 2 mg softgel, 2 mg tablet, qc 2 mg caplet, sm 2 mg caplet, sm 2 mg softgel)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ANTI-DIARRHEAL FT 2 MG SOFTGEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>diphenoxylate-atropine 2.5</i>	\$0 (Tier 1)	PA
<i>loperamide (1 mg/7.5 ml soln, 2 mg/15 ml soln cup)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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)
VIBERZI (75 MG TABLET, 100 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
XERMELO 250 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Antispasmodics, Gastrointestinal

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

Gastrointestinal Agents, Other

<i>acid gone antacid antliquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>advanced antacid-antigas gs liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>almacone-2 liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>alum-mag hydroxide-simethicone cup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aluminum hydroxide gel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid (500 mg chewable tablet, ft 500 mg chew tablet, gs 500 mg chew tablet, liquid, qc 500 mg chew tablet, qc suspension, sm 500 mg chew tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid extra strength (750 mg chewable tablet, ex-str 750 mg tab chew, ft ex-str 750 mg chew, gnp ex-str 750 mg chew, gs ex-str 750 mg chew, sm 750 mg chew tablet, xtra strength chew tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid plus gas relief gs liq</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid ultra strength (gs mg chew, str mg chw)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>antacid-antigas (antacid anti-gas liquid, antacid anti-gas max str liq, antacid-antigas liquid, antacid-antigas suspension, ft antacid-antigas liquid, ft antacid-antigas max str, qc antacid-antigas max str, qc antacid-antigas suspension)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid-gas relief gs liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>bisacodyl (ec 5 mg tablet, gs ec 5 mg tablet, 10 mg suppository)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>bismuth-metronidazole-tetracyc bismuth-metro-tetr 140-125-125</i>	\$0 (Tier 1)	
<i>cal-gest 500 mg tablet chew</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium antacid (calcium 500 mg chw tab, calcium 750mg chew tab, sm cal 750 mg chew tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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), *
<i>chenodal 250 mg tablet</i>	\$0 (Tier 2)	PA
COLACE 100 MG CAPSULE	\$0 (Tier 2)	(Medicaid Benefit Drug), *
COLACE CLEAR 50 MG SOFTGEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>diarrhea relief qc rlf 262 mg/15 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>docusate calcium (240 mg capsule, 240 mg softgel)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>docusate sodium (sod 100 mg/10 ml cup, sodium 50 mg/5 ml cup, sodium 50 mg/5 ml liq, sodium 100 mg capsule, sodium 100 mg softgel, sodium 250 mg capsule, sodium 250 mg softgel)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>dok 100 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ENEMA (ENEMA READY TO USE, FLEET ENEMA)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>enema (gs, gs twin pak, qc, sm, sm twin pak)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>enema disposable</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>fiber sm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>fiber smooth (ooth powder, ooth texture pwd)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL)	\$0 (Tier 2)	PA
<i>gavilyte-c solution</i>	\$0 (Tier 1)	
<i>gavilyte-g solution</i>	\$0 (Tier 1)	
<i>gavilyte-n solution</i>	\$0 (Tier 1)	
GAVISCON (EXTRA STRENGTH LIQUID, LIQUID)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>gentle laxative (ec 5 mg tablet, ft 10 mg supp, gnp 10 mg supp, gnp ec 5 mg tb, sm ec 5 mg tab, 10 mg 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 liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>laxative (ec 5 mg tablet, ft ec 5 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>laxative suppository 10 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
MAG-AL LIQUID 30 ML CUP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>mag-al plus suspens 30 ml cup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
MAG-AL PLUS SUSPENS 30 ML CUP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>mag-al plus xs susp 30 ml cup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>magic bullet 10 mg suppos</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>magnesium oxide (400 mg tablet, true 400 mg tb)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	\$0 (Tier 1)	
<i>mintox maximum strength susp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>mintox plus tablet chewable</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
MOVIPREP POWDER PACKET	\$0 (Tier 2)	
MYALEPT 11.3 MG (5 MG/ML) VIAL	\$0 (Tier 2)	PA

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

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 2)	(Medicaid Benefit Drug), *
<i>peg 3350-electrolyte solution</i>	\$0 (Tier 1)	
<i>peg-3350 and electrolytes soln</i>	\$0 (Tier 1)	
<i>peg3350-sod sul-nacl-kcl-asb-c 100-7.5-2.691-1.01-5.9</i>	\$0 (Tier 1)	
<i>pink bismuth (caplet, gnp 262 mg tb chw, gnp 525 mg/15 ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
PYLERA CAPSULE	\$0 (Tier 2)	
REGLAN (5 MG TABLET, 10 MG TABLET)	\$0 (Tier 2)	
<i>senna (senna 8.6 mg tablet, senna-time 8.6 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>senna lax (gnp senna lax 8.6 mg tablet, senna-lax 8.6 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>senna laxative (8.6 mg tablet, ft 8.6 mg tab, gs 8.6 mg tab, sm 8.6 mg tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>smooth antacid 750 mg chew tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>sod sulf-potass sulf-mag sulf -potass -mag sol</i>	\$0 (Tier 1)	
<i>sodium bicarbonate (10 grain tablet, 325 mg tablet, 650 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>stomach relief (ft relief 525 mg/30 ml, ft rlf 262 mg chew tab, gnp rlf 525 mg/30 ml, qc rlf 262 mg chew tab, relief 262 mg caplet, relief 262 mg chew tab, relief 525 mg/15 ml, rlf 525 mg/30 ml susp, sm rlf 262 mg caplet, sm rlf 262 mg chew tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>stool softener (100 mg softgel, 100 mg tablet, ft 100 mg sftgl, ft 100 mg tab, ft 250 mg sftgl, gnp 100 mg sfgl, gnp 240 mg sfgl, gnp 250 mg sfgl, qc 100 mg sftgl, sm 100 mg sftgl, sm 100 mg tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
STOOL SOFTENER (100 MG, 250 MG)	\$0 (Tier 2)	(Medicaid Benefit Drug), *

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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 (750 MG CHEWY BITES, E-X TABLET CHEWABLE, EXTRA STR 750 MG TAB CHEW, TABLET CHEWABLE)	\$0 (Tier 2)	(Medicaid Benefit Drug), *
TUMS SMOOTHIES 750 MG CHEW TAB	\$0 (Tier 2)	(Medicaid Benefit Drug), *
TUMS ULTRA 1,000 MG CHEW TAB	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>tums ultra strength chewy delights</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
TUMS X-STR 750 TABLET CHEWABLE	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>tussin dm (gs cough syrup, gs liquid, sm syrup)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ultra strength antacid tablet chew</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	\$0 (Tier 1)	
VOWST CAPSULE	\$0 (Tier 2)	PA, QL (12 PER 56 OVER TIME)
<i>women's gentle laxative ec 5 mg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
XIFAXAN 550 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

<i>acid controller (qc 10 mg tab, 20 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>acid reducer (10 mg tablet, ft 10 mg tablet, ft 20 mg tablet, gnp 10 mg tablet, gnp 20 mg tablet, gs 10 mg tablet, gs 20 mg tablet, sm 10 mg tablet, 20 mg tablet, sm 20 mg tablet, sm 200 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>acid reducer complete tab chew</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	\$0 (Tier 1)	
<i>famotidine (40 mg tablet, 40 mg/5 ml susp)</i>	\$0 (Tier 1)	
<i>famotidine 10 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>famotidine 20 mg tablet</i>	\$0 (Tier 1)	*

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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 (dr 20 mg cap, dr 20.6 mg cap, gnp dr 20 mg cp, qc dr 20.6 mg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
Protectants		
CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	\$0 (Tier 2)	
CYTOTEC (100 MCG TABLET, 200 MCG TABLET)	\$0 (Tier 2)	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	\$0 (Tier 1)	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	\$0 (Tier 1)	
Proton Pump Inhibitors		
<i>esomeprazole magnesium (dr 2.5 mg packet, dr 5 mg packet, dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lansoprazole (gnp dr 15 mg cap, gs dr 15 mg cap, sm dr 15 mg cap)</i>	\$0 (Tier 1)	*
<i>lansoprazole dr 15 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS), *
<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)
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>omeprazole (dr 20 mg tablet, gnp dr 20 mg tablet, sm dr 20 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>omeprazole dr 10 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<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 11.

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 DR 30 MG CAPSULE	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sodium dr 20 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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

<i>betaine anhydrous 1 gram/scoop powder</i>	\$0 (Tier 1)	
BUPHENYL 500 MG TABLET	\$0 (Tier 2)	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	\$0 (Tier 2)	
CARNITOR SF 1 GM/10 ML SOLN	\$0 (Tier 2)	
CEREZYME 400 UNIT VIAL	\$0 (Tier 2)	PA
CREON (DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE)	\$0 (Tier 2)	
<i>cromolyn sodium 100 mg/5 ml oral conc</i>	\$0 (Tier 1)	
CRYSVITA (10 MG/ML VIAL, 20 MG/ML VIAL, 30 MG/ML VIAL)	\$0 (Tier 2)	PA
CYSTADANE 1 GRAM/SCOOP POWDER	\$0 (Tier 2)	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	\$0 (Tier 2)	PA
ELELYSO 200 UNITS VIAL	\$0 (Tier 2)	PA
ENDARI 5 GRAM POWDER PACKET	\$0 (Tier 2)	PA
KUVAN (100 MG POWDER PACKET, 100 MG TABLET, 500 MG POWDER PACKET)	\$0 (Tier 2)	PA
<i>l-glutamine 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 11.

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)	
<i>miglustat 100 mg capsule</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)</i>	\$0 (Tier 1)	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	\$0 (Tier 2)	
PALYNZIQ (2.5 MG/0.5 ML SYRINGE, 10 MG/0.5 ML SYRINGE, 20 MG/ML SYRINGE)	\$0 (Tier 2)	PA
PROLASTIN C (MG VIAL, MG/20 ML VL)	\$0 (Tier 2)	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	\$0 (Tier 2)	PA, QL (14 PER 28 DAYS)
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
PYRUKYND 5 MG TAPER PACK	\$0 (Tier 2)	PA, QL (7 PER 28 DAYS)
REVCОВI 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)
WELIREG 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
<i>yargesa 100 mg capsule</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>zelvysia (100 mg packet, 500 mg packet)</i>	\$0 (Tier 1)	PA

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

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

Genitourinary Agents

Antispasmodics, Urinary

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>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)
<i>dutasteride 0.5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin 0.5</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
FLOMAX 0.4 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PROSCAR 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RAPAFLO (4 MG CAPSULE, 8 MG CAPSULE)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>silodosin (4 mg capsule, 8 mg capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<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)	
NEXPLANON 68 MG IMPLANT	\$0 (Tier 2)	
SKYLA 13.5 MG SYSTEM	\$0 (Tier 2)	

Genitourinary Agents, Other

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

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

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

ACTHAR GEL 400 UNIT/5 ML VIAL	\$0 (Tier 2)	PA
ACTHAR SELFJECT (40 UNIT/0.5 ML, 80 UNIT/ML)	\$0 (Tier 2)	PA
CORTEF (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate 0.1 mg tablet</i>	\$0 (Tier 1)	
HEMADY 20 MG TABLET	\$0 (Tier 2)	
<i>hidex 6 day 1.5 mg tablet</i>	\$0 (Tier 1)	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	\$0 (Tier 2)	
<i>methylprednisolone (4 mg dosepak, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)</i>	\$0 (Tier 1)	
<i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml)</i>	\$0 (Tier 1)	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	\$0 (Tier 1)	
<i>taperdex 6 day 1.5 mg tablet</i>	\$0 (Tier 1)	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN 10,000 UNIT VL	\$0 (Tier 2)	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	\$0 (Tier 2)	
<i>desmopressin acetate (0.01% solution, 0.01% spray, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	\$0 (Tier 1)	
INCRELEX 40 MG/4 ML VIAL	\$0 (Tier 2)	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	\$0 (Tier 2)	PA
PREGNYL 10,000 UNIT VIAL	\$0 (Tier 2)	PA

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

Androgens

ANDROGEL 1.62% PUMP	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)
<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	\$0 (Tier 1)	PA
DEPO-TESTOSTERONE (200 MG/ML, 200 MG/ML VL, 1,000MG/10ML)	\$0 (Tier 2)	PA
<i>methyltestosterone 10 mg cap</i>	\$0 (Tier 1)	PA
<i>testosterone (1% (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% (25mg/2.5g) pk</i>	\$0 (Tier 1)	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	\$0 (Tier 1)	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i>	\$0 (Tier 1)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
Estrogens		
<i>conjugated estrogens (estrogen 0.625mg, estrogens 0.3 mg, estrogens 0.45mg, estrogens 0.9 mg, estrogens 1.25mg)</i>	\$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML VIAL	\$0 (Tier 2)	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	\$0 (Tier 2)	
<i>dotti (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i>	\$0 (Tier 1)	
ESTRACE 0.01% CREAM	\$0 (Tier 2)	
<i>estradiol (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 (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 valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>	\$0 (Tier 1)	
ESTRING (2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING)	\$0 (Tier 2)	
<i>lyllana (0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch)</i>	\$0 (Tier 1)	
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET, 2.5 MG TABLET)	\$0 (Tier 2)	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VAGIFEM 10 MCG VAGINAL TAB	\$0 (Tier 2)	
<i>yuvafem (10 mcg insert, 10 mcg tablet)</i>	\$0 (Tier 1)	
<i>abigale 1 mg-0.5 mg tablet</i>	\$0 (Tier 1)	
<i>abigale lo 0.5-0.1 mg tablet</i>	\$0 (Tier 1)	
<i>afirmelle afirmelle-28 tablet</i>	\$0 (Tier 1)	
<i>aftera 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>altavera 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 aubra-28 tablet</i>	\$0 (Tier 1)	
<i>aubra eq eq-28 tablet</i>	\$0 (Tier 1)	
<i>aurovela (1 mg-20 mcg tablet, 21 1.5-30 tablet)</i>	\$0 (Tier 1)	
<i>aurovela 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>aurovela fe (1-20 tablet, 1.5 mg-30 mcg tab)</i>	\$0 (Tier 1)	
<i>aviane aviane-28 tablet</i>	\$0 (Tier 1)	
<i>ayuna ayuna-28 tablet</i>	\$0 (Tier 1)	
<i>azurette 28 day 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)	
<i>camrese lo tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>chateal chateal-28 tablet</i>	\$0 (Tier 1)	
<i>chateal eq eq-28 tablet</i>	\$0 (Tier 1)	
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)	\$0 (Tier 2)	
<i>cryselle cryselle-28 tablet</i>	\$0 (Tier 1)	
<i>cyred 28 day tablet</i>	\$0 (Tier 1)	
<i>cyred eq 28 day tablet</i>	\$0 (Tier 1)	
<i>dasetta (1-35-28 tablet, 7/7/7-28 tablet)</i>	\$0 (Tier 1)	
<i>daysee 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>desogestr-eth estrad eth estra</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol desogestrel-ee 0.15-0.03 mg tb</i>	\$0 (Tier 1)	
<i>dolishale 90-20 mcg tablet</i>	\$0 (Tier 1)	
<i>drospirenone-eth estra-levomef (3-0.02-0.451, 3-0.03-0.451)</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	\$0 (Tier 1)	
<i>econtra one-step 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>elinest elinest-28 tablet</i>	\$0 (Tier 1)	
<i>eluryng vaginal ring</i>	\$0 (Tier 1)	
<i>enilloring vaginal</i>	\$0 (Tier 1)	
<i>enpresse enpresse-28 tablet</i>	\$0 (Tier 1)	
<i>enskyce 28 tablet</i>	\$0 (Tier 1)	
<i>estarylla 0.25-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i>	\$0 (Tier 1)	
<i>ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol etonogestrel-ee vaginal ring</i>	\$0 (Tier 1)	
<i>falmina falmina-28 tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>feirza (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)</i>	\$0 (Tier 1)	
<i>femynor 28 tablet</i>	\$0 (Tier 1)	
<i>fyavolv 1 mg-5 mcg tablet</i>	\$0 (Tier 1)	
<i>galbriela 0.8-0.025 mg chew tb</i>	\$0 (Tier 1)	
<i>gemmily 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	
<i>hailey 21 1.5 mg-30 mcg tab</i>	\$0 (Tier 1)	
<i>hailey 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>hailey fe (1-20 tablet, 1.5-30 tablet)</i>	\$0 (Tier 1)	
<i>haloette vaginal ring</i>	\$0 (Tier 1)	
<i>her style 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>iclevia 0.15 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>introvale 0.15-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>isibloom 28 day tablet</i>	\$0 (Tier 1)	
<i>jaimiess 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>jasmiel 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>jinteli 1 mg-5 mcg tablet</i>	\$0 (Tier 1)	
<i>jolessa 0.15 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>juleber 28 day tablet</i>	\$0 (Tier 1)	
<i>junel (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)</i>	\$0 (Tier 1)	
<i>junel fe (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)</i>	\$0 (Tier 1)	
<i>junel fe 24 tablet</i>	\$0 (Tier 1)	
<i>kaitlib fe 0.8-0.025mg chew tb</i>	\$0 (Tier 1)	
<i>kalliga 28 day tablet</i>	\$0 (Tier 1)	
<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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>kurvelo kurvelo-28 tablet</i>	\$0 (Tier 1)	
<i>larin (1.5 mg-30 mcg tablet, 21 1-20 tablet)</i>	\$0 (Tier 1)	
<i>larin 24 fe 1 mg-20 mcg tablet</i>	\$0 (Tier 1)	
<i>larin fe (1-20 tablet, 1.5-30 tablet)</i>	\$0 (Tier 1)	
LAYOLIS FE CHEWABLE TABLET	\$0 (Tier 2)	
<i>leena 28 tablet</i>	\$0 (Tier 1)	
<i>lessina lessina-28 tablet</i>	\$0 (Tier 1)	
<i>levonest levonest-28 tablet</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	\$0 (Tier 1)	
<i>levonorgestrel 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15, estrad triphasic)</i>	\$0 (Tier 1)	
<i>levora-28 tablet</i>	\$0 (Tier 1)	
<i>lo-zumandimine 3 mg-0.02 mg tb</i>	\$0 (Tier 1)	
LOESTRIN (21 1-20 TABLET, 21 1.5-30 TABLET)	\$0 (Tier 2)	
LOESTRIN FE (1-20 TABLET, 1.5-30 TABLET)	\$0 (Tier 2)	
<i>lojaimiess 0.1-0.02-0.01 tab</i>	\$0 (Tier 1)	
<i>loryna 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>low-ogestrel low-ogestrel-28 tablet</i>	\$0 (Tier 1)	
<i>luizza (1 mg-20 mcg tablet, 1.5 mg-30 mcg tablet)</i>	\$0 (Tier 1)	
<i>lutra lutra-28 tablet</i>	\$0 (Tier 1)	
<i>marlissa marlissa-28 tablet</i>	\$0 (Tier 1)	
<i>merzee 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	
<i>microgestin (21 1-20 tablet, 21 1.5-30 tab)</i>	\$0 (Tier 1)	
<i>microgestin 24 fe 1 mg-20 mcg</i>	\$0 (Tier 1)	
<i>microgestin fe (1-20 tablet, 1.5-30 tab)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>mili 0.25-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>mimvey 1-0.5 mg tablet</i>	\$0 (Tier 1)	
<i>mono-lynyah 28 tablet</i>	\$0 (Tier 1)	
<i>my choice 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>my way 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>necon 0.5-35-28 tablet</i>	\$0 (Tier 1)	
<i>new day 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nikki 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>norelgestromin-eth estradiol norelgestrom-ee 150-35 mcg/day</i>	\$0 (Tier 1)	
<i>norethin-eth estra-ferrous fum (noret-estr-fe 0.4-0.035(21)-75, norethin-estra-fe 0.8-0.025 mg)</i>	\$0 (Tier 1)	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, norethind-eth estrad 1-0.02 mg)</i>	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	\$0 (Tier 1)	
<i>nortrel (0.5-35-28 tablet, 1-35 21 tablet, 1-35 28 tablet, 7-7-7-28 tablet)</i>	\$0 (Tier 1)	
NUVARING NUVAVAGINAL	\$0 (Tier 2)	
<i>nylia (1-35 28 tablet, 7-7-7-28 tablet)</i>	\$0 (Tier 1)	
<i>nymyo 0.25-0.035 mg (28) tab</i>	\$0 (Tier 1)	
<i>ocella 3 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>opcicon one-step 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>option 2 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>philith 0.4-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>pimtrea 28 day tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PLAN B ONE-STEP 1.5 MG TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>portia 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>reclipsen 28 day tablet</i>	\$0 (Tier 1)	
<i>setlakin 0.15 mg-0.03 mg tab</i>	\$0 (Tier 1)	
<i>simliya 28 day tablet</i>	\$0 (Tier 1)	
<i>simpesse 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>sprintec 28 day tablet</i>	\$0 (Tier 1)	
<i>sronyx 0.10-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>syeda 28 tablet</i>	\$0 (Tier 1)	
<i>take action 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tarina 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>tarina fe 1-20 eq tablet</i>	\$0 (Tier 1)	
<i>tarina fe 1-20 tablet</i>	\$0 (Tier 1)	
<i>taysofy 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	
<i>tilia fe 28 tablet</i>	\$0 (Tier 1)	
<i>tri-estarylla tablet</i>	\$0 (Tier 1)	
<i>tri-legest fe fe-28 day tablet</i>	\$0 (Tier 1)	
<i>tri-linyah tablet</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla tablet</i>	\$0 (Tier 1)	
<i>tri-lo-marzia tablet</i>	\$0 (Tier 1)	
<i>tri-lo-mili tablet</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec tablet</i>	\$0 (Tier 1)	
<i>tri-mili 28 tablet</i>	\$0 (Tier 1)	
<i>tri-nymyo 28 tablet</i>	\$0 (Tier 1)	
<i>tri-sprintec tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>tri-vylibra 28 tablet</i>	\$0 (Tier 1)	
<i>tri-vylibra lo tablet</i>	\$0 (Tier 1)	
<i>trivora-28 tablet</i>	\$0 (Tier 1)	
<i>turqoz turqoz-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>valtya (1 mg-35 mcg tablet, 1 mg-50 mcg 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 vienva-28 tablet</i>	\$0 (Tier 1)	
<i>viorele 28 day tablet</i>	\$0 (Tier 1)	
<i>volnea 0.15-0.02-0.01 mg tab</i>	\$0 (Tier 1)	
<i>vyfemla 0.4 mg-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>vylibra 28 tablet</i>	\$0 (Tier 1)	
<i>wera 0.5/0.035 mg 28 tablet</i>	\$0 (Tier 1)	
<i>wymzya fe 0.4-0.035 mg chew tb</i>	\$0 (Tier 1)	
<i>xarah fe 1 mg/20-30-35 mcg tab</i>	\$0 (Tier 1)	
<i>xelria fe 0.4-0.035 mg chew tb</i>	\$0 (Tier 1)	
<i>xulane 150-35 mcg/day patch</i>	\$0 (Tier 1)	
YASMIN 28 TABLET	\$0 (Tier 2)	
YAZ 28 TABLET	\$0 (Tier 2)	
<i>zafemy 150-35 mcg/day patch</i>	\$0 (Tier 1)	
<i>zovia 1-35 tablet</i>	\$0 (Tier 1)	
<i>zumandimine 3 mg-0.03 mg tab</i>	\$0 (Tier 1)	
Progestins		
<i>camila 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>deblitane 0.35 mg tablet</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>gallifrey 5 mg tablet</i>	\$0 (Tier 1)	
<i>heather 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>incassia 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>jencycla 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>lyleq 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>lyza 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	\$0 (Tier 1)	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	\$0 (Tier 1)	
<i>meleya 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>nora-be (nora-be tablet, nora-be tablet)</i>	\$0 (Tier 2)	
<i>norethindrone 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>norethindrone ac (lupaneta) norethindrn 5 mg tb</i>	\$0 (Tier 1)	
<i>norethindrone acetate 5 mg tablet</i>	\$0 (Tier 1)	
<i>orquidea 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	\$0 (Tier 1)	
PROVERA (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	\$0 (Tier 2)	
<i>sharobel 0.35 mg tablet</i>	\$0 (Tier 1)	
Selective Estrogen Receptor Modifying Agents		
DUAVEE 0.45-20 MG TABLET	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
EVISTA 60 MG TABLET	\$0 (Tier 2)	
<i>raloxifene hcl 60 mg tablet</i>	\$0 (Tier 1)	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

CYTOMEL (5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET)	\$0 (Tier 2)	
EUTHYROX (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET)	\$0 (Tier 2)	
LEVO-T (25 MCG 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)	
<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>liomny (5 mcg tablet, 25 mcg tablet, 50 mcg tablet)</i>	\$0 (Tier 1)	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	\$0 (Tier 1)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	\$0 (Tier 2)	
TIROSINT (13 MCG CAPSULE, 25 MCG CAPSULE, 37.5 MCG CAPSULE, 44 MCG CAPSULE, 50 MCG CAPSULE, 62.5 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE)	\$0 (Tier 2)	
TIROSINT-SOL (13 MCG/ML SOLN, 25 MCG/ML SOLN, 37.5 MCG/ML SOLN, 44 MCG/ML SOLN, 50 MCG/ML SOLN, 62.5 MCG/ML SOLN, 75 MCG/ML SOLN, 88 MCG/ML SOLN, 100 MCG/ML SOLN, 112 MCG/ML SOLN, 125 MCG/ML SOLN, 137 MCG/ML SOLN, 150 MCG/ML SOLN, 175 MCG/ML SOLN, 200 MCG/ML SOLN)	\$0 (Tier 2)	
UNITHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	\$0 (Tier 2)	

Hormonal Agents, Suppressant (Adrenal or Pituitary)

<i>cabergoline 0.5 mg tablet</i>	\$0 (Tier 1)	
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You can find information on what the symbols and abbreviations on this table mean by going to page 11.

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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)	
KORLYM 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	\$0 (Tier 1)	PA
<i>leuprolide depot 22.5 mg vial</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT)	\$0 (Tier 2)	PA
LUPRON DEPOT (LUPANETA) 3.75MG	\$0 (Tier 2)	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	\$0 (Tier 2)	PA
<i>mifepristone 300 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<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 10 mg, er 20 mg, er 30 mg)</i>	\$0 (Tier 1)	PA
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL)	\$0 (Tier 2)	PA
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	\$0 (Tier 2)	PA
SIGNIFOR LAR (10 MG KIT, 10 MG VIAL, 20 MG KIT, 20 MG VIAL, 30 MG KIT, 30 MG VIAL, 40 MG KIT, 40 MG VIAL, 60 MG KIT, 60 MG VIAL)	\$0 (Tier 2)	PA

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

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

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

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

Immunological Agents

Angioedema Agents

CINRYZE (500 UNIT VIAL, 500 UNIT VIAL-DILUENT)	\$0 (Tier 2)	PA, QL (20 PER 30 DAYS)
FIRAZYR 30 MG/3 ML SYRINGE	\$0 (Tier 2)	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	\$0 (Tier 2)	PA, QL (27 PER 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	\$0 (Tier 2)	PA, QL (18 PER 28 DAYS)
<i>icatibant 30 mg/3 ml syringe</i>	\$0 (Tier 1)	PA, QL (18 PER 30 DAYS)
<i>sajazir 30 mg/3 ml syringe</i>	\$0 (Tier 1)	PA, QL (18 PER 30 DAYS)

Immunoglobulins

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	\$0 (Tier 2)	PA
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	\$0 (Tier 2)	PA
THYMOGLOBULIN 25 MG VIAL	\$0 (Tier 2)	PA
Immunological Agents, Other		
ACTEMRA 162 MG/0.9 ML SYRINGE	\$0 (Tier 2)	PA
ACTEMRA ACTPEN 162 MG/0.9 ML	\$0 (Tier 2)	PA
ARCALYST 220 MG VIAL	\$0 (Tier 2)	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	\$0 (Tier 2)	PA
COSENTYX (2 SYRINGES) 300 MG DOSE	\$0 (Tier 2)	PA
COSENTYX SENSOREADY (2 PENS) SNRDY 300MG DOSE-2PEN	\$0 (Tier 2)	PA
COSENTYX SENSOREADY PEN 150 MG	\$0 (Tier 2)	PA
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	\$0 (Tier 2)	PA
COSENTYX UNOREADY PEN 300 MG	\$0 (Tier 2)	PA
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
ENTYVIO PEN 108 MG/0.68 ML	\$0 (Tier 2)	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ORENCIA CLICKJECT 125 MG/ML	\$0 (Tier 2)	PA
RIDAURA 3 MG CAPSULE	\$0 (Tier 2)	
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)	\$0 (Tier 2)	PA
RINVOQ LQ 1 MG/ML SOLUTION	\$0 (Tier 2)	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	\$0 (Tier 2)	PA
SKYRIZI ON-BODY (180 MG/1.2 ML, 360 MG/2.4 ML)	\$0 (Tier 2)	PA
SKYRIZI PEN 150 MG/ML	\$0 (Tier 2)	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	\$0 (Tier 2)	PA
STEQEYMA (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	\$0 (Tier 2)	PA
TREMFYA (100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE)	\$0 (Tier 2)	PA
TREMFYA ONE-PRESS 100 MG/ML	\$0 (Tier 2)	PA
TREMFYA PEN 200 MG/2 ML	\$0 (Tier 2)	PA
TREMFYA PEN INDUCTION (2 PEN) INDCT 200MG/2ML X2	\$0 (Tier 2)	PA
TYENNE 162 MG/0.9 ML SYRINGE	\$0 (Tier 2)	PA
TYENNE AUTOINJECTOR 162 MG/0.9 ML AUTOINJCT	\$0 (Tier 2)	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	\$0 (Tier 2)	PA
Immunostimulants		
ACTIMMUNE 100 MCG/0.5 ML VIAL	\$0 (Tier 2)	PA
BESREMI 500 MCG/ML SYRINGE	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	\$0 (Tier 2)	PA
Immunosuppressants		
ASTAGRAF XL (0.5 MG CAPSULE, 1 MG CAPSULE, 5 MG CAPSULE)	\$0 (Tier 2)	PA
AZASAN (75 MG TABLET, 100 MG TABLET)	\$0 (Tier 2)	PA
<i>azathioprine (50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	\$0 (Tier 1)	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	\$0 (Tier 2)	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	\$0 (Tier 1)	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	\$0 (Tier 1)	PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	\$0 (Tier 2)	PA
ENBREL MINI 50 MG/ML CARTRIDGE	\$0 (Tier 2)	PA
ENBREL SURECLICK 50 MG/ML	\$0 (Tier 2)	PA
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)	\$0 (Tier 2)	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	\$0 (Tier 1)	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	\$0 (Tier 1)	PA
HADLIMA 40 MG/0.8 ML SYRINGE	\$0 (Tier 2)	PA
HADLIMA PUSHTOUCH 40 MG/0.8 ML	\$0 (Tier 2)	PA
HADLIMA(CF) 40 MG/0.4 ML SYRNG	\$0 (Tier 2)	PA
HADLIMA(CF) PUSHTOUCH 40MG/0.4	\$0 (Tier 2)	PA
HUMIRA 40 MG/0.8 ML SYRINGE	\$0 (Tier 2)	PA
HUMIRA PEN 40 MG/0.8 ML	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
HUMIRA(CF) (10 MG/0.1 ML SYRING, CDV 10 MG/0.1ML SYR, 20 MG/0.2 ML SYRING, CDV 20 MG/0.2ML SYR, 40 MG/0.4 ML SYRING, CDV 40 MG/0.4ML SYR)	\$0 (Tier 2)	PA
HUMIRA(CF) PEN (CDV PEN 40 MG/0.4ML, CDV PEN 80 MG/0.8ML, PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML)	\$0 (Tier 2)	PA
HUMIRA(CF) PEN CROHN'S-UC-HS CRHN-UC-HS 80MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS PS-UV-AHS 80-40	\$0 (Tier 2)	PA
IMURAN 50 MG TABLET	\$0 (Tier 2)	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	\$0 (Tier 1)	
<i>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	\$0 (Tier 1)	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</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)	\$0 (Tier 2)	PA
RAPAMUNE 1 MG/ML ORAL SOLN	\$0 (Tier 2)	PA
RENFLEXIS 100 MG VIAL	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
REZUROCK 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	\$0 (Tier 2)	PA
SIMLANDI(CF) (20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML)	\$0 (Tier 2)	PA
SIMLANDI(CF) AUTOINJECTOR (40 MG/0.4 ML, 80 MG/0.8 ML)	\$0 (Tier 2)	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	\$0 (Tier 1)	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	\$0 (Tier 1)	PA
XATMEP 2.5 MG/ML ORAL SOLUTION	\$0 (Tier 2)	PA
ZORTRESS (0.25 MG TABLET, 0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	\$0 (Tier 2)	PA
Vaccines		
ABRYSVO (ACT-O-VIAL, VIAL, VIAL WITH DILUENT SYRG)	\$0 (Tier 2)	QL (1 PER 365 OVER TIME)
ACTHIB (VIAL, WITH DILUENT)	\$0 (Tier 2)	
ADACEL TDAP (SYRINGE, VIAL)	\$0 (Tier 2)	
AREXVY VIAL KIT	\$0 (Tier 2)	QL (1 PER 999 OVER TIME)
BCG VACCINE (TICE STRAIN) VIAL	\$0 (Tier 2)	
BEXSERO PREFILLED SYRINGE	\$0 (Tier 2)	
BOOSTRIX TDAP (SYRINGE, VIAL)	\$0 (Tier 2)	
DAPTACEL DTAP VACCINE	\$0 (Tier 2)	
DENGVAXIA (VIAL, VIAL WITH DILUENT)	\$0 (Tier 2)	
DIPHThERIA-TETANUS TOXOIDS-PED	\$0 (Tier 2)	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	\$0 (Tier 2)	PA

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
ENGERIX-B PEDIATRIC-ADOLESCENT 10 MCG/0.5 SYRN	\$0 (Tier 2)	PA
ERVEBO (NATIONAL STOCKPILE) 1 ML VIAL (STOCKPILE)	\$0 (Tier 1)	
GARDASIL 9 (9 SYRINGE, 9 VIAL)	\$0 (Tier 2)	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL, 1,440 UNIT/ML SYRINGE)	\$0 (Tier 2)	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	\$0 (Tier 2)	PA
HIBERIX (VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL)	\$0 (Tier 2)	
IMOVAX RABIES VACCINE VIAL	\$0 (Tier 2)	PA
INFANRIX DTAP SYRINGE	\$0 (Tier 2)	
IPOL VIAL	\$0 (Tier 2)	
IXIARO 6 UNIT(6 MCG)/0.5ML SYR	\$0 (Tier 2)	
JYNNEOS (NATIONAL STOCKPILE) 0.5 ML VIAL(STOCKPILE)	\$0 (Tier 2)	PA
JYNNEOS 0.5 ML VIAL	\$0 (Tier 2)	PA
KINRIX TIP-LOK SYRINGE	\$0 (Tier 2)	
M-M-R II VACCINE VIAL	\$0 (Tier 2)	
MENACTRA VIAL	\$0 (Tier 2)	
MENQUADFI VIAL	\$0 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	\$0 (Tier 2)	
MRESVIA 50 MCG/0.5 ML SYRINGE	\$0 (Tier 2)	QL (0.5 PER 999 OVER TIME)
PEDIARIX 0.5 ML SYRINGE	\$0 (Tier 2)	
PEDVAXHIB VACCINE VIAL	\$0 (Tier 2)	
PENBRAYA KIT	\$0 (Tier 2)	
PENMENVY MEN A-B-C-W-Y KIT	\$0 (Tier 2)	
PENTACEL VIAL KIT	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
PREHEVBRIO 10 MCG/ML VIAL	\$0 (Tier 2)	PA
PRIORIX VIAL	\$0 (Tier 2)	
PROQUAD VIAL	\$0 (Tier 2)	
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	\$0 (Tier 2)	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	\$0 (Tier 2)	PA
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	\$0 (Tier 2)	PA
ROTARIX (ORAL SYRINGE, SUSPENSION)	\$0 (Tier 2)	
ROTATEQ VACCINE	\$0 (Tier 2)	
SHINGRIX VIAL KIT	\$0 (Tier 2)	QL (2 PER 999 OVER TIME)
STAMARIL VIAL	\$0 (Tier 2)	
TDVAX VIAL	\$0 (Tier 2)	PA
TENIVAC (SYRINGE, VIAL)	\$0 (Tier 2)	PA
TICOVAC (1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE)	\$0 (Tier 2)	
TRUMENBA 120 MCG/0.5 ML VACCIN	\$0 (Tier 2)	
TWINRIX VACCINE SYRINGE	\$0 (Tier 2)	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	\$0 (Tier 2)	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	\$0 (Tier 2)	
VARIVAX VACCINE (VIAL, WITH DILUENT)	\$0 (Tier 2)	
VAXCHORA VACCINE	\$0 (Tier 2)	
VIMKUNYA 40 MCG/0.8 ML SYRINGE	\$0 (Tier 2)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
VIVOTIF EC CAPSULE	\$0 (Tier 2)	
YF-VAX (1 VIAL, 5 VIAL)	\$0 (Tier 2)	

Inflammatory Bowel Disease Agents

Aminosalicylates

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

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

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

<i>budesonide dr 3 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>budesonide ec 3 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>budesonide er 9 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	\$0 (Tier 1)	
<i>hydrocortisone 2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>procto-med hc 2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>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 (35 mg tab, 70 mg tab)</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
ATELVIA DR 35 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
BONSITY 560 MCG/2.24 ML PEN	\$0 (Tier 2)	PA
<i>calcitonin-salmon 200 unit spr</i>	\$0 (Tier 1)	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	\$0 (Tier 1)	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet, 90 mg tablet)</i>	\$0 (Tier 1)	PA
FORTEO 560 MCG/2.24 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)
JUBBONTI 60 MG/ML SYRINGE	\$0 (Tier 2)	PA
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	\$0 (Tier 1)	
PROLIA 60 MG/ML SYRINGE	\$0 (Tier 2)	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>risedronate sodium 35 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>risedronate sodium 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
<i>teriparatide (teriparatide 560mcg/2.24ml pen, teriparatide 560mcg/2.24ml pen)</i>	\$0 (Tier 2)	PA
TYMLOS 80 MCG DOSE PEN INJECTR	\$0 (Tier 2)	PA
WYOST 120 MG/1.7 ML VIAL	\$0 (Tier 2)	PA
XGEVA 120 MG/1.7 ML VIAL	\$0 (Tier 2)	PA

Ophthalmic Agents

Ophthalmic Agents, Other

<i>artificial tears (drops, gs eye drops, qc drops)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>atropine sulfate (1% drop, 1% drops)</i>	\$0 (Tier 1)	
<i>brimonidine tartrate-timolol brimonidine-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 2)	(Medicaid Benefit Drug), *
<i>lubricant eye drop (0.5%, gnp 0.5%)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricant eye drops 0.5%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricant eye ointment</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>lubricant pm eye ointment</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricating plus (gs lubricat 0.5%, lubricating 0.5%, sm lubricat 0.5%)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubrifresh pm eye ointment</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
MAXITROL EYE OINTMENT	\$0 (Tier 2)	
MIEBO 100% EYE DROP	\$0 (Tier 2)	PA, QL (12 PER 30 DAYS)
<i>neo-polycin hc eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-poly-hc neo-bacit-poly-hc eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	\$0 (Tier 1)	
<i>nighttime relief lubricant eye oint</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
REFRESH CELLUVISC 1% EYE GEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
REFRESH LACRI-LUBE OINTMENT	\$0 (Tier 2)	(Medicaid Benefit Drug), *
REFRESH LIQUIGEL 1% EYE DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
REFRESH PLUS 0.5% EYE DROPS	\$0 (Tier 2)	(Medicaid Benefit Drug), *
REFRESH TEARS 0.5% EYE DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
RESTASIS 0.05% EYE EMULSION	\$0 (Tier 2)	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE 0.05% EYE	\$0 (Tier 2)	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone sulf-pred 10-0.23% eye drops</i>	\$0 (Tier 1)	
TOBRADEX (DROPS, OINTMENT)	\$0 (Tier 2)	
<i>tobramycin-dexamethasone ophth susp</i>	\$0 (Tier 1)	
XDEMYVY 0.25% DROP	\$0 (Tier 2)	PA
XIIDRA 5% EYE DROPS	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
Ophthalmic Anti-Infectives		
<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)	

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>ciprofloxacin hcl 0.3% eye drop</i>	\$0 (Tier 1)	
<i>erythromycin 0.5% eye ointment</i>	\$0 (Tier 1)	
<i>gatifloxacin 0.5% eye drops</i>	\$0 (Tier 1)	
<i>gentamicin sulfate 0.3% eye drop</i>	\$0 (Tier 1)	
<i>moxifloxacin (0.5% drops, 0.5% drp-visc)</i>	\$0 (Tier 1)	
NATACYN 5% EYE DROPS	\$0 (Tier 2)	
<i>neo-polycin eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin neomyc-bacit-polymix eye oint</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin neomyc-polym-gramicid 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 b-tmp eye drops</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium (10% drops, 10% ointment)</i>	\$0 (Tier 1)	
<i>tobramycin 0.3% eye drop</i>	\$0 (Tier 1)	
<i>trifluridine 1% eye drops</i>	\$0 (Tier 1)	
VIGAMOX 0.5% EYE DROPS	\$0 (Tier 2)	
Ophthalmic Anti-allergy Agents		
ALAWAY 0.025% EYE DROPS	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>azelastine hcl 0.05% drops</i>	\$0 (Tier 1)	
CHILDREN'S ALAWAY CHILD'S 0.025% EYE DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>cromolyn sodium 4% eye drops</i>	\$0 (Tier 1)	
<i>epinastine hcl 0.05% eye drops</i>	\$0 (Tier 1)	
<i>eye itch relief (0.025% drops, sm 0.025% drop)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ketotifen fumarate 0.025% (0.035%) drop</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
SYSTANE NIGHTTIME EYE OINTMENT	\$0 (Tier 2)	(Medicaid Benefit Drug), *

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>zaditor 0.025% (0.035%) drops</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
Ophthalmic Anti-inflammatories		
ACULAR 0.5% EYE DROPS	\$0 (Tier 2)	
ACULAR LS 0.4% OPHTH SOL	\$0 (Tier 2)	
<i>bromfenac sodium (0.07%, 0.09%)</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate 0.1% eye drop</i>	\$0 (Tier 1)	
<i>diclofenac sodium 0.1% eye drops</i>	\$0 (Tier 1)	
<i>difluprednate 0.05% eye drop</i>	\$0 (Tier 1)	
DUREZOL 0.05% EYE DROPS	\$0 (Tier 2)	
EYSUVIS 0.25% EYE DROPS	\$0 (Tier 2)	PA
<i>fluorometholone 0.1% eye drop</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium 0.03% eye drop</i>	\$0 (Tier 1)	
FML LIQUIFILM 0.1% EYE DROP	\$0 (Tier 2)	
ILEVRO 0.3% OPHTH DROPS	\$0 (Tier 2)	
INVELTYS 1% EYE DROP	\$0 (Tier 2)	
<i>ketorolac tromethamine (0.4%, 0.5%)</i>	\$0 (Tier 1)	
PRED FORTE 1% EYE DROPS	\$0 (Tier 2)	
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 11.

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)	
<i>brinzolamide 1% eye drops</i>	\$0 (Tier 1)	
<i>dorzolamide hcl 2% eye drops</i>	\$0 (Tier 1)	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	\$0 (Tier 1)	
RHOPRESSA 0.02% OPHTH SOLUTION	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
ROCKLATAN 0.02%-0.005% EYE DRP	\$0 (Tier 2)	QL (15 PER 75 OVER TIME)
SIMBRINZA (DROP, 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)
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)	

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
CIPRODEX OTIC SUSPENSION	\$0 (Tier 2)	
<i>ciprofloxacin-dexamethasone ciprofloxacin-dexameth 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 (hydrocortisone-acetic acid soln, hydrocortisone-acetic ear drop)</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ear susp</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hydrocort neomycin-polymyxin-hc ear soln</i>	\$0 (Tier 1)	
<i>ofloxacin 0.3% ear drops</i>	\$0 (Tier 1)	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

<i>24 hour allergy gs 50 mcg spry</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>allergy relief (50 mcg, ft 50 mcg, sm 50 mcg)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ARNUIITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ASMANEX (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)
ASMANEX HFA (HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER)	\$0 (Tier 2)	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh)</i>	\$0 (Tier 1)	PA
<i>budesonide 32 mcg nasal spray</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>flunisolide 0.025% spray</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray</i>	\$0 (Tier 1)	QL (16 PER 30 DAYS), *
<i>fluticasone propionate gnp 50 mcg sp</i>	\$0 (Tier 1)	*

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NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<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, gnp 10 mg odt)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>mometasone furoate 50 mcg spry</i>	\$0 (Tier 1)	QL (34 PER 30 DAYS)
QVAR 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

<i>ala-hist ir 2 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>all day allergy (all day 10 mg tablet, eql all day 10 mg tab, ft ad (cetzn) 10mg tb, gs all day 10 mg tab, qc all day 10 mg tab, sm all day 10 mg tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>all day allergy relief (ft ad (lorat) 10 mg tb, sm all day 10 mg tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ALLER-CHLOR 4 MG TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>aller-ease gs 180 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aller-g-time 25 mg caplet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>allergy (4 mg tablet, 10 mg tablet, 25 mg capsule, 25 mg softgel, 25 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>allergy relief ((loratadine) 10 mg tab, ft (chlorphen) 4 mg tb, ft (diphen) 25 mg cap, ft (diphen) 25 mg chew, ft (diphen) 25 mg tab, ft (fexo) 60 mg tablet, ft (fexo) 180 mg tab, gnp relief 4 mg tablet, gnp relief 25 mg sfgl, gnp relief 25 mg tab, gnp relief 50 mg/20 ml, gnp relief 180 mg tab, gs (diphen) 25 mg tab, gs relief 10 mg tablet, qc (lorat) 10 mg tab, relief 4 mg tablet, relief 5 mg/5 ml soln, relief 10 mg tablet, relief 12.5 mg/5 ml, relief 25 mg capsule, relief 25 mg softgel, relief 25 mg tablet, relief 180 mg tablet, rlf (cetzn) 5 mg tab, rlf (cetzn) 10 mg tab, rlf (fexo) 60 mg tab, sm (diphen) 25 mg chew, sm (fexo) 60 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>azelastine hcl 0.1% (137 mcg) spry</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>banophen (25 mg capsule, 25 mg tablet, 50 mg capsule)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>cetirizine hcl (5 mg chew tab, 5 mg tablet, 5 mg/5 ml cup, 10 mg chew tab, 10 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>cetirizine hcl 1 mg/ml soln</i>	\$0 (Tier 1)	*
<i>cetirizine hcl 1 mg/ml syrup</i>	\$0 (Tier 1)	
<i>children's all day allergy (ergy 1 mg/ml, gs er 1 mg/ml, sm er 1 mg/ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's allergy (child 5 mg/5 ml soln, child (fexo) 30 mg/5ml, child's 12.5 mg/5 ml, ft child 5 mg/5 ml sol, gs child 12.5 mg/5 ml, qc child 12.5 mg/5 ml, sm child 5 mg/5 ml sol)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's allergy relief (ft 12.5 mg/5 ml, ft rlf 1 mg/ml, gs rlf 5 mg/5 ml, relief 1 mg/ml, relief 5 mg/5 ml, rlf 12.5 mg/5 ml, sm 12.5 mg/5 ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's cetirizine hcl (hcl 1 mg/ml, 5 mg chew tab, 10 mg chew tb)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's loratadine (5 mg/5 ml sol, 5 mg/5 ml syr)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>chlorpheniramine maleate (4 mg tablet, er 12 mg tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>clemastine fumarate 2.68 mg tablet</i>	\$0 (Tier 1)	PA
<i>complete allergy qc 25 mg cap</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
<i>cypheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)</i>	\$0 (Tier 1)	PA
<i>desloratadine 5 mg tablet</i>	\$0 (Tier 1)	
<i>diphedryl 12.5 mg/5 ml elixir</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>diphenhydramine hcl (12.5 mg/5 ml, 12.5mg/5ml cup, 25 mg caplet, 25 mg capsule, 25 mg tablet, 25 mg/10ml cup, 50 mg capsule)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ed chlorped jr syrup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>fexofenadine hcl (60 mg tablet, 180 mg tablet, sm 180 mg tab)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
HISTEX 2.5 MG/5 ML SYRUP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
HISTEX PD 0.938 MG/ML DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>levocetirizine dihydrochloride 5 mg tablet</i>	\$0 (Tier 1)	
<i>loratadine (5 mg/5 ml solution, 5 mg/5 ml syrup, 10 mg tablet, grn 10 mg tablet, qc 10 mg tablet, sm 5 mg/5 ml syrup, sm 10 mg tablet)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>loratadine allergy 5 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>m-dryl 12.5 mg/5 ml 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 2)	(Medicaid Benefit Drug), *
<i>pharbedryl 50 mg capsule</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>triprolidine hcl 0.938 mg/ml drops</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
Antileukotrienes		
ACCOLATE (10 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	
<i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	\$0 (Tier 1)	
SINGULAIR (4 MG GRANULES, 4 MG TABLET CHEW, 5 MG TABLET CHEW, 10 MG TABLET)	\$0 (Tier 2)	
<i>zafirlukast (10 mg tablet, 20 mg tablet)</i>	\$0 (Tier 1)	

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

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

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

Bronchodilators, Sympathomimetic

<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	\$0 (Tier 1)	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	\$0 (Tier 1)	QL (13.4 PER 30 DAYS)
<i>albuterol sulfate (2 mg/5 ml syrup cup, sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab, 8 mg/20 ml syrup cup)</i>	\$0 (Tier 1)	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	\$0 (Tier 1)	PA
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	\$0 (Tier 1)	
<i>levalbuterol tartrate hfa 45mcg inh</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
PROAIR RESPICLICK 90 MCG INHLR	\$0 (Tier 2)	QL (2 PER 30 DAYS)
SEREVENT DISKUS 50 MCG	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	\$0 (Tier 1)	
VENTOLIN HFA 90 MCG INHALER	\$0 (Tier 2)	QL (36 PER 30 DAYS)
XOPENEX HFA 45 MCG INHALER	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

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

CAYSTON 75 MG INHAL SOLUTION	\$0 (Tier 2)	PA
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
PULMOZYME 1 MG/ML AMPUL	\$0 (Tier 2)	PA
<i>tobramycin 300 mg/5 ml ampule</i>	\$0 (Tier 1)	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

Mast Cell Stabilizers

<i>cromolyn sodium 20 mg/2 ml neb soln</i>	\$0 (Tier 1)	PA
<i>triamcinolone acetonide 55 mcg nasal spr</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

Phosphodiesterase Inhibitors, Airways Disease

DALIRESP (250 MCG TABLET, 500 MCG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>roflumilast (250 mcg tablet, 500 mcg tablet)</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
THEO-24 (ER 100 MG CAPSULE, ER 200 MG CAPSULE, ER 300 MG CAPSULE, ER 400 MG CAPSULE)	\$0 (Tier 2)	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	\$0 (Tier 1)	
<i>theophylline er (er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet)</i>	\$0 (Tier 1)	

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

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

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

NAME OF DRUG	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE
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>brey-na (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, 160)</i>	\$0 (Tier 1)	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	\$0 (Tier 2)	QL (8 PER 30 DAYS)
<i>cromolyn sodium nasal spray</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
DULERA (50 MCG INHALER, 100 MCG INHALER, 200 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, 250, 500)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55, 113, 232)</i>	\$0 (Tier 1)	QL (1 PER 30 DAYS)
<i>guaifenesin-dextromethorphan (100-10 mg/5 ml, 200-20 mg/10 ml)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ipratropium-albuterol iprat-albut 0.5-3(2.5) mg/3 ml</i>	\$0 (Tier 1)	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT (INHAL SPRAY, INHALER (10), INHALER (60))	\$0 (Tier 2)	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>tussin dm (qc, sm)</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tussin dm clear syrup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>wixela inhub (100, 250, 500)</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

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

<i>carisoprodol 350 mg tablet</i>	\$0 (Tier 1)	
<i>chlorzoxazone 500 mg tablet</i>	\$0 (Tier 1)	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	\$0 (Tier 1)	
<i>vanadom 350 mg tablet</i>	\$0 (Tier 1)	

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
DAYVIGO (5 MG TABLET, 10 MG TABLET)	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
HETLIOZ 20 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>ramelteon 8 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
ROZEREM 8 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SILENOR (3 MG TABLET, 6 MG TABLET)	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>tasimelteon 20 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er (er 6.25 mg tab, er 12.5 mg tab)</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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

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

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

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

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

UPHP:

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

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

If you believe that UPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with UPHP:

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

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

You can file a grievance in person, mail, or fax. If you need help filing a grievance, UPHP Customer Service is available to help you.

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

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

Notice of Accessibility

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-349-9324 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-349-9324 (TTY: 711) o hable con su proveedor.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-349-9324 (TTY: 711) أو تحدث إلى مقدم الخدمة.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-349-9324 (TTY : 711) ou parlez à votre fournisseur.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-349-9324 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-877-349-9324 (TTY: 711) oswa pale avèk founisè w la.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-349-9324 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-349-9324 (TTY: 711) 或與您的提供者討論。

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-349-9324(TTY:711)までお電話ください。または、ご利用の事業者にご相談ください。

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조기구 및 서비스도 무료로 제공됩니다. 1-877-349-9324 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-349-9324 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-349-9324 (TTY: 711) ou fale com seu provedor.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-877-349-9324 (tty: 711) o parla con il tuo fornitore.

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-349-9324 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-349-9324 (TTY: 711) или обратитесь к своему поставщику услуг.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-349-9324 (TTY: 711) o makipag-usap sa iyong provider.



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

No changes made since 12/01/2025

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



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