



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

HPMS Submission ID 00025016, Version 8

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



---

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

---

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

## Introduction

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

No changes made since 12/01/2024

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

## Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ).....	4
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.).....	4
B2. Does the <i>Drug List</i> ever change?.....	4
B3. What happens when there is a change to the <i>Drug List</i> ?.....	5
B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take to get certain drugs?.....	7
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?.....	7
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)?.....	7
B7. How can I find a drug on the <i>Drug List</i> ?.....	8
B8. What if the drug I want to take is not on the <i>Drug List</i> ?.....	8
B9. What if I am a new UPHP MI Health Link member and can’t find my drug on the	

---

**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](http://www.uphp.com/medicare/uphp-mi-health-link).



<i>Drug List</i> or have a problem getting my drug? .....	8
B10. Can I ask for an exception to cover my drug? .....	9
B11. How can I ask for an exception? .....	9
B12. How long does it take to get an exception?.....	9
B13. What are generic drugs? .....	10
B14. What are original biological products and how are they related to biosimilars?.....	10
B15. What are OTC drugs? .....	10
B16. Does UPHP MI Health Link cover non-drug OTC products?.....	10
B17. What is my copay? .....	10
B18. What are drug tiers? .....	11
C. Overview of the <i>List of Covered Drugs</i> .....	11
C1. Drugs Grouped by Medical Condition .....	11
D. Index of Covered Drugs.....	159

---

## 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](http://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

---

**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](http://www.uphp.com/medicare/uphp-mi-health-link).



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

---

## B. Frequently Asked Questions (FAQ)

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

---

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

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

- UPHP MI Health Link will cover all medically necessary drugs on the *Drug List* if:
  - 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](http://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

---

**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](http://www.uphp.com/medicare/uphp-mi-health-link).



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](http://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

---

**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](http://www.uphp.com/medicare/uphp-mi-health-link).



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](http://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](http://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

---

**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](http://www.uphp.com/medicare/uphp-mi-health-link).



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 159. 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](http://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

---

**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](http://www.uphp.com/medicare/uphp-mi-health-link).



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

---

### **B13. What are generic drugs?**

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and 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

---

**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](http://www.uphp.com/medicare/uphp-mi-health-link).



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.
- 

## 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:

---

**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](http://www.uphp.com/medicare/uphp-mi-health-link).



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

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

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

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

QLC = This medication is subject to Opioid Safety Edits



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

# 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
<b>Analgesics</b>		
<i>8 hour acetaminophen er 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>8 hour pain relief ft 8 hour rlf er 650 mg, gnp 8 hour relief 650 mg, sm 8 hour relief 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>8hr arthritis pain arthritis er 650 mg, gnp arthrit er 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>acetaminophen 120 mg suppos, 160 mg/5 ml cup, 160 mg/5 ml liq, 160 mg/5 ml soln, 325 mg gelcap, 325 mg tablet, 325 mg/10.15 ml, 500 mg caplet, 500 mg gelcap, 500 mg tablet, 650 mg suppos, 650mg/20.3ml cup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>acetaminophen 8 hour qc -hr 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>acetaminophen er er 650 mg caplet, er 650 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>arthritis pain gs er 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>arthritis pain relief er 650 mg caplt, qc er 650 mg, sm er 650 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>arthritis pain reliever sm 650 mg tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aspirin 81 mg chewable tablet, 325 mg tablet, ft 325 mg tablet, gnp 325 mg tablet, gs 81 mg chewable tab, gs 325 mg tablet, qc 81 mg chewable tab, 300 mg suppository, qc 325 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aspirin ec ec 81 mg tablet, ec 325 mg tablet, ft ec 81 mg tablet, ft ec 325 mg tablet, gnp ec 81 mg tablet, qc ec 81 mg tablet, qc ec 325 mg tablet, sm ec 81 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aspirin regimen 81 mg ec tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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.

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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), *
<b>Analgesics, Other</b>		
<i>butalbital-acetaminophen -acetaminophn 50-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen-caffe --50-300-40, --50-325-40</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine --cp</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
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)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<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 400 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
CELEBREX 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>celecoxib 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>children's ibuprofen child ibuprofen 100 mg/5ml cup, child ibuprofen 200mg/10ml cup, children ibuprof 100mg/5ml cup, children ibuprofen 100 mg/5 ml, ft child ibuprofen 100 mg/5 ml, gs child ibuprofen 100 mg/5 ml, qc child ibuprofen 100 mg/5 ml, sm child ibuprofen 100 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
DAYPRO 600 MG CAPLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium 1.5% topical soln</i>	\$0 (Tier 1)	PA
<i>diclofenac sodium dr 25 mg tab, ec 25 mg tab</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>diclofenac sodium dr 50 mg tab, ec 50 mg tab</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium dr 75 mg tab, ec 75 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>diclofenac sodium er 100 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -50-0.2 mg</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -75-0.2 mg, -75-0.2 tb</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ec-naproxen -dr 375 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>ec-naproxen -dr 500 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>etodolac 400 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>etodolac er er 400 mg tablet, er 500 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<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)

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>ibuprofen ft 200 mg mini sfgl, gnp 100 mg chew tab, 200 mg caplet, 200 mg capsule, 200 mg softgel, 200 mg tablet, ft 200 mg caplet, ft 200 mg softgel, ft 200 mg tablet, gnp 200 mg mini sfgl, gnp 200 mg softgel, gnp 200 mg tablet, gs 100 mg chew tab, gs 200 mg caplet, gs 200 mg liquid gel, gs 200 mg softgel, gs 200 mg tablet, jr str 100 mg tb chw, qc 200 mg caplet, qc 200 mg mini sfgl, qc 200 mg tablet, sm 200 mg caplet, sm 200 mg softgel, sm 200 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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 125 mg/5 ml suspen</i>	\$0 (Tier 1)	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>naproxen 375 mg tablet, dr 375 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>naproxen 500 mg kit, 500 mg tablet, dr 500 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

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

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>Opioid Analgesics, Short-acting</b>		
<i>acetaminophen-codeine -#2 tablet, -#3 tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine -#4 tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS)
<i>butorphanol tartrate 10 mg/ml spray</i>	\$0 (Tier 1)	QL (48 PER 30 DAYS)
<i>codeine sulfate 15 mg tablet, 30 mg tablet, 60 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>endocet 10-325 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>endocet 2.5-325 mg tablet, 5-325 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>fentanyl citrate cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen -10-300 mg, -10-325 mg, -7.5-300, -7.5-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-300 mg, -5-325 mg</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen -acetamin 2.5-108/5, -acetamin 5-217/10, -acetamn 7.5-325/15</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen -5-200 mg, -10-200, -7.5-200</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml solution, 5 mg/5 ml soln</i>	\$0 (Tier 1)	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl</i>	\$0 (Tier 1)	PA
<i>hydromorphone hcl 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>morphine sulfate 10 mg/5 ml cup, 10 mg/5 ml soln</i>	\$0 (Tier 1)	QL (2700 PER 30 DAYS)
<i>morphine sulfate 100 mg/5 ml conc</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>morphine sulfate 20 mg/5 ml soln</i>	\$0 (Tier 1)	QL (1350 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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 -10-325</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen -acetaminophen 5-325, -acetaminophen 2.5-325</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen -acetaminophen 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 -acetaminophen 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)
lidocaine hcl laryngotracheal 4% solution	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous 2% 15 ml cup, 2% soln</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine -cream</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>lidocan iii 5% patch</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<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)

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

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

## **Anti-Addiction/ Substance Abuse Treatment Agents**

### **Alcohol Deterrents/ Anti-craving**

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

### **Opioid Dependence**

<i>buprenorphine hcl 2 mg tablet, 8 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone -2-fm, -2-tb</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>buprenorphine-naloxone -4-1mg film, -8-2mg film, -12-3mg flm</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>buprenorphine-naloxone -8-2 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>naltrexone hcl 50 mg tablet</i>	\$0 (Tier 1)	
SUBLOCADE 100 MG/0.5 ML SYRING, 300 MG/1.5 ML SYRING	\$0 (Tier 2)	
SUBOXONE 2 MG-0.5 MG SL FILM	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SUBOXONE 4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM	\$0 (Tier 2)	QL (60 PER 30 DAYS)
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)	
<i>naloxone hcl 4 mg nasal spray</i>	\$0 (Tier 1)	*
NARCAN 4 MG NASAL SPRAY	\$0 (Tier 2)	
OPVEE 2.7 MG NASAL SPRAY	\$0 (Tier 2)	

### **Smoking Cessation Agents**

<i>bupropion hcl sr 150 mg tablet</i>	\$0 (Tier 1)	
<i>nicoderm cq 21 mg/24hr patch</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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 0.5 mg tablet, apo-0.5 mg tablet, 1 mg cont month bx, 1 mg tablet, apo-1 mg tablet, starting month box</i>	\$0 (Tier 1)	

## **Anti-Obesity Agents**

### **Anti-Obesity Agents, Other**

ADIPEX-P ADIEX-37.5 MG TABLET	\$0 (Tier 2)	PA, (Medicaid Benefit Drug), *
<i>benzphetamine hcl 50 mg tablet</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>diethylpropion hcl 25 mg tablet</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>diethylpropion hcl er 75 mg tablet</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>orlistat 120 mg capsule</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>phendimetrazine tartrate 35 mg tablet</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>phendimetrazine tartrate er 105 mg cap</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
<i>phentermine hcl 15 mg capsule, 30 mg capsule, 37.5 mg capsule, 37.5 mg tablet</i>	\$0 (Tier 1)	PA, (Medicaid Benefit Drug), *
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), *

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

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

## 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, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial</i>	\$0 (Tier 1)	

### Antibacterials, Other

AZACTAM 1 GM VIAL, 2 GM VIAL	\$0 (Tier 2)	
<i>aztreonam 1 gm vial, 2 gm vial</i>	\$0 (Tier 1)	
CLEOCIN 2% VAGINAL CREAM	\$0 (Tier 2)	
CLEOCIN HCL 75 MG CAPSULE, 150 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	
CLEOCIN PHOSPHATE 9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL	\$0 (Tier 2)	
CLEOCIN T 1% LOION	\$0 (Tier 2)	
<i>clindacin etz 1% pledget</i>	\$0 (Tier 1)	
<i>clindacin p 1% ledgets</i>	\$0 (Tier 1)	
<i>clindamycin (pediatric) (pedi) 75 mg/5 ml</i>	\$0 (Tier 1)	
<i>clindamycin hcl 75 mg capsule, 150 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	

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

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

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>vancomycin hcl 1 gm add-van vial, 1 gm vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial</i>	\$0 (Tier 1)	
<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)	
<b>Beta-lactam, Cephalosporins</b>		
<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</i>	\$0 (Tier 1)	
<i>cefдинир 125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule</i>	\$0 (Tier 1)	
<i>cefepime 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefepime hcl 1 gm vial, 2 gram vial</i>	\$0 (Tier 1)	
<i>cefepime-dextrose -1 gm/50 ml, -2 gm/50 ml</i>	\$0 (Tier 1)	
<i>cefixime 400 mg capsule</i>	\$0 (Tier 1)	
<i>cefoxitin 1 gm vial, 2 gm vial, 10 gm vial</i>	\$0 (Tier 1)	
<i>cefoxitin sodium 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefподoxime 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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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)	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin 125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet</i>	\$0 (Tier 1)	
<i>amoxicillin-clavulanate pot er -1,000-62.5 mg tab</i>	\$0 (Tier 1)	
<i>amoxicillin-clavulanate potass -200-28.5 mg/5 ml sus, -250-125 mg tablet, -250-62.5 mg/5 ml sus, -400-57 mg tab chew, -400-57 mg/5 ml susp, -500-125 mg tablet, -600-42.9 mg/5 ml sus, -875-125 mg tablet</i>	\$0 (Tier 1)	
<i>ampicillin sodium 1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial</i>	\$0 (Tier 1)	
<i>ampicillin trihydrate 500 mg capsule</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam -sulb 3 gm add vial, -sulbactam 3 gm vial</i>	\$0 (Tier 1)	
BICILLIN L-A L-600,000 UNIT/ML, L-1,200,000 UNITS, L-2,400,000 UNITS	\$0 (Tier 2)	
<i>dicloxacillin sodium 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
EXTENCILLINE 1,200,000 UNIT VL, 2,400,000 UNIT VL	\$0 (Tier 2)	
<i>lentocilin s 1,200,000 unit</i>	\$0 (Tier 1)	
<i>nafcillin 1 gm/ 50 ml, 2 gm/ 100 ml</i>	\$0 (Tier 1)	
<i>nafcillin sodium 1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial, 10 gm bulk vial</i>	\$0 (Tier 1)	
<i>penicillin g potassium 5 million, 20 million</i>	\$0 (Tier 1)	
<i>penicillin g sodium na 5 million unit</i>	\$0 (Tier 1)	
<i>penicillin gk-iso-osm dextrose 2 million unit/50 ml, 3 million unit/50 ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium 125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet</i>	\$0 (Tier 1)	
<i>pfizerpen 5 million vial, 20 million vial</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam -tazo 2.25 gm add vl, -tazo 3.375 gm add vl, -tazo 4.5 gm add vial, -tazobact 2.25 gm vl, -tazobact 3.375 gm vl, -tazobact 4.5 gm vial</i>	\$0 (Tier 1)	
ZOSYN 2.25 GM/50 ML GALAXY BAG	\$0 (Tier 2)	
<b>Carbapenems</b>		
<i>ertapenem 1 gram vial</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin sodium -250 mg, -500 mg</i>	\$0 (Tier 1)	
INVANZ 1 GM VIAL	\$0 (Tier 2)	
<i>meropenem 1 gm vial, 500 mg vial</i>	\$0 (Tier 1)	
<i>meropenem-0.9% nacl -0.9% 1 gram/50, -0.9% 500 mg/50</i>	\$0 (Tier 1)	
<b>Macrolides</b>		
<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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
DIFICID 200 MG TABLET	\$0 (Tier 2)	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	\$0 (Tier 2)	QL (136 PER 10 OVER TIME)
E.E.S. 200 MG/5 ML SUSPENSION	\$0 (Tier 2)	
<i>ery 2% pads</i>	\$0 (Tier 1)	
ERY-TAB -TAB DR 250 MG TABLET, -TAB DR 333 MG TABLET, -TAB DR 500 MG TABLET	\$0 (Tier 2)	
ERYPED 200 MG/5 ML SUSPENSION	\$0 (Tier 2)	
ERYPED 400 MG/5 ML SUSPENSION	\$0 (Tier 2)	
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)	
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)	
<b>Quinolones</b>		
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, 400 mg/200ml</i>	\$0 (Tier 1)	
<i>levofloxacin 25 mg/ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet</i>	\$0 (Tier 1)	
<i>levofloxacin-d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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)	
<b>Sulfonamides</b>		
BACTRIM 400-80 MG TABLET	\$0 (Tier 2)	
BACTRIM DS TABLET	\$0 (Tier 2)	
<i>sulfadiazine 500 mg tablet</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim -20 ml cup, -ds tablet, -ss tablet, -susp</i>	\$0 (Tier 1)	
<b>Tetracyclines</b>		
<i>avidoxy 100 mg tablet</i>	\$0 (Tier 1)	
<i>demeclocycline hcl 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
<i>doxy 100 mg vial</i>	\$0 (Tier 1)	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate 50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet</i>	\$0 (Tier 1)	
<i>minocycline hcl 50 mg capsule, hcl 50 mg tablet, 75 mg capsule, hcl 75 mg tablet, 100 mg capsule, hcl 100 mg tablet</i>	\$0 (Tier 1)	
<i>mondoxyne nl 100 mg capsule</i>	\$0 (Tier 1)	
NUZYRA 100 MG VIAL, 150 MG TABLET	\$0 (Tier 2)	
<i>tetracycline hcl 250 mg capsule, 500 mg capsule</i>	\$0 (Tier 1)	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT 10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 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.

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)	
<i>felbamate 400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup</i>	\$0 (Tier 1)	
FINTEPLA 2.2 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (360 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	\$0 (Tier 2)	QL (680 PER 28 DAYS)
FYCOMPA 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
KEPPRA 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET	\$0 (Tier 2)	
LAMICTAL (BLUE) TAB START KIT	\$0 (Tier 2)	
LAMICTAL 5 MG DISPER TABLET, 25 MG DISPER TABLET, 25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>lamotrigine (blue) tab start kit</i>	\$0 (Tier 1)	
<i>lamotrigine 5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>lamotrigine er er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	\$0 (Tier 1)	
<i>levetiracetam 100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup</i>	\$0 (Tier 1)	
<i>levetiracetam er er 500 mg tablet, er 750 mg tablet</i>	\$0 (Tier 1)	
<i>roweepra 500 mg tablet</i>	\$0 (Tier 1)	
<b>SPRITAM 250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET</b>	\$0 (Tier 2)	
<i>subvenite (blue) tab start kit</i>	\$0 (Tier 1)	
<i>subvenite 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>topiramate 15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	\$0 (Tier 1)	
<i>valproic acid 250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol</i>	\$0 (Tier 1)	
<b>Calcium Channel Modifying Agents</b>		
<b>CELONTIN 300 MG CAPSULE</b>	\$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)	
<b>ZARONTIN 250 MG CAPSULE</b>	\$0 (Tier 2)	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>clobazam 2.5 mg/ml suspension</i>	\$0 (Tier 1)	PA, QL (480 PER 30 DAYS)
<i>diazepam 2.5mg gel(2pk), 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk)</i>	\$0 (Tier 1)	QL (5 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	\$0 (Tier 1)	QL (1080 PER 30 DAYS)
<i>gabapentin 250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup</i>	\$0 (Tier 1)	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	\$0 (Tier 1)	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
LIBERVANT 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM	\$0 (Tier 2)	QL (10 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	\$0 (Tier 2)	QL (900 PER 30 DAYS)
LYRICA 225 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYRICA 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
MYSOLINE 50 MG TABLET, 250 MG TABLET	\$0 (Tier 2)	
NAYZILAM 5 MG NASAL SPRAY	\$0 (Tier 2)	QL (10 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	\$0 (Tier 2)	QL (1080 PER 30 DAYS)
NEURONTIN 250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION	\$0 (Tier 2)	QL (2160 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	\$0 (Tier 2)	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	\$0 (Tier 2)	QL (270 PER 30 DAYS)
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)

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>phenobarbital 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<i>pregabalin 20 mg/ml solution</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)
<i>pregabalin 225 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>pregabalin 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>primidone 50 mg tablet, 125 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	
SABRIL 500 MG POWDER PACKET, 500 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM, 20 MG FILM	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl 2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet</i>	\$0 (Tier 1)	
VALTOCO 5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY	\$0 (Tier 2)	QL (10 PER 30 DAYS)
<i>vigabatrin 500 mg powder 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)
<b>Sodium Channel Agents</b>		
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)	

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

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
VIMPAT 10 MG/ML SOLUTION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	
XCOPRI 12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK	\$0 (Tier 2)	
ZONEGRAN 25 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	
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)	

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

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

*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*

\$0 (Tier 1)

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

*memantine hcl er er 7 mg capsule, er 14 mg capsule, er 21 mg capsule, er 28 mg capsule*

\$0 (Tier 1)

PA

*memantine hcl hcl 2 mg/ml solution, 5-10 mg titration pk, hcl 5 mg tablet, hcl 10 mg tablet*

\$0 (Tier 1)

PA

NAMENDA 5 MG TABLET, 5-10 MG TITRATION PK, 10 MG TABLET

\$0 (Tier 2)

PA

### **Antidepressants**

#### **Antidepressants, Other**

AUVELITY ER 45-105 MG TABLET

\$0 (Tier 2)

QL (60 PER 30 DAYS)

*bupropion hcl 100 mg tablet*

\$0 (Tier 1)

QL (120 PER 30 DAYS)

*bupropion hcl 75 mg tablet*

\$0 (Tier 1)

QL (60 PER 30 DAYS)

*bupropion hcl sr 100 mg tablet*

\$0 (Tier 1)

QL (90 PER 30 DAYS)

*bupropion hcl sr 150mg tablet*

\$0 (Tier 1)

QL (60 PER 30 DAYS)

*bupropion hcl sr 200 mg tablet*

\$0 (Tier 1)

QL (60 PER 30 DAYS)

*bupropion xl hcl 150 mg tablet*

\$0 (Tier 1)

QL (90 PER 30 DAYS)

*bupropion xl hcl 300 mg tablet*

\$0 (Tier 1)

QL (30 PER 30 DAYS)

*mirtazapine 15 mg tablet*

\$0 (Tier 1)

QL (45 PER 30 DAYS)

*mirtazapine 7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet*

\$0 (Tier 1)

QL (30 PER 30 DAYS)

REMERON 15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB

\$0 (Tier 2)

QL (30 PER 30 DAYS)

REMERON 15 MG TABLET

\$0 (Tier 2)

QL (45 PER 30 DAYS)

WELLBUTRIN SR 100 MG TABLET

\$0 (Tier 2)

QL (90 PER 30 DAYS)

WELLBUTRIN SR SR 150 MG TABLET, SR 200 MG TABLET

\$0 (Tier 2)

QL (60 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)
<b>Monoamine Oxidase Inhibitors</b>		
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)	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)</b>		
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 30 MG CAP	\$0 (Tier 2)	QL (90 PER 30 DAYS)
DRIZALMA SPRINKLE DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 20 mg cap, dr 60 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>duloxetine hcl dr 30 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	\$0 (Tier 2)	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	\$0 (Tier 2)	QL (28 PER 28 DAYS)
FETZIMA ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fluoxetine dr 90 mg capsule</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>fluoxetine hcl 10 mg capsule, 10 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5 ml soln cup, 20 mg/5 ml solution</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
LEXAPRO 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
LEXAPRO 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
<i>nefazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	
<i>paroxetine cr 12.5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine cr 25 mg tablet, 37.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>paroxetine er er 25 mg tablet, er 37.5 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	\$0 (Tier 1)	QL (900 PER 30 DAYS)

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

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
ZOLOFT 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	QL (45 PER 30 DAYS)
<b>Tricyclics</b>		
<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.



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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, 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
<b>Emetogenic Therapy Adjuncts</b>		
<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)	
<b>Antifungals</b>		
<i>3 day vaginal qc 4% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
3-DAY VAGINAL CREAM 3-CREAM, SM 3-CREAM	\$0 (Tier 2)	(Medicaid Benefit Drug), *
AMBISOME 50 MG VIAL	\$0 (Tier 2)	PA
<i>amphotericin b 50 mg vial</i>	\$0 (Tier 1)	PA
<i>amphotericin b liposome 50 mg</i>	\$0 (Tier 1)	PA
<i>antifungal 1%, sm 1%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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.

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>klayesta 100,000 unit/gm powd</i>	\$0 (Tier 1)	
LOPROX 1% SHAMPOO	\$0 (Tier 2)	
<i>micafungin 50 mg vial, 100 mg vial</i>	\$0 (Tier 1)	
<i>micafungin-0.9% nacl 50 mg/50ml, 100 mg/100, 150 mg/150</i>	\$0 (Tier 1)	
<i>miconazole 1 1 combination, gnp 1 combo</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<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)	
<i>tioconazole-1 sm</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.

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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
<b>Antigout Agents</b>		
<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)	
<b>Antimigraine Agents</b>		
<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)
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
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)
<b>Serotonin (5-HT) Receptor Agonist</b>		
IMITREX 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	ST, QL (18 PER 30 DAYS)

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

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

## **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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>Antituberculars</b>		
<i>cycloserine 250 mg capsule</i>	\$0 (Tier 1)	
<i>ethambutol hcl 100 mg tablet, 400 mg tablet</i>	\$0 (Tier 1)	
<i>isoniazid 50 mg/5 ml solution, 100 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
PRIFTIN 150 MG TABLET	\$0 (Tier 2)	
<i>pyrazinamide 500 mg tablet</i>	\$0 (Tier 1)	
<i>rifampin 150 mg capsule, 300 mg capsule, iv 600 mg vial</i>	\$0 (Tier 1)	
SIRUORO 20 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
TRECTOR 250 MG TABLET	\$0 (Tier 2)	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide 25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet</i>	\$0 (Tier 1)	PA
GLEOSTINE 10 MG CAPSULE, 40 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	
MATULANE 50 MG CAPSULE	\$0 (Tier 2)	PA
VALCHLOR 0.016% GEL	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<b>Antiandrogens</b>		
<i>abiraterone acetate 250 mg tab</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>bicalutamide 50 mg tablet</i>	\$0 (Tier 1)	
CASODEX 50 MG TABLET	\$0 (Tier 2)	
ERLEADA 240 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
NILANDRON 150 MG TABLET	\$0 (Tier 2)	
<i>nilutamide 150 mg tablet</i>	\$0 (Tier 1)	
NUBEQA 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)
<b>Antiangiogenic Agents</b>		
<i>lenalidomide 15 mg capsule, 20 mg capsule, 25 mg capsule</i>	\$0 (Tier 1)	PA, QL (21 PER 28 DAYS)
<i>lenalidomide 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
POMALYST 1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
THALOMID 150 MG CAPSULE, 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
THALOMID 50 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<b>Antiestrogens/Modifiers</b>		
FARESTON 60 MG TABLET	\$0 (Tier 2)	
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)	
<b>Antimetabolites</b>		
<i>mercaptopurine 50 mg tablet</i>	\$0 (Tier 1)	
PURIXAN 20 MG/ML ORAL SUSP	\$0 (Tier 2)	
<b>Antineoplastics, Other</b>		
HYDREA 500 MG CAPSULE	\$0 (Tier 2)	
<i>hydroxyurea 500 mg capsule</i>	\$0 (Tier 1)	
INQOVI 35 MG-100 MG TABLET	\$0 (Tier 2)	PA, QL (5 PER 28 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)
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)
<b>Aromatase Inhibitors, 3rd Generation</b>		
<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)	

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>Molecular Target Inhibitors</b>		
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 30 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
AYVAKIT 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BOSULIF 100 MG CAPSULE, 100 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TABLET, 500 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
BRUKINSA 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
CABOMETYX 20 MG TABLET, 40 MG TABLET, 60 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
CALQUENCE 100 MG CAPSULE, 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
CAPRELSA 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
COPIKTRA 15 MG CAPSULE, 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
COTELLIC 20 MG TABLET	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
DAURISMO 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ERIVEDGE 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 100 mg tablet, 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>everolimus 2 mg tab for susp, 5 mg tab for susp, 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>everolimus 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
FOTIVDA 0.89 MG CAPSULE, 1.34 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
GAVRETO 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>gefitinib 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
GILOTRIF 20 MG TABLET, 30 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
IBRANCE 75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
ICLUSIG 10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
IDHIFA 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE, 420 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
INREBIC 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
IRESSA 250 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
JAKAFI 5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
KISQALI 200 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
KRAZATI 200 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
<i>lapatinib 250 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LENVIMA 12 MG DAILY, 18 MG DAILY, 24 MG DAILY	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
LENVIMA 4 MG CAPSULE, 10 MG DAILY DOSE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LENVIMA 8 MG DAILY, 14 MG DAILY, 20 MG DAILY	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
LYNPARZA 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	\$0 (Tier 2)	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	\$0 (Tier 2)	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	\$0 (Tier 2)	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
MEKTOVI 15 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NERLYNX 40 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
NEXAVAR 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
NINLARO 2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE	\$0 (Tier 2)	PA, QL (3 PER 28 DAYS)
ODOMZO 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)	\$0 (Tier 2)	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	\$0 (Tier 2)	PA, QL (96 PER 28 DAYS)
OJJAARA 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>pazopanib hcl 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
PEMAZYRE 4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET	\$0 (Tier 2)	PA, QL (14 PER 21 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
PIQRAY 250 MG DAILY PACK, 300 MG DAILY PACK	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
QINLOCK 50 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
RETEVMO 80 MG TABLET, 120 MG TABLET, 160 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
REZLIDHIA 150 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	\$0 (Tier 2)	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	\$0 (Tier 2)	PA, QL (336 PER 28 DAYS)
RUBRACA 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
RYDAPT 25 MG CAPSULE	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
SCSEMBLIX 100 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TABLET	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
<i>sorafenib 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
SPRYCEL 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SPRYCEL 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
STIVARGA 40 MG TABLET	\$0 (Tier 2)	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>sunitinib malate 25 mg capsule, 37.5 mg cap, 50 mg capsule</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SUTENT 12.5 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
SUTENT 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
TABRECTA 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (840 PER 28 DAYS)
TAFINLAR 50 MG CAPSULE, 75 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
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)
<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)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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 1)	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
VOTRIENT 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	\$0 (Tier 2)	PA, QL (180 PER 30 DAYS)
XALKORI 20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
XOSPATA 40 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZEJULA 100 MG TABLET, 200 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZELBORAF 240 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
ZYDELIG 100 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
KANJINTI 150 MG VIAL, 420 MG VIAL, 420 MG VIAL W-DILUENT	\$0 (Tier 2)	PA
MVASI 100 MG/4 ML VIAL, 400 MG/16 ML VIAL	\$0 (Tier 2)	PA

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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
<b>Retinoids</b>		
<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
<b>Treatment Adjuncts</b>		
MESNEX 400 MG TABLET	\$0 (Tier 2)	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole 200 mg tablet</i>	\$0 (Tier 1)	
BILTRICIDE 600 MG TABLET	\$0 (Tier 2)	
<i>ivermectin 3 mg tablet</i>	\$0 (Tier 1)	PA
<i>praziquantel 600 mg tablet</i>	\$0 (Tier 1)	
STROMEKTOL 3 MG TABLET	\$0 (Tier 2)	PA
<b>Antiprotozoals</b>		
<i>atovaquone 750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup</i>	\$0 (Tier 1)	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl -62.5-25, -250-100</i>	\$0 (Tier 1)	

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>chloroquine phosphate 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
COARTEM TABLETS	\$0 (Tier 2)	
DARAPRIM 25 MG TABLET	\$0 (Tier 2)	PA
<i>hydroxychloroquine sulfate 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab</i>	\$0 (Tier 1)	
MALARONE 62.5-25 MG PED TAB, 250-100 MG TABLET	\$0 (Tier 2)	
<i>mefloquine hcl 250 mg tablet</i>	\$0 (Tier 1)	
NEBUPENT 300 MG INHAL POWDER	\$0 (Tier 2)	PA
<i>nitazoxanide 500 mg tablet</i>	\$0 (Tier 1)	QL (20 PER 30 OVER TIME)
PENTAM 300 MG VIAL	\$0 (Tier 2)	
<i>pentamidine isethionate 300 mg inhal powdr</i>	\$0 (Tier 1)	PA
<i>pentamidine isethionate 300 mg inject vial</i>	\$0 (Tier 1)	
PLAQUENIL 200 MG TABLET	\$0 (Tier 2)	
<i>primaquine 26.3 mg tablet</i>	\$0 (Tier 1)	
<i>pyrimethamine 25 mg tablet</i>	\$0 (Tier 1)	PA
<i>quinine sulfate 324 mg capsule</i>	\$0 (Tier 1)	PA

## **Antiparkinson Agents**

### **Antiparkinson Agents, Other**

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>tolcapone 100 mg tablet</i>	\$0 (Tier 1)	
<i>trihexyphenidyl hcl 2 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	PA
<b>Dopamine Agonists</b>		
APOKYN 30 MG/3 ML CARTRIDGE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl 30 mg/3 ml cartrdg</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate 2.5 mg tablet, 5 mg capsule</i>	\$0 (Tier 1)	
NEUPRO 1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH	\$0 (Tier 2)	
<i>pramipexole dihydrochloride 0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet</i>	\$0 (Tier 1)	
<i>ropinirole er er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet</i>	\$0 (Tier 1)	
<i>ropinirole hcl 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa 25 mg tablet</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa -levo 10-100 mg odt, -levo 25-100 mg odt, -levo 25-250 mg odt, -levodopa 10-100 tab, -levodopa 25-100 tab, -levodopa 25-250 tab</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er -er 25-100 tab, -er 50-200 tab</i>	\$0 (Tier 1)	
INBRIJA 42 MG INHALATION CAP	\$0 (Tier 2)	PA, QL (300 PER 30 DAYS)
RYTARY ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP	\$0 (Tier 2)	
SINEMET 10-100 -MG TABLET	\$0 (Tier 2)	
SINEMET 25-100 -MG TABLET	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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 B (MAO-B) Inhibitors

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

### Antipsychotics

#### 1st Generation/Typical

<i>fluphenazine decanoate 125 mg/5 ml</i>	\$0 (Tier 1)	PA
<i>fluphenazine hcl 1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet</i>	\$0 (Tier 1)	PA
HALDOL DECANOATE 100 AMPUL	\$0 (Tier 2)	PA
HALDOL DECANOATE 50 AMPUL	\$0 (Tier 2)	PA
<i>haloperidol 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA
<i>haloperidol decanoate 100 mg/ml amp</i>	\$0 (Tier 1)	PA
<i>haloperidol decanoate 50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl</i>	\$0 (Tier 1)	PA
<i>haloperidol lactate 2 mg/ml conc, 5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 10 mg/5 ml cup, 50 mg/10 ml vl</i>	\$0 (Tier 1)	PA
<i>loxapine 5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule</i>	\$0 (Tier 1)	PA
<i>molindone hcl 5 mg tablet, 10 mg tablet, 25 mg tablet</i>	\$0 (Tier 1)	PA
<i>pimozide 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	PA
<i>thioridazine hcl 10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	PA
<i>thiothixene 1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA
<i>trifluoperazine hcl 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>2nd Generation/Atypical</b>		
ABILIFY 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ABILIFY 2 MG TABLET, 5 MG TABLET	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	\$0 (Tier 2)	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	\$0 (Tier 2)	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL	\$0 (Tier 2)	QL (1 PER 28 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	\$0 (Tier 1)	PA, QL (750 PER 30 DAYS)
<i>aripiprazole 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>aripiprazole 2 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (45 PER 30 DAYS)
<i>aripiprazole odt odt 10 mg tablet, odt 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	\$0 (Tier 2)	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	\$0 (Tier 2)	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	\$0 (Tier 2)	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	\$0 (Tier 2)	QL (3.2 PER 28 DAYS)
ARISTADA INITIO ER 675 MG/2.4	\$0 (Tier 2)	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
CAPLYTA 10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	\$0 (Tier 2)	PA, QL (56 PER 28 DAYS)
GEODON 20 MG CAPSULE, 40 MG CAPSULE	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
GEODON 20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA ER 3 MG TABLET, ER 9 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	\$0 (Tier 2)	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	\$0 (Tier 2)	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	\$0 (Tier 2)	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	\$0 (Tier 2)	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	\$0 (Tier 2)	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	\$0 (Tier 2)	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	\$0 (Tier 2)	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	\$0 (Tier 2)	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	\$0 (Tier 2)	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	\$0 (Tier 2)	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	\$0 (Tier 2)	QL (2.63 PER 84 OVER TIME)
LATUDA 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl 20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LYBALVI 5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
NUPLAZID 10 MG TABLET, 34 MG CAPSULE	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>olanzapine 15 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>olanzapine 2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (45 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>olanzapine odt odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>paliperidone er er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
PERSERIS ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT	\$0 (Tier 2)	QL (1 PER 28 DAYS)
<i>quetiapine fumarate 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 300 mg tab, 400 mg tab</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate er er 150 mg tablet, er 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er er 50 mg tablet, er 300 mg tablet, er 400 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
REXULTI 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
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)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>risperidone odt 4 mg</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
SAPHRIS 2.5 MG TAB, 5 MG TAB, 10 MG TAB	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SECUADO 3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
SEROQUEL 300 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
SEROQUEL XR 150 MG TABLET, 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SEROQUEL XR 50 MG TABLET, 300 MG TABLET, 400 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	\$0 (Tier 2)	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	\$0 (Tier 2)	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	\$0 (Tier 2)	QL (0.42 PER 56 OVER TIME)
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 10 MG VIAL	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
ZYPREXA 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (45 PER 30 DAYS)

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

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

### **Treatment-Resistant**

<i>clozapine 100 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clozapine 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clozapine odt odt 25 mg tablet, odt 100 mg tablet</i>	\$0 (Tier 1)	PA, QL (270 PER 30 DAYS)
CLOZARIL 100 MG TABLET	\$0 (Tier 2)	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
CLOZARIL 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
VERSACLOZ 50 MG/ML SUSPENSION	\$0 (Tier 2)	PA, QL (540 PER 30 DAYS)

### **Antispasticity Agents**

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

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



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

## 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 10 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
TIVICAY 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TIVICAY PD 5 MG TAB FOR SUSP	\$0 (Tier 2)	QL (360 PER 30 DAYS)

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

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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-tenofovir disop -100-150mg, -133-200mg, -167-250mg, -200-300mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	\$0 (Tier 2)	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EPZICOM TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine -tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ODEFSEY TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	\$0 (Tier 2)	QL (1920 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)
<b>Anti-HIV Agents, Other</b>		
FUZEON 90 MG VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
RUKOBIA ER 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	\$0 (Tier 2)	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SELZENTRY 75 MG TABLET, 150 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	\$0 (Tier 2)	QL (5 PER 28 OVER TIME)
TYBOST 150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>Anti-HIV Agents, Protease Inhibitors</b>		
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 -ritonavir 100-25mg tb</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 200-50mg tb</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
NORVIR 100 MG POWDER PACKET, 100 MG TABLET	\$0 (Tier 2)	QL (360 PER 30 DAYS)
PREZCOBIX 800 MG-150 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	\$0 (Tier 2)	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	\$0 (Tier 2)	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	\$0 (Tier 2)	QL (240 PER 30 DAYS)
<i>ritonavir 100 mg tablet</i>	\$0 (Tier 1)	QL (360 PER 30 DAYS)
SYMTUZA 800-150-200-10 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
VIRACEPT 250 MG TABLET	\$0 (Tier 2)	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<b>Anti-cytomegalovirus (CMV) Agents</b>		
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)	
<b>Anti-hepatitis B (HBV) Agents</b>		
<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)	
<b>Anti-hepatitis C (HCV) Agents</b>		
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)	
<b>Anti-influenza Agents</b>		
<i>oseltamivir phosphate 30 mg capsule</i>	\$0 (Tier 1)	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate 45 mg capsule, 75 mg capsule</i>	\$0 (Tier 1)	QL (84 PER 365 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml suspension</i>	\$0 (Tier 1)	QL (1080 PER 365 OVER TIME)
RELENZA 5 MG DISKHALER	\$0 (Tier 2)	QL (120 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	\$0 (Tier 2)	QL (168 PER 365 OVER TIME)
TAMIFLU 45 MG CAPSULE, 75 MG CAPSULE	\$0 (Tier 2)	QL (84 PER 365 OVER TIME)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)
<b>Antitherpetic Agents</b>		
<i>acyclovir 200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet</i>	\$0 (Tier 1)	
<i>acyclovir 5% ointment</i>	\$0 (Tier 1)	PA
<i>acyclovir sodium 500 mg/10 ml vial, 1,000 mg/20 ml vial</i>	\$0 (Tier 1)	PA
<i>famciclovir 125 mg tablet, 250 mg tablet, 500 mg tablet</i>	\$0 (Tier 1)	
<i>valacyclovir 1 gram tablet, 500 mg tablet</i>	\$0 (Tier 1)	
VALTREX 1 GM, 500 MG	\$0 (Tier 2)	
ZOVIRAX 5% OINTMENT	\$0 (Tier 2)	PA
<b>Antiviral, Coronavirus agents</b>		
PAXLOVID 150-100 MG DOSE PACK	\$0 (Tier 2)	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	\$0 (Tier 2)	QL (30 PER 30 OVER TIME)
<b>Anxiolytics</b>		
<i>alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	\$0 (Tier 1)	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>alprazolam er er 0.5 mg tablet, er 1 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>alprazolam xr 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>chlordiazepoxide hcl 25 mg capsule</i>	\$0 (Tier 1)	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clonazepam 0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>clonazepam 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt, 2 mg tablet</i>	\$0 (Tier 1)	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	\$0 (Tier 1)	PA, QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (360 PER 30 DAYS)
<i>diazepam 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>diazepam 5 mg/5 ml oral cup, 5 mg/5 ml solution</i>	\$0 (Tier 1)	PA, QL (1200 PER 30 DAYS)
<i>diazepam 5 mg/ml, 25 mg/5 ml</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl 10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 10 mg tablet, hcl 25 mg tablet, 50 mg/25 ml cup, hcl 50 mg tablet</i>	\$0 (Tier 1)	PA
<i>hydroxyzine pamoate 25 mg cap, 50 mg cap, 100 mg cap</i>	\$0 (Tier 1)	PA
<i>lorazepam 0.5 mg tablet, 1 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tablet, 2 mg/ml oral concent</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)
<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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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 15 MG TABLET	\$0 (Tier 2)	QL (90 PER 30 DAYS)
ACTOS 30 MG TABLET, 45 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	\$0 (Tier 2)	PA, QL (3.4 PER 28 DAYS)
CYCLOSET 0.8 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>gauze pads &amp; 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)

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



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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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 15 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>pioglitazone hcl 30 mg tablet, 45 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone-glimepiride -30-2, -30-4</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin -15-500, -15-850</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	\$0 (Tier 1)	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	\$0 (Tier 1)	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	\$0 (Tier 1)	QL (240 PER 30 DAYS)
RYBELSUS 3 MG TABLET, 7 MG TABLET, 14 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er -metformin er 5-500, -metformin er 5-1000</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er saxagliptin-2.5-1000</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
SOLIQUA 100-33 UNIT-MCG/ML PEN	\$0 (Tier 2)	QL (18 PER 30 DAYS)
SYMLINPEN 120 SYMLININJECTOR	\$0 (Tier 2)	
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)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
SYNJARDY 5-500 MG TABLET	\$0 (Tier 2)	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10-MG TABLET, 12.5-MG TAB	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
TRULICITY 0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
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)
<b>Glycemic Agents</b>		
BAQSIMI 3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK	\$0 (Tier 2)	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	\$0 (Tier 1)	
GLUCAGON EMERGENCY KIT GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG EMERGENCY KIT, GLUCAGON 1 MG VIAL	\$0 (Tier 1)	QL (4 PER 30 DAYS)
GVOKE 1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK -PK 1 MG/0.ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	\$0 (Tier 2)	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE -PK 1 MG/0.ML	\$0 (Tier 2)	QL (0.8 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
PROGLYCEM 50 MG/ML ORAL SUSP	\$0 (Tier 2)	
<b>Insulins</b>		
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 -VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN 70-30 -VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN N 100 UIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN 100 UIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R U-500 KWIKPEN UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
HUMULIN R U-500 UNIT/ML VIAL	\$0 (Tier 2)	PA
<i>insulin pen needle</i>	\$0 (Tier 2)	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	\$0 (Tier 2)	PA
<i>insulin syringe (disp) u-100 1 ml</i>	\$0 (Tier 2)	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	\$0 (Tier 2)	PA
LANTUS 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV 100 UNIT/ML VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
LYUMJEV KWIKPEN U-200 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	\$0 (Tier 2)	PA
NOVOLIN 70-30 70-30 100 UNIT/ML VIAL, RELION 70-30 VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN 70, RELION 70	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN N 100 UNIT/ML, RELION N U	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN N N 100 UNIT/ML VIAL, RELION N 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN R 100 UNIT/ML, RELION R U	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLIN R R 100 UNIT/ML VIAL, RELION R 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG 100 UNIT/ML VIAL, RELION 100 UNIT/ML VL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN 100 UNIT/ML, RELION U	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 70-30 VIAL, RELION 70-30 VIAL	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN 70-30 FLEXPEN, RELION 70-30 FLXPN	\$0 (Tier 2)	QL (60 PER 30 DAYS)
NOVOLOG PENFILL 100 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>omnipod 5 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 classic pdm kit(gen 3)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod classic pods (gen 3) pods(gen3) 5pk</i>	\$0 (Tier 2)	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	\$0 (Tier 2)	PA, QL (1 PER 720 OVER TIME)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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)
TOUJEO MAX SOLOSTAR SOLOSTR 300 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML	\$0 (Tier 2)	QL (60 PER 30 DAYS)

## **Blood Products and Modifiers**

### **Anticoagulants**

<i>dabigatran etexilate 110 mg cp</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dabigatran etexilate 75 mg cap, 150 mg cp</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET, DVT-PE TREAT START 5MG	\$0 (Tier 2)	QL (74 PER 30 DAYS)
<i>enoxaparin sodium 100 mg/ml, 150 mg/ml</i>	\$0 (Tier 1)	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3 ml syr</i>	\$0 (Tier 1)	QL (9 PER 90 OVER TIME)
<i>enoxaparin sodium 40 mg/0.4 ml syr</i>	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)
<i>enoxaparin sodium 60 mg/0.6 ml syr</i>	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium 80 mg/0.8 ml, 120 mg/0.8 ml</i>	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 10 mg/0.8 ml syr</i>	\$0 (Tier 1)	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5 ml syr</i>	\$0 (Tier 1)	QL (15 PER 90 OVER TIME)
<i>fondaparinux sodium 5 mg/0.4 ml syr</i>	\$0 (Tier 1)	QL (12 PER 90 OVER TIME)
<i>fondaparinux sodium 7.5 mg/0.6 ml syr</i>	\$0 (Tier 1)	QL (18 PER 90 OVER TIME)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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 30 MG/0.3 ML SYRINGE	\$0 (Tier 2)	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	\$0 (Tier 2)	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	\$0 (Tier 2)	QL (18 PER 90 OVER TIME)
LOVENOX 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE	\$0 (Tier 2)	QL (24 PER 90 OVER TIME)
<i>warfarin sodium 1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	
XARELTO 1 MG/ML SUSPENSION	\$0 (Tier 2)	QL (620 PER 30 DAYS)
XARELTO 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
XARELTO 2.5 MG TABLET, 15 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	\$0 (Tier 2)	QL (51 PER 30 DAYS)
<b>Blood Products and Modifiers, Other</b>		
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.

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
UDENYCA ONBODY 6 MG/0.6 ML	\$0 (Tier 2)	PA
ZIEXTENZO 6 MG/0.6 ML SYRINGE	\$0 (Tier 2)	PA
<b>Hemostasis Agents</b>		
<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 10 mg/ml, -1 1 mg/0.5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<b>Platelet Modifying Agents</b>		
<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)	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine 0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch</i>	\$0 (Tier 1)	
<i>clonidine hcl 0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet</i>	\$0 (Tier 1)	
<i>droxidopa 100 mg capsule, 200 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	PA
<i>guanfacine hcl 1 mg tablet, 2 mg tablet</i>	\$0 (Tier 1)	
<i>midodrine hcl 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
NORTHERA 100 MG CAPSULE, 200 MG CAPSULE, 300 MG CAPSULE	\$0 (Tier 2)	PA
<b>Alpha-adrenergic Blocking Agents</b>		
CARDURA 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 8 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>doxazosin mesylate 1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>phenoxybenzamine hcl 10 mg cap</i>	\$0 (Tier 1)	
<i>prazosin hcl 1 mg capsule, 2 mg capsule, 5 mg capsule</i>	\$0 (Tier 1)	
<i>terazosin hcl 1 mg capsule</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>terazosin hcl 2 mg capsule, 5 mg capsule, 10 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND 32 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ATACAND 4 MG TABLET, 8 MG TABLET, 16 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
AVAPRO 75 MG TABLET, 150 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BENICAR 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>candesartan cilexetil 4 mg tab, 8 mg tab, 16 mg tb</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
COZAAR 25 MG TABLET, 50 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
DIOVAN 40 MG TABLET, 80 MG TABLET, 160 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
EDARBI 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>irbesartan 75 mg tablet, 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>losartan potassium 25 mg tab, 50 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
MICARDIS 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>telmisartan 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>valsartan 40 mg tablet, 80 mg tablet, 160 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

### **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)	
<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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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)	
<b>Antiarrhythmics</b>		
<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)	
<i>sorine 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	\$0 (Tier 1)	
<i>sotalol 80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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)	
<b>Beta-adrenergic Blocking Agents</b>		
<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)	
INDERAL LA 60 MG CAPSULE, 80 MG CAPSULE, 120 MG CAPSULE, 160 MG CAPSULE	\$0 (Tier 2)	
INDERAL XL 80 MG CAPSULE, 120 MG CAPSULE	\$0 (Tier 2)	
INNOPRAN XL 80 MG CAPSULE, 120 MG CAPSULE	\$0 (Tier 2)	
<i>labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	
LOPRESSOR 50 MG TABLET, 100 MG TABLET	\$0 (Tier 2)	
<i>metoprolol succinate er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab</i>	\$0 (Tier 1)	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab</i>	\$0 (Tier 1)	
<i>nadolol 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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)	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	
<i>felodipine er er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet</i>	\$0 (Tier 1)	
<i>isradipine 2.5 mg capsule, 5 mg capsule</i>	\$0 (Tier 1)	
<i>nicardipine hcl 20 mg capsule, 30 mg capsule</i>	\$0 (Tier 1)	
<i>nifedipine 10 mg capsule, 20 mg capsule</i>	\$0 (Tier 1)	
<i>nifedipine er er 30 mg tablet, er 60 mg tablet, er 90 mg tablet</i>	\$0 (Tier 1)	
<i>nimodipine 30 mg capsule</i>	\$0 (Tier 1)	
<i>nisoldipine er 8.5 mg tablet, er 17 mg tablet, er 25.5 mg tablet, er 34 mg tablet</i>	\$0 (Tier 1)	
NORVASC 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
PROCARDIA XL 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	
SULAR ER 8.5 MG TABLET, ER 17 MG TABLET, ER 34 MG TABLET	\$0 (Tier 2)	

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

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

### Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM 30 MG TABLET, 60 MG TABLET, 120 MG TABLET	\$0 (Tier 2)	
CARDIZEM CD 120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE	\$0 (Tier 2)	
CARDIZEM LA 120 MG TABLET, 180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 360 MG TABLET, 420 MG TABLET	\$0 (Tier 2)	
<i>cartia xt 120 mg capsule, 180 mg capsule, 240 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<i>dilt-xr 120 mg capsule, 180 mg capsule, 240 mg capsule</i>	\$0 (Tier 1)	
<i>diltiazem 12hr er er 60 mg cap, er 90 mg cap, er 120 mg cap</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (cd) er(cd) 120 mg, er(cd) 180 mg, er(cd) 240 mg, er(cd) 300 mg, er(cd) 360 mg</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (la) er(la) 120 mg, er(la) 180 mg, er(la) 240 mg, er(la) 300 mg, er(la) 360 mg, er(la) 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er (xr) er(xr) 120 mg, er(xr) 180 mg, er(xr) 240 mg</i>	\$0 (Tier 1)	
<i>diltiazem 24hr er er 120 mg cap, er 180 mg cap, er 240 mg cap, er 300 mg cap, er 360 mg cap, er 420 mg cap</i>	\$0 (Tier 1)	
<i>diltiazem hcl 30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet</i>	\$0 (Tier 1)	
<i>matzim la 180 mg tablet, 240 mg tablet, 300 mg tablet, 360 mg tablet, 420 mg tablet</i>	\$0 (Tier 1)	
<i>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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide 125 mg tablet, 250 mg tablet</i>	\$0 (Tier 1)	
<i>acetazolamide er 500 mg cap</i>	\$0 (Tier 1)	
<i>aliskiren 150 mg tablet, 300 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide hcl-hctz 5-50 mg tab</i>	\$0 (Tier 1)	
<i>amlodipine besylate-benazepril -2.5-10, -5-10 mg, -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg</i>	\$0 (Tier 1)	
<i>amlodipine-atorvastatin -2.5-40 mg, -5-10 mg, -5-20 mg, -5-40 mg, -5-80 mg, -10-10 mg, -10-20 mg, -10-40 mg, -10-80 mg, -2.5-10 mg, -2.5-20 mg</i>	\$0 (Tier 1)	
<i>amlodipine-olmesartan -5-20 mg, -5-40 mg, -10-20 mg, -10-40 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan -5-160 mg, -5-320 mg, -10-160 mg, -10-320 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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



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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>enalapril-hydrochlorothiazide -5-12.5 mg tab, -10-25 mg tablet</i>	\$0 (Tier 1)	
ENTRESTO 24 MG-26 MG TABLET	\$0 (Tier 2)	QL (180 PER 30 DAYS)
ENTRESTO 49 MG-51 MG TABLET, 97 MG-103 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
ENTRESTO SPRINKLE 6-6MG PELLETT, 15-16 MG PLT	\$0 (Tier 2)	QL (240 PER 30 DAYS)
EXFORGE 5-160 MG TABLET, 5-320 MG TABLET, 10-160 MG TABLET, 10-320 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
EXFORGE HCT 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab</i>	\$0 (Tier 1)	
HYZAAR 50-12.5 TABLET, 100-12.5 TABLET, 100-25 TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide -150-12.5 mg, -300-12.5 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>ivabradine hcl 5 mg tablet, 7.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
LANOXIN 62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide -50-12.5 mg tab, -100-12.5 mg tab, -100-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>methazolamide 25 mg tablet, 50 mg tablet</i>	\$0 (Tier 1)	
<i>metoprolol-hydrochlorothiazide -50-25 mg tab, -100-25 mg tab, -100-50 mg tab</i>	\$0 (Tier 1)	
<i>metyrosine 250 mg capsule</i>	\$0 (Tier 1)	
MICARDIS HCT 40-12.5 MG TABLET, 80-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz --20-5-12.5, --40-10-12.5, --40-10-25mg, --40-5-12.5, --40-5-25 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>olmesartan-hydrochlorothiazide -20-12.5 mg tab, -40-12.5 mg tab, -40-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pentoxifylline er 400 mg tab</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide -10-12.5 mg tab, -20-12.5 mg tab, -20-25 mg tab</i>	\$0 (Tier 1)	
<i>ranolazine er er 500 mg tablet, er 1,000 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>spironolactone-hctz -25-25 tab</i>	\$0 (Tier 1)	
TEKTURNA 150 MG TABLET, 300 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine -40-10, -40-5 mg, -80-10, -80-5 mg</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -40-12.5 mg tb, -80-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -hctz 80-12.5 mg tb</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
TENORETIC 100 TABLET	\$0 (Tier 2)	
TENORETIC 50 TABLET	\$0 (Tier 2)	
<i>trandolapril-verapamil er -er 1-240 mg, -er 2-180 mg, -er 2-240 mg, -er 4-240 mg</i>	\$0 (Tier 1)	
TRIBENZOR 20-5-12.5 MG TABLET, 40-10-12.5 MG TABLET, 40-10-25 MG TABLET, 40-5-12.5 MG TABLET, 40-5-25 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide -80-12.5 mg tab, -160-12.5 mg tab, -160-25 mg tab, -320-12.5 mg tab, -320-25 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VASERETIC 10-25 MG TABLET	\$0 (Tier 2)	
ZESTORETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET, 20-25 MG TABLET	\$0 (Tier 2)	
<b>Diuretics, Loop</b>		
<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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>furosemide 10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vial</i>	\$0 (Tier 1)	
LASIX 20 MG TABLET, 40 MG TABLET, 80 MG TABLET	\$0 (Tier 2)	
<i>toremide 5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet</i>	\$0 (Tier 1)	
<b>Diuretics, Potassium-sparing</b>		
<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)	
<b>Diuretics, Thiazide</b>		
<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)	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<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)
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium 10 mg tablet, 20 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.

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>atorvastatin calcium 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
CRESTOR 40 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
CRESTOR 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
<i>fluvastatin er 80 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>fluvastatin sodium 20 mg cap, 40 mg cap</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
LIPITOR 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	\$0 (Tier 2)	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>lovastatin 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>simvastatin 5 mg tablet, 10 mg tablet, 40 mg tablet</i>	\$0 (Tier 1)	QL (45 PER 30 DAYS)
<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)
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light packet, powder</i>	\$0 (Tier 1)	
<i>cholestyramine packet, powder</i>	\$0 (Tier 1)	
COLESTID 1 GM TABLET	\$0 (Tier 2)	
<i>colestipol hcl 1 gm tablet, granules, granules packet</i>	\$0 (Tier 1)	
<i>ezetimibe 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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 500 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>niacin er er 750 mg tablet, er 1,000 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>omega-3 acid ethyl esters -1 gm cap</i>	\$0 (Tier 1)	
<i>prevalite packet, powder</i>	\$0 (Tier 1)	
REPATHA PUSHTRONEX 420 MG/3.5ML PUSHTRONX	\$0 (Tier 2)	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK 140 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE 140 MG/ML	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
<i>triklo 1 gm capsule</i>	\$0 (Tier 1)	
VASCEPA 0.5 GM CAPSULE	\$0 (Tier 2)	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	\$0 (Tier 2)	QL (120 PER 30 DAYS)
VYTORIN 10-10 MG TABLET, 10-20 MG TABLET, 10-40 MG TABLET, 10-80 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
ZETIA 10 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)

### **Mineralocorticoid Receptor Antagonists**

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

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

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

### **Vasodilators, Direct-acting Arterial**

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

### **Vasodilators, Direct-acting Arterial/Venous**

ISORDIL TITRADOSE 5 MG TAB	\$0 (Tier 2)	
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate 10 mg tab, 20 mg tab</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate er er 30 mg tb, er 60 mg tb, er 120 mg</i>	\$0 (Tier 1)	
NITRO-BID -2% OINTMENT	\$0 (Tier 2)	
<i>nitroglycerin 0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray</i>	\$0 (Tier 1)	
<i>nitroglycerin patch 0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch</i>	\$0 (Tier 1)	
NITROLINGUAL 400 MCG SPRAY	\$0 (Tier 2)	
NITROSTAT 0.3 MG TABLET, 0.4 MG TABLET, 0.6 MG TABLET	\$0 (Tier 2)	
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	\$0 (Tier 2)	QL (120 PER 30 DAYS)
<i>dextroamphetamine sulfate 10 mg tab</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>dextroamphetamine sulfate 5 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>dextroamphetamine sulfate er 5 mg cap</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er er 10 mg cap, er 15 mg cap</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er -er 5 mg cap, -er 10 mg cap, -er 15 mg cap, -er 20 mg cap, -er 25 mg cap, -er 30 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -20 mg tab</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -amphetamine 7.5 mg tab, -amphetamine 12.5 mg tab, -amphetamine 10 mg tab, -amphetamine 15 mg tab, -amphetamine 30 mg tab, -amphetamine 5 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
VYVANSE 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	\$0 (Tier 1)	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hcl 10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>atomoxetine hcl 60 mg capsule, 80 mg capsule, 100 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl 2.5 mg tab, 5 mg tab, 10 mg tab</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
FOCALIN 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er er 1 mg tablet, er 2 mg tablet, er 3 mg tablet, er 4 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5 ml sol</i>	\$0 (Tier 1)	PA, QL (900 PER 30 DAYS)

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>methylphenidate hcl 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 5 mg/5 ml soln</i>	\$0 (Tier 1)	PA, QL (450 PER 30 DAYS)
RITALIN 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
STRATTERA 10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
STRATTERA 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<b>Central Nervous System, Other</b>		
AUSTEDO 6 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AUSTEDO 9 MG TABLET, 12 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	\$0 (Tier 2)	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) KT(6-12-24 MG)	\$0 (Tier 2)	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	\$0 (Tier 2)	PA, QL (28 PER 28 DAYS)
NUEDEXTA 20-10 MG CAPSULE	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<i>riluzole 50 mg tablet</i>	\$0 (Tier 1)	
<i>tetrabenazine 12.5 mg tablet</i>	\$0 (Tier 1)	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)
VEOZAH 45 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
XENAZINE 25 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.

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

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

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

## **Dermatological Agents**

### **Acne and Rosacea Agents**

<i>acutane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
<i>acitretin 10 mg capsule, 17.5 mg capsule, 25 mg capsule</i>	\$0 (Tier 1)	
<i>acne medication 2.5% gel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ACNE MEDICATION 5% GEL, 10% GEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>adapalene 0.1% gel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>amnesteem 10 mg capsule, 20 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
AVITA 0.025% CREAM, 0.025% GEL	\$0 (Tier 2)	PA
<i>azelaic acid 15% gel</i>	\$0 (Tier 1)	
AZELEX 20% CREAM	\$0 (Tier 2)	
BENZAMYCIN GEL	\$0 (Tier 2)	
<i>benzoyl peroxide 2.5% gel, 5% gel, 5% wash, 10% gel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>claravis 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
<i>clindamycin phos-benzoyl perox -1.2-5%</i>	\$0 (Tier 1)	
<i>clindamycin-benzoyl peroxide -benzoyl 1-5%, -bnz 1-5% pmp</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>doxycycline ir-dr -40 mg cap</i>	\$0 (Tier 1)	
<i>erythromycin-benzoyl peroxide -gel</i>	\$0 (Tier 1)	
FINACEA 15% FOAM, 15% GEL	\$0 (Tier 2)	
<i>isotretinoin 10 mg capsule, 20 mg capsule, 25 mg capsule, 30 mg capsule, 35 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
KLARON 10% LOTION	\$0 (Tier 2)	
<i>myorisan 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
<i>neuac gel</i>	\$0 (Tier 1)	
ORACEA 40 MG CAPSULE	\$0 (Tier 2)	
RETIN-A -0.01% GEL, -0.025% CREM, -0.025% GEL, -0.05% CREM, -0.1% CREM	\$0 (Tier 2)	PA
<i>sulfacetamide sodium sod 10% top susp, sodium 10% lotn</i>	\$0 (Tier 1)	
<i>tazarotene 0.05% gel, 0.1% cream, 0.1% gel</i>	\$0 (Tier 1)	PA
TAZORAC 0.05% CREAM, 0.05% GEL, 0.1% GEL	\$0 (Tier 2)	PA
<i>tretinoin 0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream</i>	\$0 (Tier 1)	PA
<i>zenatane 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule</i>	\$0 (Tier 1)	
<b>Dermatitis and Pruitus Agents</b>		
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)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>betamethasone diprop augmented dp 0.05% lot</i>	\$0 (Tier 1)	QL (210 PER 30 DAYS)
<i>betamethasone dipropionate 0.05% crm, 0.05% oint</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>betamethasone dipropionate dp 0.05% lot</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone valerate 0.1% lotion</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>betamethasone valerate va 0.1% cream, valer 0.1% ointm</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% cream, 0.05% gel, 0.05% ointment</i>	\$0 (Tier 1)	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% shampoo</i>	\$0 (Tier 1)	QL (236 PER 30 DAYS)
<i>clobetasol propionate 0.05% solution, prop 0.05% foam</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)
<i>clodan 0.05% shampoo</i>	\$0 (Tier 1)	QL (236 PER 30 DAYS)
<i>desonide 0.05% cream, 0.05% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>desoximetasone 0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<b>DIPROLENE 0.05% OINTMENT</b>	\$0 (Tier 2)	QL (200 PER 28 DAYS)
<i>doxepin hcl 5% cream</i>	\$0 (Tier 1)	PA
<b>ELIDEL 1% CREAM</b>	\$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% cram</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>fluticasone propionate 0.005% oint, 0.05% cream</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>halobetasol propionate 0.05% cream, 0.05% ointmnt</i>	\$0 (Tier 1)	QL (200 PER 28 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>hydrocortisone 0.5% cream</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>hydrocortisone 1% cream, 1% ointment, sm 1% ointment</i>	\$0 (Tier 1)	*
<i>hydrocortisone 2.5% lotion</i>	\$0 (Tier 1)	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>hydrocortisone acetate 0.5%, 1%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>hydrocortisone butyrate 0.1% soln</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint</i>	\$0 (Tier 1)	QL (135 PER 30 DAYS)
<i>hydrocortisone plus sm 1% crm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>hydrocortisone valerate 0.2% cream, 0.2% ointmt</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>hydrocortisone-aloe -1% cream, sm -1% crm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<b>LOCOID LIPOCREAM 0.1%</b>	\$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
<b>PRUDOXIN 5% CREAM</b>	\$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)
<b>ZONALON 5% CREAM</b>	\$0 (Tier 2)	PA

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>Dermatological Agents, Other</b>		
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
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)	
<b>Pediculicides/Scabicides</b>		
<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), *

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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
<b>Topical Anti-infectives</b>		
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-19 -, cvs covid19</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.



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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), *
<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 250-vit d3 -125 tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 500 mg tablet, 600 mg tablet, cvs 600 mg tablet, gnp 600 mg tablet, ra 600 mg tablet, sv 600 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 500-vit d3 500 mg-5 mcg tb, 500 mg-600 unit, 500-200 caplet, 500-200 tablet, 500-400 tablet, 500-600 tablet, 500mg-10mcg tab, 500mg-15mcg tab, eq 500-400 tab, gnp 500-600 tab, sm 500-200 cplt, sm 500-400 tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 600 + vit d with chew tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 600+d plus minerals 600+d plus minerals tb, qc 600 mg-vit d tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 600+minerals -tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>calcium 600-vit d3 600 mg-20 mcg cplt, 600 mg-20 mcg tab, 600 mg-vit 10mcg tb, 600 mg-vit 5 mcg tb, 600-20mcg(800 unit), 600-vit 200 tablet, 600-vit 400 caplet, 600-vit 400 tablet, 600-vit 800 tablet, cvs 600-vit 800 tab, cvs 600mg-20mcg tab, eq 600mg-20mcg tab, eql 600-vit 800 tab, gnp 600 mg-800 unit, ra 600-vit 400 tab, sm 600mg-20mcg tab, sv 600mg-20mcg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium 600-vit d3-mineral --chew tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
CARBAGLU 200 MG TAB FOR SUSP	\$0 (Tier 2)	PA
<i>carglumic acid 200 mg tab susp</i>	\$0 (Tier 1)	PA
<i>chromium cl 40 mcg/10 ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>copper chloride 4 mg/10 ml vl</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>dextrose 2.5%-0.45% nacl -iv</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.2% nacl -iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.225% nacl -0.22iv sol</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.45% nacl -0.4iv soln</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.9% nacl -iv soln</i>	\$0 (Tier 1)	
FLORIVA 0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET, 1 MG CHEWABLE TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>hi-cal ra -plus vitamin d tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
K-PHOS ORIGINAL -TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>kcl-d5w-0.2% nacl 10 meq/500 ml--0.2%nacl, 20 meq/l--0.2% nacl</i>	\$0 (Tier 1)	
<i>kcl-d5w-0.225% nacl 10meq/500ml--0.225%nacl, 20 meq/l--0.225% nacl</i>	\$0 (Tier 1)	
<i>kcl-d5w-0.45% nacl 10 meq/500ml--0.45%nacl, 10 meq/l--0.45% nacl, 20 meq/l--0.45% nacl, 30 meq/l--0.45% nacl, 40 meq/l--0.45% nacl</i>	\$0 (Tier 1)	
KLOR-CON 10 -MEQ TABLET	\$0 (Tier 2)	
KLOR-CON 8 -MEQ TABLET	\$0 (Tier 2)	
<i>klor-con m10 -tablet</i>	\$0 (Tier 1)	

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

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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), *
<b>SLOW-MAG -71.5 MG TABLET</b>	\$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%</i>	\$0 (Tier 1)	
<i>super calcium 600-vit d3</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>thiamine hcl 200 mg/2 ml vial</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ultra calcium 600-vit d3 600mg-10mcg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<b>Electrolyte/Mineral/Metal Modifiers</b>		
<b>CHEMET 100 MG CAPSULE</b>	\$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
<b>EXJADE 125 MG TABLET, 250 MG TABLET, 500 MG TABLET</b>	\$0 (Tier 2)	PA
<b>JADENU 90 MG TABLET, 180 MG TABLET, 360 MG TABLET</b>	\$0 (Tier 2)	PA
<b>JADENU SPRINKLE 90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE</b>	\$0 (Tier 2)	PA
<b>SAMSCA 15 MG TABLET, 30 MG TABLET</b>	\$0 (Tier 2)	PA
<b>SYPRINE 250 MG CAPSULE</b>	\$0 (Tier 2)	PA, QL (240 PER 30 DAYS)
<i>tolvaptan 15 mg tablet, 30 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.

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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 -fluor 0.25 mg tab chw, -fluor 0.25 mg/ml drop, -fluor 0.5 mg tab chew, -fluor 0.5 mg/ml drop, -fluoride 1 mg tab chw</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
NASCOBAL 500 MCG NASAL SPRAY	\$0 (Tier 2)	(Medicaid Benefit Drug), *
NEPHPLEX RX TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
NUTRILIPID 20% IV FAT EMULSION	\$0 (Tier 2)	PA
<i>pediatric iron pharm chc 15mg/ml drp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pediatric vitamin d3 pharm choice 400 unit/ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
POLY-VI-FLOR --0.25 MG TAB CHEW, --0.25 MG/ML DRP, --0.5 MG TAB CHEW, --1 MG TAB CHEW	\$0 (Tier 2)	(Medicaid Benefit Drug), *
POLY-VI-FLOR WITH IRON ---0.5-10MG CHW	\$0 (Tier 2)	(Medicaid Benefit Drug), *
QUFLORA 0.25 MG CHEW TAB, 0.25 MG/ML DROP, 0.5 MG CHEW TAB, 0.5 MG/ML DROP, 1 MG CHEW TAB	\$0 (Tier 2)	(Medicaid Benefit Drug), *
QUFLORA FE 0.25 MG CHEW TABLET, PED 0.25 MG/ML DROP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>renal caps softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
STROVITE ONE CAPLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
TRAVASOL 10% SOLN VIAFLEX	\$0 (Tier 2)	PA
<i>tri-vite with fluoride --0.25 mg/ml, --0.5 mg/ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>triphrocaps softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

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

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

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

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)
<b>Antispasmodics, Gastrointestinal</b>		
<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)	
<b>Gastrointestinal Agents, Other</b>		
<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), *
<i>antacid-antigas -antigas liquid, -antigas suspension, anti-gas liquid, anti-gas max str liq, ft -antigas liquid, ft -antigas max str, qc -antigas max str, qc -antigas suspension</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>antacid-gas relief gs -liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>bisacodyl ec 5 mg tablet, gs ec 5 mg tablet, 10 mg suppository</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>bismuth 262 mg tablet chew</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>bismuth-metronidazole-tetracyc --140-125-125</i>	\$0 (Tier 1)	
<i>cal-gest -500 mg tablet chew</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium antacid calcium 500 mg chw tab, calcium 750mg chew tab, sm cal 750 mg chew tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>calcium carbonate carb 500 mg tab chew, carb 1,250 mg/5 ml cup, carb 1,250 mg/5 ml sus, carbonate 648 mg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
CHENODAL 250 MG TABLET	\$0 (Tier 2)	PA
COLACE -T 100 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	(Medicaid Benefit Drug), *
COLACE CLEAR 50 MG SOFTGEL	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>diarrhea relief qc rlf 262 mg/15 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>docusate calcium 240 mg capsule, 240 mg softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>docusate sodium sod 100 mg/10 ml cup, sodium 50 mg/5 ml cup, sodium 50 mg/5 ml liq, sodium 100 mg capsule, sodium 100 mg softgel, sodium 250 mg capsule, sodium 250 mg softgel</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>dok 100 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>enema disposable</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ENEMA ENEMA READY TO USE, FLEET ENEMA	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>enema gs, gs twin pak, qc, sm, sm twin pak</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>fiber sm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>fiber smooth ooth powder, ooth texture pwd</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
GATTEX 5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL	\$0 (Tier 2)	PA
<i>gavilyte-c -solution</i>	\$0 (Tier 1)	
<i>gavilyte-g -solution</i>	\$0 (Tier 1)	
<i>gavilyte-n -solutio</i>	\$0 (Tier 1)	
GAVISCON EXTRA STRENGTH LIQUID, LIQUID	\$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.

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>gentle laxative ec 5 mg tablet, ft 10 mg supp, gnp 10 mg supp, gnp ec 5 mg tb, sm ec 5 mg tab, 10 mg supp, qc 10 mg supp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>geri-kot -8.6 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
GOLYTELY SOLUTION	\$0 (Tier 2)	
<i>heartburn relief liquid</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>laxative ec 5 mg tablet, ft ec 5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>laxative suppository 10 mg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
MAG-AL -LIQUID 30 ML CUP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
MAG-AL PLUS -SUSPENS 30 ML CUP	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>mag-al plus -suspension cup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>mag-al plus xs -susp 30 ml cup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>magic bullet 10 mg suppos</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>magnesium oxide 400 mg tablet, true 400 mg tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>metoclopramide hcl 5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol</i>	\$0 (Tier 1)	
<i>mintox maximum strength susp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>mintox plus tablet chewable</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
MOVIPREP POWDER PACKET	\$0 (Tier 2)	
MYALEPT 11.3 MG (5 MG/ML) VIAL	\$0 (Tier 2)	PA
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), *

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
PYLERA CAPSULE	\$0 (Tier 2)	
REGLAN 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
<i>senna -time 8.6 mg tablet, 8.6 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>senna lax -8.6 mg tablet, gnp 8.6 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>senna laxative 8.6 mg tablet, ft 8.6 mg tab, gs 8.6 mg tab, sm 8.6 mg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>smooth antacid 750 mg chew tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>sod sulf-potass sulf-mag sulf --sol</i>	\$0 (Tier 1)	
<i>sodium bicarbonate 10 grain tablet, 325 mg tablet, 650 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>stomach relief ft relief 525 mg/30 ml, ft rlf 262 mg chew tab, gnp rlf 525 mg/30 ml, qc rlf 262 mg chew tab, relief 262 mg caplet, relief 262 mg chew tab, relief 525 mg/15 ml, rlf 525 mg/30 ml susp, sm rlf 262 mg caplet, sm rlf 262 mg chew tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>stool softener 100 mg softgel, 100 mg tablet, ft 100 mg sftgl, ft 100 mg tab, ft 250 mg sftgl, gnp 100 mg sfgl, gnp 240 mg sfgl, gnp 250 mg sfgl, qc 100 mg sftgl, sm 100 mg sftgl, sm 100 mg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
STOOL SOFTENER 100 MG, 250 MG	\$0 (Tier 2)	(Medicaid Benefit Drug), *
SUPREP SUBOWEL KIT	\$0 (Tier 2)	
SUTAB SU1.479-0.225-0.188 GM	\$0 (Tier 2)	
TUMS 750 MG CHEWY BITES, E-X TABLET CHEWABLE, TABLET CHEWABLE	\$0 (Tier 2)	(Medicaid Benefit Drug), *
TUMS SMOOTHIES CHEW TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
TUMS ULTRA 1,000 MG CHEW TAB	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<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), *

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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 10 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>famotidine 20 mg tablet</i>	\$0 (Tier 1)	*
<i>famotidine 40 mg tablet, 40 mg/5 ml susp</i>	\$0 (Tier 1)	
<i>heartburn relief 10 mg tablet, 20 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nizatidine 150 mg capsule, 300 mg capsule</i>	\$0 (Tier 1)	
<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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lansoprazole dr 15 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS), *
<i>lansoprazole dr 30 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>lansoprazole gnp dr 15 mg cap, gs dr 15 mg cap, qc dr 15 mg cap, sm dr 15 mg cap</i>	\$0 (Tier 1)	*
NEXIUM DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
NEXIUM DR 2.5 MG PACKET, DR 5 MG PACKET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>omeprazole dr 20 mg capsule, dr 40 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>omeprazole dr 20 mg tablet, gnp dr 20 mg tablet, sm dr 20 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>pantoprazole sodium dr 20 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>pantoprazole sodium dr 40 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	\$0 (Tier 2)	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sodium dr 20 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)

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

<i>betaine anhydrous 1 gram/scoop powder</i>	\$0 (Tier 1)	
BUPHENYL 500 MG TABLET	\$0 (Tier 2)	PA
CARNITOR 1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET	\$0 (Tier 2)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
CARNITOR SF 100 MG/ML ORAL SOL	\$0 (Tier 2)	
CEREZYME 400 UNIT VIAL	\$0 (Tier 2)	PA
CREON DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE	\$0 (Tier 2)	
<i>cromolyn sodium 100 mg/5 ml oral conc</i>	\$0 (Tier 1)	
CRYSVITA 10 MG/ML VIAL, 20 MG/ML VIAL, 30 MG/ML VIAL	\$0 (Tier 2)	PA
CYSTADANE 1 GRAM/SCOOP POWDER	\$0 (Tier 2)	
CYSTAGON 50 MG CAPSULE, 150 MG CAPSULE	\$0 (Tier 2)	PA
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 -glutamine 5 gram powder pkt</i>	\$0 (Tier 1)	PA
<i>levocarnitine 1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup</i>	\$0 (Tier 1)	
<i>levocarnitine sf 1 g/10 ml sol</i>	\$0 (Tier 1)	
<i>miglustat 100 mg capsule</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>nitisinone 2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule</i>	\$0 (Tier 1)	
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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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 (90 PER 30 DAYS)
ZENPEP DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE	\$0 (Tier 2)	

## **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)

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>oxybutynin chloride 5 mg tablet</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5 ml solution, 5 mg/5 ml syrup</i>	\$0 (Tier 1)	QL (600 PER 30 DAYS)
<i>oxybutynin chloride er cl 10 mg tablet</i>	\$0 (Tier 1)	QL (90 PER 30 DAYS)
<i>oxybutynin chloride er cl 15 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>oxybutynin chloride er cl 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>solifenacin succinate 5 mg tablet, 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tolterodine tartrate 1 mg tab, 2 mg tab</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er er 2 mg cap, er 4 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
TOVIAZ ER 4 MG TABLET, ER 8 MG TABLET	\$0 (Tier 2)	ST, QL (30 PER 30 DAYS)
<i>tropium chloride 20 mg tablet</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>tropium chloride er 60 mg cap</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er 10 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin -0.5-0.4</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
FLOMAX 0.4 MG CAPSULE	\$0 (Tier 2)	QL (60 PER 30 DAYS)
PROSCAR 5 MG TABLET	\$0 (Tier 2)	QL (30 PER 30 DAYS)
RAPAFLO 4 MG CAPSULE, 8 MG CAPSULE	\$0 (Tier 2)	QL (30 PER 30 DAYS)
<i>silodosin 4 mg capsule, 8 mg capsule</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>tadalafil 2.5 mg tablet, 5 mg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl 0.4 mg capsule</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<b>Contraceptives, Other</b>		
LILETTA 52 MG SYSTEM	\$0 (Tier 2)	
NEXPLANON 68 MG IMPLANT	\$0 (Tier 2)	
SKYLA 13.5 MG SYSTEM	\$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
<b>Genitourinary Agents, Other</b>		
<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)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
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, 15mg/5ml soln cup</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate 5 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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
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% (25mg/2.5g) pk</i>	\$0 (Tier 1)	PA, QL (225 PER 30 DAYS)
<i>testosterone 1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt</i>	\$0 (Tier 1)	PA, QL (300 PER 30 DAYS)
<i>testosterone 1.62% (2.5 g) pkt, 1.62% gel pump</i>	\$0 (Tier 1)	PA, QL (150 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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
<b>Estrogens</b>		
DEPO-ESTRADIOL -5 MG/ML VIAL	\$0 (Tier 2)	
DIVIGEL 0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET	\$0 (Tier 2)	
<i>dotti 0.025 mg patch, 0.0375 mg patch, 0.05 mg patch, 0.075 mg patch, 0.1 mg patch</i>	\$0 (Tier 1)	
ESTRACE 0.01% CREAM	\$0 (Tier 2)	
<i>estradiol (once weekly) 0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk)</i>	\$0 (Tier 1)	
<i>estradiol (twice weekly) 0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk)</i>	\$0 (Tier 1)	
<i>estradiol 0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt</i>	\$0 (Tier 1)	
<i>estradiol valerate 50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	
ESTRING 2 MG VAGINAL RING, 7.5 MCG/DAY (2MG) RING	\$0 (Tier 2)	
<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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL	\$0 (Tier 2)	
VAGIFEM 10 MCG VAGINAL TAB	\$0 (Tier 2)	
<i>yuvafem 10 mcg insert, 10 mcg tablet</i>	\$0 (Tier 1)	
<i>afirmelle -28 tablet</i>	\$0 (Tier 1)	
<i>aftera 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>altavera -28 tablet</i>	\$0 (Tier 1)	
<i>alyacen 1-35 28 tablet, 7-7-7-28 tablet</i>	\$0 (Tier 1)	
<i>amabelz 1 mg-0.5 mg tablet</i>	\$0 (Tier 1)	
<i>amethia 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>amethyst 90-20 mcg tablet</i>	\$0 (Tier 1)	
<i>apri 28 day tablet</i>	\$0 (Tier 1)	
<i>aranelle 28 tablet</i>	\$0 (Tier 1)	
<i>ashlyna 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	
<i>aubra -28 tablet</i>	\$0 (Tier 1)	
<i>aubra eq -28 tablet</i>	\$0 (Tier 1)	
<i>aurovela 1 mg-20 mcg tablet, 21 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>aurovela 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>aurovela fe 1-20 tablet, 1.5 mg-30 mcg tab</i>	\$0 (Tier 1)	
<i>aviane -28 tablet</i>	\$0 (Tier 1)	
<i>ayuna -28 tablet</i>	\$0 (Tier 1)	
<i>azurette 28 day tablet</i>	\$0 (Tier 1)	
<i>balziva 28 tablet</i>	\$0 (Tier 1)	
<i>blisovi 24 fe tablet</i>	\$0 (Tier 1)	
<i>blisovi fe 1-20 tablet, 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>briellyn tablet</i>	\$0 (Tier 1)	
<i>camrese 0.15-0.03-0.01 mg tab</i>	\$0 (Tier 1)	

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

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>femynor 28 tablet</i>	\$0 (Tier 1)	
<i>fyavolv 1 mg-5 mcg tablet</i>	\$0 (Tier 1)	
<i>gemmily 1 mg-20 mcg capsule</i>	\$0 (Tier 1)	
<i>hailey 21 1.5 mg-30 mcg tab</i>	\$0 (Tier 1)	
<i>hailey 24 fe 1 mg-20 mcg tab</i>	\$0 (Tier 1)	
<i>hailey fe 1-20 tablet, 1.5-30 tablet</i>	\$0 (Tier 1)	
<i>haloette vaginal ring</i>	\$0 (Tier 1)	
<i>her style 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>iclevia 0.15 mg-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>introvale 0.15-0.03 mg tablet</i>	\$0 (Tier 1)	
<i>isibloom 28 day tablet</i>	\$0 (Tier 1)	
<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)	
<i>kurvelo -28 tablet</i>	\$0 (Tier 1)	
<i>larin 1.5 mg-30 mcg tablet, 21 1-20 tablet</i>	\$0 (Tier 1)	
<i>larin 24 fe 1 mg-20 mcg tablet</i>	\$0 (Tier 1)	
<i>larin fe 1-20 tablet, 1.5-30 tablet</i>	\$0 (Tier 1)	

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

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

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>necon 0.5-35-28 tablet</i>	\$0 (Tier 1)	
<i>new day 1.5 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>nikki 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>norelgestromin-eth estradiol -ee 150-35 mcg/day</i>	\$0 (Tier 1)	
<i>norethin-eth estra-ferrous fum noret-estr-0.4-0.035(21)-75, norethin-estra-0.8-0.025 mg</i>	\$0 (Tier 1)	
<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)	
<b>NUVARING NUVAVAGINAL</b>	\$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)	
<b>PLAN B ONE-STEP -1.5 MG TALET</b>	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>portia -28 tablet</i>	\$0 (Tier 1)	
<b>PREMPHASE 0.625-5 MG TABLET</b>	\$0 (Tier 2)	
<b>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</b>	\$0 (Tier 2)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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>tilia fe 28 tablet</i>	\$0 (Tier 1)	
<i>tri-estarylla -tablet</i>	\$0 (Tier 1)	
<i>tri-legest fe --28 day tablet</i>	\$0 (Tier 1)	
<i>tri-linyah -tablet</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla --tablet</i>	\$0 (Tier 1)	
<i>tri-lo-marzia --tablet</i>	\$0 (Tier 1)	
<i>tri-lo-mili --tablet</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec --tablet</i>	\$0 (Tier 1)	
<i>tri-mili -28 tablet</i>	\$0 (Tier 1)	
<i>tri-nymyo -28 tablet</i>	\$0 (Tier 1)	
<i>tri-sprintec -tablet</i>	\$0 (Tier 1)	
<i>tri-vylibra -28 tablet</i>	\$0 (Tier 1)	
<i>tri-vylibra lo -tablet</i>	\$0 (Tier 1)	
<i>trivora-28 -tablet</i>	\$0 (Tier 1)	
<i>turqoz -28 tablet</i>	\$0 (Tier 1)	
<i>tydemy 3-0.03-0.451 mg tablet</i>	\$0 (Tier 1)	
<i>velivet 28 day tablet</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>vestura 3 mg-0.02 mg tablet</i>	\$0 (Tier 1)	
<i>vienva -28 tablet</i>	\$0 (Tier 1)	
<i>viorele 28 day tablet</i>	\$0 (Tier 1)	
<i>volnea 0.15-0.02-0.01 mg tab</i>	\$0 (Tier 1)	
<i>vyfemla 0.4 mg-0.035 mg tablet</i>	\$0 (Tier 1)	
<i>vylibra 28 tablet</i>	\$0 (Tier 1)	
<i>wera 0.5/0.035 mg 28 tablet</i>	\$0 (Tier 1)	
<i>wymzya fe 0.4-0.035 mg chew tb</i>	\$0 (Tier 1)	
<i>xulane 150-35 mcg/day patch</i>	\$0 (Tier 1)	
<b>YASMIN 28 TABLET</b>	\$0 (Tier 2)	
<b>YAZ 28 TABLET</b>	\$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)	
<b>Progestins</b>		
<i>camila 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>deblitane 0.35 mg tablet</i>	\$0 (Tier 1)	
<b>DEPO-PROVERA -150 MG/ML SYRINGE, -150 MG/ML VIAL</b>	\$0 (Tier 2)	
<b>DEPO-SUBQ PROVERA 104 - SYRINGE</b>	\$0 (Tier 2)	
<i>emzahh 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>errin 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>heather 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>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)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>megestrol acetate 20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml</i>	\$0 (Tier 1)	
<i>nora-be nora-be tablet, nora-be tablet</i>	\$0 (Tier 2)	
<i>norethindrone 0.35 mg tablet</i>	\$0 (Tier 1)	
<i>norethindrone ac (lupaneta) norethindrn 5 mg tb</i>	\$0 (Tier 1)	
<i>norethindrone acetate 5 mg tablet</i>	\$0 (Tier 1)	
<i>progesterone 100 mg capsule, 200 mg capsule</i>	\$0 (Tier 1)	
PROVERA 2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	
<i>sharobel 0.35 mg tablet</i>	\$0 (Tier 1)	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE 0.45-20 MG TABLET	\$0 (Tier 2)	
EVISTA 60 MG TABLET	\$0 (Tier 2)	
<i>raloxifene hcl 60 mg tablet</i>	\$0 (Tier 1)	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
CYTOMEL 5 MCG TABLET, 25 MCG TABLET, 50 MCG TABLET	\$0 (Tier 2)	
EUTHYROX 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	\$0 (Tier 2)	
LEVO-T -25 MCG ABLE, -50 MCG ABLE, -75 MCG ABLE, -88 MCG ABLE, -100 MCG ABLE, -112 MCG ABLE, -125 MCG ABLE, -137 MCG ABLE, -150 MCG ABLE, -175 MCG ABLE, -200 MCG ABLE, -300 MCG ABLE	\$0 (Tier 2)	

You can find information on what the symbols and abbreviations on this table 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>levothyroxine sodium 25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet</i>	\$0 (Tier 1)	
LEVOXYL 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET	\$0 (Tier 2)	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	\$0 (Tier 1)	
SYNTHROID 25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET	\$0 (Tier 2)	
TIROSINT 13 MCG CAPSULE, 25 MCG CAPSULE, 37.5 MCG CAPSULE, 44 MCG CAPSULE, 50 MCG CAPSULE, 62.5 MCG CAPSULE, 75 MCG CAPSULE, 88 MCG CAPSULE, 100 MCG CAPSULE, 112 MCG CAPSULE, 125 MCG CAPSULE, 137 MCG CAPSULE, 150 MCG CAPSULE, 175 MCG CAPSULE, 200 MCG CAPSULE	\$0 (Tier 2)	
TIROSINT-SOL -SOL 13 MCG/ML SOLN, -SOL 25 MCG/ML SOLN, -SOL 37.5 MCG/ML SOLN, -SOL 44 MCG/ML SOLN, -SOL 50 MCG/ML SOLN, -SOL 62.5 MCG/ML SOLN, -SOL 75 MCG/ML SOLN, -SOL 88 MCG/ML SOLN, -SOL 100 MCG/ML SOLN, -SOL 112 MCG/ML SOLN, -SOL 125 MCG/ML SOLN, -SOL 137 MCG/ML SOLN, -SOL 150 MCG/ML SOLN, -SOL 175 MCG/ML SOLN, -SOL 200 MCG/ML SOLN	\$0 (Tier 2)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline 0.5 mg tablet</i>	\$0 (Tier 1)	
ELIGARD 7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT, 22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT	\$0 (Tier 2)	PA
FIRMAGON 2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL	\$0 (Tier 2)	
KORLYM 300 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate 14 mg/2.8 ml kt, 14 mg/2.8 ml vl</i>	\$0 (Tier 1)	PA
<i>leuprolide depot 22.5 mg vial</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (LUPANETA) 3.75MG	\$0 (Tier 2)	PA
LUPRON DEPOT 3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT	\$0 (Tier 2)	PA
LUPRON DEPOT-PED -11.25 MG 3MO, -45 MG 6MO KIT, -7.5 MG KIT	\$0 (Tier 2)	PA
<i>mifepristone 300 mg tablet</i>	\$0 (Tier 1)	PA, QL (120 PER 30 DAYS)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>octreotide acetate acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial</i>	\$0 (Tier 1)	PA
SANDOSTATIN LAR DEPOT 10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL	\$0 (Tier 2)	PA
SIGNIFOR 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (Tier 2)	PA
SIGNIFOR LAR 10 MG KIT, 10 MG VIAL, 20 MG KIT, 20 MG VIAL, 30 MG KIT, 30 MG VIAL, 40 MG KIT, 40 MG VIAL, 60 MG KIT, 60 MG VIAL	\$0 (Tier 2)	PA
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)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)
<b>Immunoglobulins</b>		
ATGAM 50 MG/ML AMPUL	\$0 (Tier 2)	PA
GAMMAGARD LIQUID 10% VIAL	\$0 (Tier 2)	PA
GAMMAGARD S-D -5 G (IGA<1) OLN, -10 G (IGA<1) OL	\$0 (Tier 2)	PA
GAMMAPLEX 5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL	\$0 (Tier 2)	PA
GAMUNEX-C -1 GRAM/10 ML VIAL, - 5 GRAM/50 ML VIAL, -10 GRAM/100 ML VIAL, -20 GRAM/200 ML VIAL, -40 GRAM/400 ML VIAL, -2.5 GRAM/25 ML VIAL	\$0 (Tier 2)	PA
THYMOGLOBULIN 25 MG VIAL	\$0 (Tier 2)	PA
<b>Immunological Agents, Other</b>		
ARCALYST 220 MG VIAL	\$0 (Tier 2)	PA
BENLYSTA 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE	\$0 (Tier 2)	PA
COSENTYX (2 SYRINGES) 300 MG DOSE	\$0 (Tier 2)	PA
COSENTYX SENSOREADY (2 PENS) SNRDY 300MG DOSE-2PEN	\$0 (Tier 2)	PA
COSENTYX SENSOREADY PEN 150 MG	\$0 (Tier 2)	PA
COSENTYX SYRINGE 75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE	\$0 (Tier 2)	PA
COSENTYX UNOREADY PEN 300 MG	\$0 (Tier 2)	PA

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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
ORENCIA CLICKJECT 125 MG/ML	\$0 (Tier 2)	PA
RIDAURA 3 MG CAPSULE	\$0 (Tier 2)	
RINVOQ ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET	\$0 (Tier 2)	PA
RINVOQ LQ 1 MG/ML SOLUTION	\$0 (Tier 2)	PA
SKYRIZI 150 MG/ML SYRINGE, 600 MG/10 ML VIAL	\$0 (Tier 2)	PA
SKYRIZI ON-BODY 180 MG/1.2 ML, 360 MG/2.4 ML	\$0 (Tier 2)	PA
SKYRIZI PEN 150 MG/ML	\$0 (Tier 2)	PA
STELARA 45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL	\$0 (Tier 2)	PA
TREMFYA 100 MG/ML INJECTOR, 100 MG/ML SYRINGE	\$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
<b>Immunostimulants</b>		
ACTIMMUNE 100 MCG/0.5 ML VIAL	\$0 (Tier 2)	PA
BESREMI 500 MCG/ML SYRINGE	\$0 (Tier 2)	PA, QL (2 PER 28 DAYS)
PEGASYS 180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL	\$0 (Tier 2)	PA

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

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
HUMIRA(CF) 10 MG/0.1 ML SYRING, CDV 10 MG/0.1ML SYR, 20 MG/0.2 ML SYRING, CDV 20 MG/0.2ML SYR, 40 MG/0.4 ML SYRING, CDV 40 MG/0.4ML SYR	\$0 (Tier 2)	PA
HUMIRA(CF) PEN CDV PEN 40 MG/0.4ML, CDV PEN 80 MG/0.8ML, PEN 40 MG/0.4 ML, PEN 80 MG/0.8 ML	\$0 (Tier 2)	PA
HUMIRA(CF) PEN CROHN'S-UC-HS CRHN--80MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PEDIATRIC UC 80 MG	\$0 (Tier 2)	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS --AHS 80-40	\$0 (Tier 2)	PA
IMURAN 50 MG TABLET	\$0 (Tier 2)	PA
<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.

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
REZUROCK 200 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
SANDIMMUNE 25 MG CAPSULE, 100 MG CAPSULE	\$0 (Tier 2)	PA
SIMLANDI(CF) AUTOINJECTOR AI 40 MG/0.4	\$0 (Tier 2)	PA
<i>sirolimus 0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet</i>	\$0 (Tier 1)	PA
<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
<b>Vaccines</b>		
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)	
DENG VAXIA VIAL, VIAL WITH DILUENT	\$0 (Tier 2)	
DIPHTHERIA-TETANUS TOXOIDS-PED	\$0 (Tier 2)	
ENGERIX-B ADULT -20 MCG/ML SYRN, -20 MCG/ML VIAL	\$0 (Tier 2)	PA
ENGERIX-B PEDIATRIC-ADOLESCENT -10 MCG/0.5 SYRN	\$0 (Tier 2)	PA
ERVEBO (NATIONAL STOCKPILE) 1 ML VIAL (STOCKPILE)	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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 SYRNG, VIAL WITH DILUENT VIAL	\$0 (Tier 2)	
IMOVAX RABIES VACCINE VIAL	\$0 (Tier 2)	PA
INFANRIX DTAP SYRINGE	\$0 (Tier 2)	
IPOL VIAL	\$0 (Tier 2)	
IXCHIQ VIAL	\$0 (Tier 2)	
IXIARO 6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR	\$0 (Tier 2)	
JYNNEOS (NATIONAL STOCKPILE) 0.5 ML VIAL(STOCKPILE)	\$0 (Tier 2)	PA
JYNNEOS 0.5 ML VIAL	\$0 (Tier 2)	PA
KINRIX TIP-LOK SYRINGE	\$0 (Tier 2)	
M-M-R II VACCINE --VIAL	\$0 (Tier 2)	
MENACTRA VIAL	\$0 (Tier 2)	
MENQUADFI VIAL	\$0 (Tier 2)	
MENVEO A-C-Y-W-135-DIP 1 VIL-----135-DIP, --- KIT (2 VILS)	\$0 (Tier 2)	
MRESVIA 50 MCG/0.5 ML SYRINGE	\$0 (Tier 2)	QL (0.5 PER 999 OVER TIME)
PEDIARIX 0.5 ML SYRINGE	\$0 (Tier 2)	
PEDVAXHIB VACCINE VIAL	\$0 (Tier 2)	
PENBRAYA KIT	\$0 (Tier 2)	
PENTACEL VIAL KIT	\$0 (Tier 2)	
PREHEVBRIO 10 MCG/ML VIAL	\$0 (Tier 2)	PA
PRIORIX VIAL	\$0 (Tier 2)	

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

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

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

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

## **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)	

### **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)

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>hydrocortisone 100 mg/60 ml</i>	\$0 (Tier 1)	
<i>hydrocortisone 2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>procto-med hc -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>proctosol-hc -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)
<i>proctozone-hc -2.5% cream</i>	\$0 (Tier 1)	QL (454 PER 30 DAYS)

### **Metabolic Bone Disease Agents**

<i>alendronate sodium 10 mg tab</i>	\$0 (Tier 1)	QL (120 PER 30 DAYS)
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
ATELVIA DR 35 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
<i>calcitonin-salmon -200 unit spr</i>	\$0 (Tier 1)	
<i>calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution</i>	\$0 (Tier 1)	
<i>cinacalcet hcl 30 mg tablet, 60 mg tablet, 90 mg tablet</i>	\$0 (Tier 1)	PA
FORTEO 600 MCG/2.4 ML PEN INJ	\$0 (Tier 2)	PA
FOSAMAX 70 MG TABLET	\$0 (Tier 2)	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
<i>paricalcitol 1 mcg capsule, 2 mcg capsule, 4 mcg capsule</i>	\$0 (Tier 1)	
PROLIA 60 MG/ML SYRINGE	\$0 (Tier 2)	PA
<i>risedronate sodium 150 mg tab</i>	\$0 (Tier 1)	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
<i>risedronate sodium 5 mg tablet, 30 mg tab</i>	\$0 (Tier 1)	QL (30 PER 30 DAYS)
<i>risedronate sodium dr 35 mg tab</i>	\$0 (Tier 1)	QL (4 PER 28 DAYS)
ROCALTROL 0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN	\$0 (Tier 2)	
SENSIPAR 30 MG TABLET, 60 MG TABLET, 90 MG TABLET	\$0 (Tier 2)	PA
TERIPARATIDE 620 MCG/2.48 ML	\$0 (Tier 2)	PA

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



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
TYMLOS 80 MCG DOSE PEN INJECTR	\$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% eye drops</i>	\$0 (Tier 1)	
<i>brimonidine tartrate-timolol -0.2%-0.5%</i>	\$0 (Tier 1)	
<i>carboxymethylcellulose sodium 0.5% eye drp</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
COMBIGAN 0.2%-0.5% EYE DROPS	\$0 (Tier 2)	
COSOPT EYE DROPS	\$0 (Tier 2)	
CYSTADROPS CYSTA0.37% EYE	\$0 (Tier 2)	PA
CYSTARAN 0.44% EYE DROPS	\$0 (Tier 2)	PA
<i>dorzolamide-timolol -eye drops</i>	\$0 (Tier 1)	
GENTEAL TEARS SEVERE 0.3% GEL, 3-94% OIN	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>lubricant eye drop 0.5%, gnp 0.5%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricant eye drops 0.5%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricant eye ointment</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricant pm eye ointment</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubricating plus gs lubricat 0.5%, lubricating 0.5%, sm lubricat 0.5%</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>lubrifresh pm eye ointment</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
MAXITROL EYE OINTMENT	\$0 (Tier 2)	
<i>neo-polycin hc -eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-poly-hc ---eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth --dexamet ointm, --dexameth drop</i>	\$0 (Tier 1)	
<i>nighttime relief lubricant eye oint</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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 -10-0.23% eye drops</i>	\$0 (Tier 1)	
TOBRADEX DROPS, OINTMENT	\$0 (Tier 2)	
<i>tobramycin-dexamethasone -ophth susp</i>	\$0 (Tier 1)	
XDEMVY 0.25% DROP	\$0 (Tier 2)	PA

### **Ophthalmic Anti-Infectives**

<i>ak-poly-bac --eye ointment</i>	\$0 (Tier 1)	
<i>bacitracin 500 unit/gm ophth</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin -eye oint</i>	\$0 (Tier 1)	
BESIVANCE 0.6% SUSP	\$0 (Tier 2)	
<i>ciprofloxacin hcl 0.3% eye drop</i>	\$0 (Tier 1)	
<i>erythromycin 0.5% eye ointment</i>	\$0 (Tier 1)	
<i>gatifloxacin 0.5% eye drops</i>	\$0 (Tier 1)	
<i>gentamicin sulfate 0.3% eye drop</i>	\$0 (Tier 1)	
<i>moxifloxacin 0.5% drops, 0.5% drp-visc</i>	\$0 (Tier 1)	
<i>neo-polycin -eye ointment</i>	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin --polymix eye oint</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin --eye drop</i>	\$0 (Tier 1)	
OCUFLOX 0.3% EYE DROPS	\$0 (Tier 2)	
<i>ofloxacin 0.3% eye drops</i>	\$0 (Tier 1)	
<i>polycin eye ointment</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>polymyxin b sul-trimethoprim -tmp eye drops</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium 10% drops, 10% ointment</i>	\$0 (Tier 1)	
<i>tobramycin 0.3% eye drop</i>	\$0 (Tier 1)	
<i>trifluridine 1% eye drops</i>	\$0 (Tier 1)	
VIGAMOX 0.5% EYE DROPS	\$0 (Tier 2)	
<b>Ophthalmic Anti-allergy Agents</b>		
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% drops, 0.035% drops</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
SYSTANE NIGHTTIME EYE OINTMENT	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>zaditor 0.025% (0.035%) drops</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<b>Ophthalmic Anti-inflammatories</b>		
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)	

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

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

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

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

### **Ophthalmic Prostaglandin and Prostanoid Analogs**

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

### **Otic Agents**

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

### **Respiratory Tract/ Pulmonary Agents**

#### **Anti-inflammatories, Inhaled Corticosteroids**

<i>24 hour allergy gs 50 mcg spry</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.

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>allergy relief 50 mcg, ft 50 mcg, sm 50 mcg</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
ARNUITY ELLIPTA 50 MCG, 100 MCG, 200 MCG	\$0 (Tier 2)	QL (30 PER 30 DAYS)
ASMANEX HFA HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER	\$0 (Tier 2)	QL (13 PER 30 DAYS)
ASMANEX TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #14, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120	\$0 (Tier 2)	QL (1 PER 30 DAYS)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh</i>	\$0 (Tier 1)	PA
<i>budesonide 32 mcg nasal spray</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>flunisolide 0.025% spray</i>	\$0 (Tier 1)	QL (75 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray</i>	\$0 (Tier 1)	QL (16 PER 30 DAYS), *
<i>fluticasone propionate gnp 50 mcg sp</i>	\$0 (Tier 1)	*
<i>fluticasone propionate hfa 110 mcg</i>	\$0 (Tier 1)	QL (12 PER 30 DAYS)
<i>fluticasone propionate hfa 220 mcg</i>	\$0 (Tier 1)	QL (24 PER 30 DAYS)
<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 REDIHALER 40 MCG	\$0 (Tier 2)	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	\$0 (Tier 2)	QL (21.2 PER 30 DAYS)
XHANCE 93 MCG NASAL SPRAY	\$0 (Tier 2)	QL (32 PER 30 DAYS)

## **Antihistamines**

<i>ala-hist ir -2 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>all day allergy all day 10 mg tablet, 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), *

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
ALLER-CHLOR -4 MG TABLET	\$0 (Tier 2)	(Medicaid Benefit Drug), *
<i>aller-ease gs -180 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>aller-g-time --25 mcaplet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>allergy 4 mg tablet, 10 mg tablet, 25 mg capsule, 25 mg softgel, 25 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>allergy relief (loratadine) 10 mg tab, ft (chlorphen) 4 mg tb, ft (diphen) 25 mg cap, ft (diphen) 25 mg chew, ft (diphen) 25 mg tab, ft (fexo) 60 mg tablet, ft (fexo) 180 mg tab, gnp relief 4 mg tablet, gnp relief 25 mg sfgl, gnp relief 25 mg tab, gnp relief 50 mg/20 ml, gnp relief 180 mg tab, gs relief 10 mg tablet, gs relief 25 mg tablet, qc (lorat) 10 mg tab, relief 4 mg tablet, relief 5 mg/5 ml soln, relief 10 mg tablet, relief 12.5 mg/5 ml, relief 25 mg capsule, relief 25 mg softgel, relief 25 mg tablet, relief 180 mg tablet, rlf (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 1 mg/ml soln</i>	\$0 (Tier 1)	*
<i>cetirizine hcl 1 mg/ml syrup</i>	\$0 (Tier 1)	
<i>cetirizine hcl 5 mg chew tab, 5 mg tablet, 5 mg/5 ml cup, 10 mg chew tab, 10 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's all day allergy ergy 1 mg/ml, gs er 1 mg/ml, sm er 1 mg/ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's allergy child 5 mg/5 ml soln, child (fexo) 30 mg/5ml, child's 12.5 mg/5 ml, ft child 5 mg/5 ml sol, gs child 12.5 mg/5 ml, qc child 12.5 mg/5 ml, sm child 5 mg/5 ml sol</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's allergy relief ft 12.5 mg/5 ml, ft rlf 1 mg/ml, gs rlf 5 mg/5 ml, relief 1 mg/ml, relief 5 mg/5 ml, rlf 12.5 mg/5 ml, sm 12.5 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>children's cetirizine hcl hcl 1 mg/ml, 5 mg chew tab, 10 mg chew tb</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>children's loratadine 5 mg/5 ml sol, 5 mg/5 ml syr</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>chlorpheniramine maleate 4 mg tablet, er 12 mg tab</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>clemastine fumarate 2.68 mg tablet</i>	\$0 (Tier 1)	PA
<i>complete allergy qc 25 mg cap</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>cyproheptadine hcl 2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syr</i>	\$0 (Tier 1)	PA
<i>desloratadine 5 mg tablet</i>	\$0 (Tier 1)	
<i>diphenhydrl 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, gnp 10 mg tablet, qc 10 mg tablet, sm 5 mg/5 ml syrup, sm 10 mg tablet</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>loratadine allergy 5 mg/5 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>m-dryl -12.5 g/5 l solution</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>olopatadine hcl 665 mcg nasal spry</i>	\$0 (Tier 1)	QL (30.5 PER 30 DAYS)
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), *
<b>Antileukotrienes</b>		
ACCOLATE 10 MG TABLET, 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.



<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<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)	
<b>Bronchodilators, Anticholinergic</b>		
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)
<b>Bronchodilators, Sympathomimetic</b>		
<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 sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln</i>	\$0 (Tier 1)	PA
<i>albuterol sulfate sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab</i>	\$0 (Tier 1)	
<i>epinephrine 0.15 mg -injt, 0.3 mg -injt</i>	\$0 (Tier 1)	
PROAIR RESPICLICK 90 MCG INHLR	\$0 (Tier 2)	QL (2 PER 30 DAYS)
SEREVENT DISKUS 50 MCG	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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)
<b>Cystic Fibrosis Agents</b>		
CAYSTON 75 MG INHAL SOLUTION	\$0 (Tier 2)	PA
KALYDECO 5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
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)
<b>Mast Cell Stabilizers</b>		
<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), *
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP 250 MCG TABLET, 500 MCG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>roflumilast 250 mcg tablet, 500 mcg tablet</i>	\$0 (Tier 1)	PA, QL (30 PER 30 DAYS)
THEO-24 -24 ER 100 MG CAPSULE, -24 ER 200 MG CAPSULE, -24 ER 300 MG CAPSULE, -24 ER 400 MG CAPSULE	\$0 (Tier 2)	
<i>theophylline anhydrous er 300 mg tab, er 450 mg tab</i>	\$0 (Tier 1)	

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

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
<i>theophylline er er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet</i>	\$0 (Tier 1)	
<b>Pulmonary Antihypertensives</b>		
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)
LETAIRIS 5 MG TABLET, 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
OPSUMIT 10 MG TABLET	\$0 (Tier 2)	PA, QL (30 PER 30 DAYS)
<i>sildenafil citrate 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	\$0 (Tier 1)	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	\$0 (Tier 2)	PA, QL (120 PER 30 DAYS)
TRACLEER 62.5 MG TABLET, 125 MG TABLET	\$0 (Tier 2)	PA, QL (60 PER 30 DAYS)
<b>Pulmonary Fibrosis Agents</b>		
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)
<b>Respiratory Tract Agents, Other</b>		
<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.

<b>NAME OF DRUG</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS ON USE</b>
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>breynga 80-4.5 mcg, 160-4.5 mcg</i>	\$0 (Tier 1)	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE INHALER	\$0 (Tier 2)	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate -80-4.5, -160-4.5</i>	\$0 (Tier 1)	QL (10.3 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG	\$0 (Tier 2)	QL (8 PER 30 DAYS)
<i>cromolyn sodium nasal spray</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
DULERA 50 MCG-5 MCG INHALER, 100 MCG-5 MCG INHALER, 200 MCG-5 MCG INHALER	\$0 (Tier 2)	QL (13 PER 30 DAYS)
FASENRA 10 MG/0.5 ML SYRINGE, 30 MG/ML SYRINGE	\$0 (Tier 2)	PA
FASENRA PEN 30 MG/ML	\$0 (Tier 2)	PA
<i>fluticasone-salmeterol -100-50, -250-50, -500-50</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol -55-14, -113-14, -232-14</i>	\$0 (Tier 1)	QL (1 PER 30 DAYS)
<i>guaifenesin-dextromethorphan -100-10 mg/5 ml, -200-20 mg/10 ml</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>ipratropium-albuterol -0.5-3(2.5) mg/3 ml</i>	\$0 (Tier 1)	PA
STIOLTO RESPIMAT INHAL SPRAY, INHALER (10), INHALER (60)	\$0 (Tier 2)	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA 100-62.5-25, 200-62.5-25	\$0 (Tier 2)	QL (60 PER 30 DAYS)
<i>tussin dm clear syrup</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>tussin dm qc, sm</i>	\$0 (Tier 1)	(Medicaid Benefit Drug), *
<i>wixela inhub 100, 250, 500</i>	\$0 (Tier 1)	QL (60 PER 30 DAYS)

## **Skeletal Muscle Relaxants**

<i>carisoprodol 350 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.

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

### **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)

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

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

## **Uncategorized**

### **Unclassified**

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

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

# Index of Covered Drugs

## 2

24 hour allergy .....149

## 3

3 day vaginal ..... 41

3-DAY VAGINAL CREAM ..... 41

## 8

8 hour acetaminophen ..... 13

8 hour pain relief ..... 13

8hr arthritis pain ..... 13

## A

abacavir ..... 66

abacavir-lamivudine ..... 66

ABILIFY ..... 60

ABILIFY ASIMTUFII ..... 60

ABILIFY MAINTENA ..... 60

abiraterone acetate ..... 46

ABRYSCO ..... 140

acamprosate calcium ..... 21

acarbose ..... 72

ACCOLATE ..... 152

accutane ..... 99

acebutolol hcl ..... 85

acetaminophen ..... 13

acetaminophen 8 hour ..... 13

acetaminophen er ..... 13

acetaminophen-codeine ..... 19

acetazolamide ..... 88

acetazolamide er ..... 88

acetic acid ..... 149

acetylcysteine ..... 155

acid controller ..... 117

acid gone antacid ..... 113

acid reducer ..... 117

acid reducer complete ..... 117

acitretin ..... 99

acne medication ..... 99

ACNE MEDICATION ..... 99,104

ACTHAR ..... 122

ACTHAR SELFJECT ..... 122

ACTHIB ..... 140

ACTIMMUNE ..... 137

ACTOS ..... 72

ACULAR ..... 147

ACULAR LS ..... 147

acyclovir ..... 70

acyclovir sodium ..... 70

ADACEL TDAP ..... 140

adapalene ..... 99

ADCIRCA ..... 155

ADDERALL XR ..... 95

adefovir dipivoxil ..... 69

ADEMPAS ..... 155

ADIPEX-P ..... 22

ADLARITY ..... 35

ADVAIR HFA ..... 155

advanced antacid-antigas ..... 113

AFINITOR ..... 49

AFINITOR DISPERZ ..... 49

afirmelle ..... 125

aftera ..... 125

AGRYLIN ..... 79

AIMOVIG AUTOINJECTOR ..... 44

ak-poly-bac ..... 146

AKEEGA ..... 49

ALA-CORT ..... 100

ala-hist ir ..... 150

ALAWAY ..... 147

albendazole ..... 56

ALBUTEROL HFA 90 MCG INHALER

(generic ProAir HFA) ..... 153

ALBUTEROL HFA 90 MCG INHALER

(generic Proventil HFA) ..... 153

albuterol sulfate ..... 153

alclometasone dipropionate ..... 100

ALDACTONE ..... 94

ALECENSA ..... 49

alendronate sodium ..... 144

alfuzosin hcl er ..... 121

aliskiren	88	amnesteem	99
all day allergy	150	amoxapine	40
all day allergy relief	150	amoxicillin	26
all day pain relief	15	amoxicillin-clavulanate pot er	26
all day relief	15	amoxicillin-clavulanate potass	26
ALLER-CHLOR	151	amphotericin b	41
aller-ease	151	amphotericin b liposome	41
aller-g-time	151	ampicillin sodium	26
allergy	151	ampicillin trihydrate	26
allergy relief	150,151	ampicillin-sulbactam	26
allopurinol	44	AMPYRA	98
almacone-2	113	anagrelide hcl	79
alosetron hcl	112	anastrozole	48
ALPHAGAN P	148	ANDROGEL	123
alprazolam	70	ANORO ELLIPTA	156
alprazolam er	70	antacid	113
alprazolam xr	70	antacid extra strength	113
ALTACE	83	antacid plus gas relief	113
altavera	125	antacid ultra strength	113
alum-mag hydroxide-simethicone	113	antacid-antigas	113
aluminum hydroxide	113	antacid-gas relief	113
ALUNBRIG	49	anti-diarrheal	112
alyacen	125	ANTI-DIARRHEAL	112
amabelz	125	anti-itch	100
amantadine	57	anti-itch with aloe	100
AMBISOME	41	antifungal	41
ambrisentan	155	antifungal cream	41
amethia	125	APOKYN	58
amethyst	125	apomorphine hcl	58
amikacin sulfate	23	aprepitant	41
amiloride hcl	92	apri	125
amiloride-hydrochlorothiazide	88	APRISO	143
amiodarone hcl	84	APTIOM	33
amitriptyline hcl	40	APTIVUS	68
amlodipine besylate	86	aqua care sodium chloride	105
amlodipine besylate-benazepril	88	aranelle	125
amlodipine-atorvastatin	88	ARANESP	80
amlodipine-olmesartan	88	ARCALYST	136
amlodipine-valsartan	88	AREXVY	140
amlodipine-valsartan-hctz	89	ARICEPT	35
ammonium lactate	100	ARIKAYCE	23



ARIMIDEX.....	48	aurovela 24 fe.....	125
aripiprazole.....	60	aurovela fe.....	125
aripiprazole odt.....	60	AUSTEDO.....	97
ARISTADA.....	60	AUSTEDO XR.....	97
ARISTADA INITIO.....	60	AUSTEDO XR TITRATION KT(WK1-4).....	97
armodafinil.....	157	AUVELITY.....	36
ARNUITY ELLIPTA.....	150	AVALIDE.....	89
AROMASIN.....	48	AVAPRO.....	82
arthritis pain.....	13	aviane.....	125
arthritis pain relief.....	13	avidoxy.....	29
arthritis pain reliever.....	13	AVITA.....	99
ARTHROTEC 50.....	15	AVONEX.....	98
ARTHROTEC 75.....	15	AVONEX PEN.....	98
artificial tears.....	145	ayuna.....	125
asenapine maleate.....	60	AYVAKIT.....	49
ashlyna.....	125	AZACTAM.....	23
ASMANEX.....	150	AZASAN.....	138
ASMANEX HFA.....	150	azathioprine.....	138
aspirin.....	13	azelaic acid.....	99
aspirin ec.....	13	azelastine hcl.....	147,151
aspirin regimen.....	13	AZELEX.....	99
aspirin-dipyridamole er.....	81	AZILECT.....	59
ASTAGRAF XL.....	138	azithromycin.....	27
ATACAND.....	82	AZOPT.....	148
ATACAND HCT.....	89	AZOR.....	89
atazanavir sulfate.....	68	aztreonam.....	23
ATELVIA.....	144	AZULFIDINE.....	143
atenolol.....	85	azurette.....	125
atenolol-chlorthalidone.....	89		
ATGAM.....	136	<b>B</b>	
athlete's foot.....	41	bacitracin.....	104,146
atomoxetine hcl.....	96	bacitracin-polymyxin.....	146
atorvastatin calcium.....	92,93	baclofen.....	64
atovaquone.....	56	BACMIN.....	109
atovaquone-proguanil hcl.....	56	BACTRIM.....	29
atropine sulfate.....	145	BACTRIM DS.....	29
ATROVENT HFA.....	153	balsalazide disodium.....	143
aubra.....	125	BALVERSA.....	49
aubra eq.....	125	balziva.....	125
AUGTYRO.....	49	banophen.....	151
aurovela.....	125	BANZEL.....	33

BAQSIMI .....	75	BOOSTRIX TDAP .....	140
BARACLUDE .....	69	bosentan .....	155
baza antifungal .....	42	BOSULIF .....	49
BCG VACCINE (TICE STRAIN) .....	140	BRAFTOVI .....	49
BELBUCA .....	18	BREO ELLIPTA .....	156
BELSOMRA .....	157	breyna .....	156
benazepril hcl .....	83	BREZTRI AEROSPHERE .....	156
benazepril-hydrochlorothiazide .....	89	briellyn .....	125
BENICAR .....	82	BRILINTA .....	81
BENICAR HCT .....	89	brimonidine tartrate .....	148
BENLYSTA .....	136	brimonidine tartrate-timolol .....	145
BENZAMYCIN .....	99	brinzolamide .....	148
benzoyl peroxide .....	99	BRIVIACT .....	29,30
benzphetamine hcl .....	22	bromfenac sodium .....	147
benztropine mesylate .....	57	bromocriptine mesylate .....	58
BESIVANCE .....	146	BRUKINSA .....	49
BESREMI .....	137	budesonide .....	150
BETADINE .....	103	budesonide dr .....	143
betaine anhydrous .....	118	budesonide ec .....	143
betamethasone diprop augmented .....	100,101	budesonide er .....	143
betamethasone dipropionate .....	101	budesonide-formoterol fumarate .....	156
betamethasone valerate .....	101	buffered aspirin .....	13
BETASERON .....	98	bumetanide .....	91
betaxolol hcl .....	85,148	BUPHENYL .....	118
bethanechol chloride .....	122	buprenorphine .....	18
BETOPTIC S .....	148	buprenorphine hcl .....	21
bexarotene .....	56	buprenorphine-naloxone .....	21
BEXSERO .....	140	bupropion hcl .....	36
bicalutamide .....	46	bupropion hcl sr .....	21,36
BICILLIN L-A .....	26	bupropion hcl sr 150mg tablet .....	36
BIKTARVY .....	65	bupropion xl .....	36
BILTRICIDE .....	56	bupirone hcl .....	70
bimatoprost .....	149	butalbital-acetaminophen .....	15
binaxnow covid-19 ag self test .....	104	butalbital-acetaminophen-caffe .....	15
bisacodyl .....	113	butalbital-aspirin-caffeine .....	15
bismuth .....	113	butorphanol tartrate .....	19
bismuth-metronidazole-tetracyc .....	114	BUTRANS .....	18
bisoprolol fumarate .....	85	BYDUREON BCISE .....	72
bisoprolol-hydrochlorothiazide .....	89	BYSTOLIC .....	85
blisovi 24 fe .....	125		
blisovi fe .....	125		

# C

cabergoline	134	CARDIZEM	87
CABLIVI	81	CARDIZEM CD	87
CABOMETYX	49	CARDIZEM LA	87
cal-gest	114	CARDURA	82
calcipotriene	103	carestart covid-19 ag home tst	104
calcitonin-salmon	144	carglumic acid	106
calcitrene	103	carisoprodol	156
calcitriol	144	CARNITOR	118
calcium	105	CARNITOR SF	119
calcium 250-vit d3	105	carteolol hcl	148
calcium 500-vit d3	105	cartia xt	87
calcium 600 + vit d	105	carvedilol	85
calcium 600+d plus minerals	105	carvedilol er	85
calcium 600+minerals	105	CASODEX	46
calcium 600-vit d3	106	caspofungin acetate	42
calcium 600-vit d3-mineral	106	CAYSTON	154
calcium antacid	114	cefaclor	25
calcium carbonate	114	cefadroxil	25
CALQUENCE	49	cefazolin sodium	25
camila	131	cefazolin sodium-dextrose	25
camrese	125	cefdinir	25
camrese lo	126	cefepime	25
CANASA	143	cefepime hcl	25
CANCIDAS	42	cefepime-dextrose	25
candesartan cilexetil	82	cefixime	25
candesartan-hydrochlorothiazid	89	cefoxitin	25
CAPLYTA	60	cefoxitin sodium	25
CAPRELSA	49,50	cefpodoxime proxetil	25
captopril	83	cefprozil	25
CARAFATE	117	ceftazidime	25
CARBAGLU	106	ceftriaxone	26
carbamazepine	34	cefuroxime	26
carbamazepine er	34	cefuroxime sodium	26
CARBATROL	34	CELEBREX	15
carbidopa	58	celecoxib	15
carbidopa-levodopa	58	CELEXA	37
carbidopa-levodopa er	58	CELLCEPT	138
carbidopa-levodopa-entacapone	57	celltrion diatrust cov-19 home	104
carboxymethylcellulose sodium	145	CELONTIN	31
		cephalexin	26
		CEREZYME	119

cetirizine hcl.....	151	ciprofloxacin-dexamethasone.....	149
cevimeline hcl.....	98	citalopram hbr.....	37
chateal.....	126	claravis.....	99
chateal eq.....	126	clarithromycin.....	27
CHEMET.....	108	clarithromycin er.....	27
CHENODAL.....	114	clearlax.....	111
children's acetaminophen.....	13	clemastine fumarate.....	152
CHILDREN'S ALAWAY.....	147	CLEOCIN.....	23
children's all day allergy.....	151	CLEOCIN HCL.....	23
children's allergy.....	151	CLEOCIN PHOSPHATE.....	23
children's allergy relief.....	151	CLEOCIN T.....	23
children's aspirin.....	13	clindacin etz.....	23
children's cetirizine hcl.....	151	clindacin p.....	23
children's ibuprofen.....	16	clindamycin (pediatric).....	23
children's loratadine.....	152	clindamycin hcl.....	23
children's mapap.....	14	clindamycin phos-benzoyl perox.....	99
children's pain relief.....	14	clindamycin phosphate.....	24
children's pain reliever.....	14	clindamycin phosphate-d5w.....	24
children's pain-fever.....	14	clindamycin-0.9% nacl.....	24
chlordiazepoxide hcl.....	71	clindamycin-benzoyl peroxide.....	99
chlorhexidine gluconate.....	98	clinitest covid-19 home test.....	104
chloroquine phosphate.....	57	clobazam.....	31,32
chlorpheniramine maleate.....	152	clobetasol emollient.....	101
chlorpromazine hcl.....	40	clobetasol propionate.....	101
chlorthalidone.....	92	clodan.....	101
chlorzoxazone.....	157	clomipramine hcl.....	40
cholestyramine.....	93	clonazepam.....	71
cholestyramine light.....	93	clonidine.....	81
CHORIONIC GONADOTROPIN.....	123	clonidine hcl.....	81
chromium.....	106	clonidine hcl er.....	96
ciclodan.....	42	clopidogrel.....	81
ciclopirox.....	42	clorazepate dipotassium.....	71
cilostazol.....	81	clotrimazole.....	42
CIMDUO.....	66	clotrimazole-3.....	42
cimetidine.....	117	clotrimazole-betamethasone.....	103
cinacalcet hcl.....	144	clozapine.....	64
CINRYZE.....	135	clozapine odt.....	64
CIPRO.....	28	CLOZARIL.....	64
CIPRODEX.....	149	COARTEM.....	57
ciprofloxacin hcl.....	28,146	codeine sulfate.....	19
ciprofloxacin-d5w.....	28	COLACE.....	114

COLACE CLEAR.....	114	cyclophosphamide.....	46
COLAZAL.....	143	cycloserine.....	46
colchicine.....	44	CYCLOSET.....	72
COLCRYS.....	44	cyclosporine.....	138
COLESTID.....	93	cyclosporine modified.....	138
colestipol hcl.....	93	CYMBALTA.....	37
colistimethate.....	24	cyproheptadine hcl.....	152
COMBIGAN.....	145	cyred.....	126
COMBIPATCH.....	126	cyred eq.....	126
COMBIVENT RESPIMAT.....	156	CYSTADANE.....	119
COMETRIQ.....	50	CYSTADROPS.....	145
COMPLERA.....	66	CYSTAGON.....	119
complete allergy.....	152	CYSTARAN.....	145
compro.....	40	CYTOMEL.....	132
COMTAN.....	57	CYTOTEC.....	117
constulose.....	111		
COPAXONE.....	98	<b>D</b>	
COPIKTRA.....	50	dabigatran etexilate.....	78
copper chloride.....	106	dalfampridine er.....	98
CORLANOR.....	89	DALIRESP.....	154
CORTEF.....	122	DALVANCE.....	24
corvita.....	109	danazol.....	123
COSENTYX (2 SYRINGES).....	136	DANTRIUM.....	64
COSENTYX SENSOREADY (2 PENS).....	136	dantrolene sodium.....	64
COSENTYX SENSOREADY PEN.....	136	dapsone.....	45
COSENTYX SYRINGE.....	136	DAPTACEL DTAP.....	140
COSENTYX UNOREADY PEN.....	136	daptomycin.....	24
COSOPT.....	145	DARAPRIM.....	57
COTELLIC.....	50	darifenacin er.....	120
covid-19 at-home test (eua).....	104	darunavir.....	68
COZAAR.....	82	dasetta.....	126
CREON.....	119	DAURISMO.....	50
CRESEMBA.....	42	DAYPRO.....	16
CRESTOR.....	93	daysee.....	126
cromolyn sodium.....	119,147,154,156	DAYVIGO.....	157
cryselle.....	126	DDAVP.....	123
CRYSVITA.....	119	deblitane.....	131
CUBICIN.....	24	deferasirox.....	108
CUBICIN RF.....	24	dekas essential.....	109
cyanocobalamin injection.....	109	DEKAS ESSENTIAL.....	109
cyclobenzaprine hcl.....	157	DEKAS PLUS.....	109

DELSTRIGO.....	65	DIALYVITE 3000.....	109
DELZICOL.....	143	DIALYVITE 5000.....	109
demeclocycline hcl.....	29	DIALYVITE SUPREME D.....	109
DEMSEER.....	89	DIALYVITE ZINC.....	109
DENGVAXIA.....	140	diarrhea relief.....	114
DEPAKOTE.....	30	diazepam.....	32,71
DEPAKOTE ER.....	30	diazoxide.....	75
DEPAKOTE SPRINKLE.....	30	diclofenac potassium.....	16
DEPEN.....	122	diclofenac sodium.....	16,103,147
DEPO-ESTRADIOL.....	124	diclofenac sodium er.....	16
DEPO-PROVERA.....	131	diclofenac sodium-misoprostol.....	16
DEPO-SUBQ PROVERA 104.....	131	dicloxacillin sodium.....	26
DEPO-TESTOSTERONE.....	123	dicyclomine hcl.....	113
dermacinrx lidocan.....	20	diethylpropion hcl.....	22
DESCOVY.....	66	diethylpropion hcl er.....	22
desipramine hcl.....	40	DIFICID.....	28
desloratadine.....	152	DIFLUCAN.....	42
desmopressin acetate.....	123	difluprednate.....	147
desogestr-eth estrad eth estra.....	126	digitek.....	89
desogestrel-ethinyl estradiol.....	126	digoxin.....	89
desonide.....	101	dihydroergotamine mesylate.....	44
desoximetasone.....	101	DILANTIN.....	34
desvenlafaxine succinate er.....	37	DILANTIN-125.....	34
DETROL.....	120	dilt-xr.....	87
DETROL LA.....	120	diltiazem 12hr er.....	87
dexamethasone.....	122	diltiazem 24hr er.....	87
dexamethasone sodium phosphate.....	147	diltiazem 24hr er (cd).....	87
DEXEDRINE.....	95	diltiazem 24hr er (la).....	87
dexmethylphenidate hcl.....	96	diltiazem 24hr er (xr).....	87
dextroamphetamine sulfate.....	95	diltiazem hcl.....	87
dextroamphetamine sulfate er.....	96	dimethyl fumarate.....	98
dextroamphetamine-amphet er.....	96	DIOVAN.....	82
dextroamphetamine-amphetamine.....	96	DIOVAN HCT.....	89
dextrose 2.5%-0.45% nacl.....	106	DIPENTUM.....	143
dextrose 5%-0.2% nacl.....	106	diphedryl.....	152
dextrose 5%-0.225% nacl.....	106	diphenhydramine hcl.....	152
dextrose 5%-0.45% nacl.....	106	diphenoxylate-atropine.....	112
dextrose 5%-0.9% nacl.....	106	DIPHTHERIA-TETANUS TOXOIDS-PED.....	140
dextrose in water.....	109	DIPROLENE.....	101
DIACOMIT.....	30	dipyridamole.....	81
DIALYVITE.....	109	disulfiram.....	21

divalproex sodium	30	ed-apap	14
divalproex sodium er	30	EDARBI	82
DIVIGEL	124	EDARBYCLOR	89
docusate calcium	114	EDURANT	65
docusate sodium	114	efavirenz	65
dofetilide	84	efavirenz-emtric-tenofov disop	65
dok	114	efavirenz-lamivu-tenofov disop	65
dolishale	126	EFFEXOR XR	38
donepezil hcl	35	EFUDEX	103
donepezil hcl odt	35	ELELYSO	119
dorzolamide hcl	149	ELIDEL	101
dorzolamide-timolol	145	ELIGARD	134
dotti	124	elinest	126
DOVATO	65	ELIQUIS	78
doxazosin mesylate	82	ellume covid-19 home test	105
doxepin hcl	40,101,157	eluryng	126
doxy 100	29	EMEND	41
doxycycline hyclate	29	EMGALITY PEN	44
doxycycline ir-dr	100	EMGALITY SYRINGE	44
doxycycline monohydrate	29	EMSAM	37
DRISDOL	109	emtricitabine	66
DRIZALMA SPRINKLE	37	emtricitabine-tenofovir disop	66
dronabinol	41	EMTRIVA	66
drospirenone-eth estra-levomef	126	emzahn	131
drospirenone-ethinyl estradiol	126	enalapril maleate	83
droxidopa	81	enalapril-hydrochlorothiazide	90
DUAVEE	132	ENBREL	138
DULERA	156	ENBREL MINI	138
duloxetine hcl	37,38	ENBREL SURECLICK	138
DUPIXENT PEN	137	ENDARI	119
DUPIXENT SYRINGE	137	endocet	19
DUREZOL	147	ENEMA	114
dutasteride	121	enema	114
dutasteride-tamsulosin	121	enema disposable	114
<b>E</b>		ENEMEEZ	111
E.E.S. 200	28	ENGERIX-B ADULT	140
ec-naproxen	16	ENGERIX-B PEDIATRIC-ADOLESCENT	140
econazole nitrate	42	enilloring	126
econtra one-step	126	ENLYTE	109
ed chlorped jr	152	enoxaparin sodium	78
		enpresse	126

enskyce	126	estradiol (twice weekly)	124
entacapone	57	estradiol valerate	124
entecavir	69	estradiol-norethindrone acetat	126
ENTRESTO	90	ESTRING	124
ENTRESTO SPRINKLE	90	eszopiclone	157
ENTYVIO PEN	137	ethambutol hcl	46
enulose	111	ethosuximide	31
ENVARUSUS XR	138	ethynodiol-ethinyl estradiol	126
EPIDIOLEX	30	etodolac	16
epinastine hcl	147	etodolac er	16
epinephrine	153	etonogestrel-ethinyl estradiol	126
epitol	34	etravirine	65
EPIVIR	66	EUTHYROX	132
eplerenone	94	everolimus	50,138
EPRONTIA	30	EVISTA	132
EPZICOM	66	EVOTAZ	68
ergocalciferol	109	EXELON	35
ergotamine-caffeine	44	exemestane	48
ERIVEDGE	50	EXFORGE	90
ERLEADA	46	EXFORGE HCT	90
erlotinib hcl	50	EXJADE	108
errin	131	EXTENCILLINE	27
ertapenem	27	eye itch relief	147
ERVEBO (NATIONAL STOCKPILE)	140	EYSUVIS	147
ery	28	ezetimibe	93
ERY-TAB	28	ezetimibe-simvastatin	94
ERYPED 200	28		
ERYPED 400	28	<b>F</b>	
ERYTHROCIN LACTOBIONATE	28	falmina	126
erythromycin	28,146	famciclovir	70
erythromycin ethylsuccinate	28	famotidine	117
erythromycin lactobionate	28	FANAPT	60
erythromycin-benzoyl peroxide	100	FARESTON	47
ESBRIET	155	FARXIGA	72
escitalopram oxalate	38	FASENRA	156
ESGIC	15	FASENRA PEN	156
esomeprazole magnesium	118	felbamate	30
estarylla	126	felodipine er	86
ESTRACE	124	FEMARA	48
estradiol	124	femynor	127
estradiol (once weekly)	124	fenofibrate	92



fenofibric acid	92	flurbiprofen	16
fentanyl	18	flurbiprofen sodium	148
fentanyl citrate	19	fluticasone propionate	101,150
ferro-time	109	fluticasone propionate hfa	150
ferrous gluconate	109	fluticasone-salmeterol	156
ferrous sulfate	109	fluvastatin er	93
fesoterodine fumarate er	120	fluvastatin sodium	93
FETZIMA	38	fluvoxamine maleate	38
FEVERALL	14	FML	148
fexofenadine hcl	152	FOCALIN	96
fiber	114	folic acid	109
fiber smooth	114	FOLTRATE	109
FINACEA	100	fondaparinux sodium	78
finasteride	121	FORTEO	144
ingolimod	98	FOSAMAX	144
FINTEPLA	30	fosamprenavir calcium	68
FIRAZYR	135	fosinopril sodium	83
FIRMAGON	134	fosinopril-hydrochlorothiazide	90
first aid antibiotic	104	FOTIVDA	50
FIRST AID ANTISEPTIC	104	FRUZAQLA	50
flac otic oil	149	FULPHILA	80
FLAGYL	24	FUNGOID TINCTURE	42
flecainide acetate	84	furosemide	92
FLOMAX	121	FUZEON	67
FLORIVA	106	fyavolv	127
flowflex covid-19 ag home test	105	FYCOMPA	30
fluconazole	42		
fluconazole-nacl	42	<b>G</b>	
flucytosine	42	gabapentin	32
fludrocortisone acetate	122	galantamine er	35
flunisolide	150	galantamine hbr	35
fluocinolone acetonide	101	galantamine hydrobromide	35
fluocinolone acetonide oil	149	GAMMAGARD LIQUID	136
fluocinonide	101	GAMMAGARD S-D	136
fluocinonide-e	101	GAMMAPLEX	136
fluorometholone	147	GAMUNEX-C	136
fluorouracil	103	GARDASIL 9	141
fluoxetine dr	38	gatifloxacin	146
fluoxetine hcl	38	GATTEX	114
fluphenazine decanoate	59	GAUZE PADS & DRESSINGS - PADS 2 X	
fluphenazine hcl	59	2	72

gavilax	112
gavilyte-c	114
gavilyte-g	114
gavilyte-n	114
GAVISCON	114
GAVRETO	50
gefitinib	50
gemfibrozil	92
gemmily	127
GEMTESA	120
genabio covid-19 rapid at-home	105
generlac	112
engraf	138
gentamicin sulfate	23,104,146
gentamicin sulfate in ns	23
GENTEAL TEARS SEVERE	145
gentle laxative	115
GENVOYA	65
GEODON	60,61
geri-kot	115
GILENYA	98
GILOTRIF	50
glatiramer acetate	98
glatopa	98
GLEEVEC	50
GLEOSTINE	46
glimepiride	72
glipizide	72
glipizide er	72
glipizide xl	72,73
glipizide-metformin	73
GLUCAGON EMERGENCY KIT	75
glucose in water	109
GLUCOTROL XL	73
glyburide	73
glyburide micronized	73
glyburide-metformin hcl	73
glycopyrrolate	113
GLYXAMBI	73
GOLYTELY	115
granisetron hcl	41

GRANIX	80
griseofulvin	42
griseofulvin ultramicrosize	42
guaifenesin-dextromethorphan	156
guanfacine hcl	81
guanfacine hcl er	96
GVOKE	75
GVOKE HYPOPEN 1-PACK	75
GVOKE HYPOPEN 2-PACK	75
GVOKE PFS 1-PACK SYRINGE	75
GVOKE PFS 2-PACK SYRINGE	75

## H

HADLIMA	138
HADLIMA PUSH TOUCH	138
HADLIMA(CF)	138
HADLIMA(CF) PUSH TOUCH	138
HAEGARDA	136
hailey	127
hailey 24 fe	127
hailey fe	127
HALDOL DECANOATE 100	59
HALDOL DECANOATE 50	59
halobetasol propionate	101
haloette	127
haloperidol	59
haloperidol decanoate	59
haloperidol decanoate 100	59
haloperidol lactate	59
HAVRIX	141
healthylax	112
heartburn relief	115,117
heather	131
HEMADY	122
heparin sodium	79
HEPLISAV-B	141
her style	127
HETLIOZ	157
hi-cal	106
HIBERIX	141
hidex	122

HISTEX.....	152	hydroxyurea.....	47
HISTEX PD.....	152	hydroxyzine hcl.....	71
HUMALOG.....	76	hydroxyzine pamoate.....	71
HUMALOG JUNIOR KWIKPEN.....	76	HYZAAR.....	90
HUMALOG KWIKPEN U-100.....	76	<b>I</b>	
HUMALOG KWIKPEN U-200.....	76	ibandronate sodium.....	144
HUMALOG MIX 50-50 KWIKPEN.....	76	IBRANCE.....	50
HUMALOG MIX 75-25.....	76	ibu.....	16
HUMALOG MIX 75-25 KWIKPEN.....	76	ibuprofen.....	16,17
HUMALOG TEMPO PEN U-100.....	76	ibuprofen ib.....	17
HUMATIN.....	23	icatibant.....	136
HUMIRA.....	138	iclevia.....	127
HUMIRA PEN.....	138	ICLUSIG.....	51
HUMIRA(CF).....	139	icosapent ethyl.....	94
HUMIRA(CF) PEN.....	139	IDHIFA.....	51
HUMIRA(CF) PEN CROHN'S-UC-HS.....	139	ihealth covid-19 ag home test.....	105
HUMIRA(CF) PEN PEDIATRIC UC.....	139	ILEVRO.....	148
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	139	imatinib mesylate.....	51
HUMULIN 70-30.....	76	IMBRUVICA.....	51
HUMULIN 70/30 KWIKPEN.....	76	IMCIVREE.....	158
HUMULIN N.....	76	imipenem-cilastatin sodium.....	27
HUMULIN N KWIKPEN.....	76	imipramine hcl.....	40
HUMULIN R.....	76	imiquimod.....	103
HUMULIN R U-500.....	76	IMITREX.....	44,45
HUMULIN R U-500 KWIKPEN.....	76	IMOVAX RABIES VACCINE.....	141
hydralazine hcl.....	95	IMPAVIDO.....	24
HYDREA.....	47	IMURAN.....	139
hydrochlorothiazide.....	92	INBRIJA.....	58
hydrocodone bitartrate er.....	18	incassia.....	131
hydrocodone-acetaminophen.....	19	INCRELEX.....	123
hydrocodone-ibuprofen.....	19	INCRUSE ELLIPTA.....	153
hydrocortisone.....	102,122,144	indapamide.....	92
hydrocortisone acetate.....	102	INDERAL LA.....	85
hydrocortisone butyrate.....	102	INDERAL XL.....	85
hydrocortisone plus.....	102	indicaid covid-19 ag home test.....	105
hydrocortisone valerate.....	102	indomethacin.....	17
hydrocortisone-acetic acid.....	149	indomethacin er.....	17
hydrocortisone-aloe.....	102	INFANRIX DTAP.....	141
hydromorphone hcl.....	19	infant pain-fever.....	14
hydroxocobalamin.....	109	infant vitamin d.....	110
hydroxychloroquine sulfate.....	57		

infant's ibuprofen	17	isosorbide mononitrate	95
infant-toddler iron	110	isosorbide mononitrate er	95
infants' acetaminophen	14	isotretinoin	100
infants' ibuprofen	17	isradipine	86
infants' pain-fever	14	ISTALOL	148
INFUVITE ADULT	110	itraconazole	42
INFUVITE PEDIATRIC	110	ivabradine hcl	90
INLYTA	51	ivermectin	56,103
INNOPRAN XL	85	IWILFIN	48
INQOVI	47	IXCHIQ	141
INREBIC	51	IXIARO	141
INSPRA	94		
INSULIN PEN NEEDLE	76	<b>J</b>	
INSULIN SYRINGE (DISP) U-100 0.3 ML	76	JADENU	108
INSULIN SYRINGE (DISP) U-100 1 ML	76	JADENU SPRINKLE	108
INSULIN SYRINGE (DISP) U-100 1/2 ML	76	jaimiess	127
INTELENCE	65	JAKAFI	51
inteliswab covid-19 home test	105	jantoven	79
INTRALIPID	110	JANUMET	73
introvale	127	JANUMET XR	73
INVANZ	27	JANUVIA	73
INVEGA	61	JARDIANCE	73
INVEGA HAFYERA	61	jasmiel	127
INVEGA SUSTENNA	61	JAYPIRCA	51
INVEGA TRINZA	61	jencycla	131
INVELTYS	148	JENTADUETO	73
IPOL	141	JENTADUETO XR	73
ipratropium bromide	153	jinteli	127
ipratropium-albuterol	156	jolessa	127
irbesartan	83	juleber	127
irbesartan-hydrochlorothiazide	90	JULUCA	65
IRESSA	51	junel	127
iron	110	junel fe	127
ISENTRESS	65	junel fe 24	127
ISENTRESS HD	65	JUXTAPID	94
isibloom	127	JYNNEOS	141
isoniazid	46	JYNNEOS (NATIONAL STOCKPILE)	141
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD	73		
ISORDIL TITRADOSE	95	<b>K</b>	
isosorbide dinitrate	95	K-PHOS ORIGINAL	106
		kaitlib fe	127

KALETRA.....	68	LAMICTAL (BLUE).....	30
kalliga.....	127	lamivudine.....	66,69
KALYDECO.....	154	lamivudine hbv.....	69
KANJINTI.....	55	lamivudine-zidovudine.....	66
kariva.....	127	lamotrigine.....	31
kcl-d5w-0.2% nacl.....	106	lamotrigine (blue).....	31
kcl-d5w-0.225% nacl.....	106	lamotrigine er.....	31
kcl-d5w-0.45% nacl.....	106	LANOXIN.....	90
kelnor 1-35.....	127	lansoprazole.....	118
kelnor 1-50.....	127	LANTUS.....	76
KEPPRA.....	30	LANTUS SOLOSTAR.....	76
KERENDIA.....	94	lapatinib.....	51
KESIMPTA PEN.....	98	larin.....	127
ketoconazole.....	42	larin 24 fe.....	127
ketorolac tromethamine.....	17,148	larin fe.....	127
ketotifen fumarate.....	147	LASIX.....	92
KINRIX.....	141	latanoprost.....	149
kionex.....	111	LATUDA.....	61
KISQALI.....	51	laxative.....	115
KISQALI FEMARA CO-PACK.....	48	laxative suppository.....	115
KLARON.....	100	LAYOLIS FE.....	128
klayesta.....	43	LAZCLUZE.....	51
KLOR-CON 10.....	106	leena.....	128
KLOR-CON 8.....	106	leflunomide.....	139
klor-con m10.....	106	lenalidomide.....	47
KLOR-CON M15.....	107	lentocilin s.....	27
klor-con m20.....	107	LENVIMA.....	51,52
KLOXXADO.....	21	lessina.....	128
KORLYM.....	134	LETAIRIS.....	155
KOSELUGO.....	51	letrozole.....	48
kourzeq.....	99	leucovorin calcium.....	48
KRAZATI.....	51	LEUKINE.....	80
kurvelo.....	127	leuprolide acetate.....	134
KUVAN.....	119	leuprolide depot.....	134
<b>L</b>		levetiracetam.....	31
l-glutamine.....	119	levetiracetam er.....	31
labetalol hcl.....	85	LEVO-T.....	132
lacosamide.....	34	levobunolol hcl.....	148
lactulose.....	112	levocarnitine.....	119
LAMICTAL.....	30	levocarnitine sf.....	119
		levocetirizine dihydrochloride.....	152

levofloxacin	28	lo-zumandimine	128
levofloxacin-d5w	28	LOCOID LIPOCREAM	102
levonest	128	LOESTRIN	128
levonorg-eth estrad eth estrad	128	LOESTRIN FE	128
levonorgestrel	128	lojaimiess	128
levonorgestrel-eth estradiol	128	LONSURF	48
levora-28	128	loperamide	112
levorphanol tartrate	18	LOPID	92
levothyroxine sodium	133	lopinavir-ritonavir	68
LEVOXYL	133	LOPRESSOR	85
LEXAPRO	38	LOPROX	43
LEXIVA	68	loratadine	150,152
LIALDA	143	loratadine allergy	152
LIBERVANT	32	lorazepam	71
lice killing	103	lorazepam intensol	71
lice treatment	104	LORBRENA	52
lidocaine	20,103	loryna	128
lidocaine hcl	20	losartan potassium	83
lidocaine hcl laryngotracheal 4% solution	20	losartan-hydrochlorothiazide	90
lidocaine hcl viscous	20	LOTENSIN	83
lidocaine-prilocaine	20	LOTRONEX	112
lidocan iii	20	lovastatin	93
lidocan iv	20	LOVENOX	79
lidocan v	20	low-ogestrel	128
LIDODERM	20	loxapine	59
LILETTA	121	lubiprostone	112
linezolid	24	lubricant eye	145
linezolid-0.9% nacl	24	lubricant eye drop	145
linezolid-d5w	24	lubricant eye drops	145
LINZESS	112	lubricant pm	145
liothyronine sodium	133	lubricating plus	145
LIPITOR	93	lubrifresh pm	145
liquid calcium-vit d	107	lucira check-it covid home tst	105
lisdexamfetamine dimesylate	96	LUMAKRAS	52
lisinopril	83	LUMIGAN	149
lisinopril-hydrochlorothiazide	90	LUMRYZ	157
lithium carbonate	71	LUPRON DEPOT	134
lithium carbonate er	71	LUPRON DEPOT (LUPANETA)	134
lithium citrate	72	LUPRON DEPOT-PED	134
LITHOBID	72	lurasidone hcl	61
LIVTENCITY	69	lutra	128

LYBALVI.....	61	medroxyprogesterone acetate.....	131
lyleq.....	131	mefloquine hcl.....	57
lyllana.....	124	megestrol acetate.....	132
LYNPARZA.....	52	MEKINIST.....	52
LYRICA.....	32	MEKTOVI.....	52
LYSODREN.....	48	meloxicam.....	17
LYTGOBI.....	52	memantine hcl.....	36
LYUMJEV.....	76	memantine hcl er.....	36
LYUMJEV KWIKPEN U-100.....	76	MENACTRA.....	141
LYUMJEV KWIKPEN U-200.....	77	MENEST.....	124
LYUMJEV TEMPO PEN U-100.....	77	MENQUADFI.....	141
lyza.....	131	MENVEO A-C-Y-W-135-DIP.....	141
<b>M</b>		mercaptapurine.....	47
m-dryl.....	152	meropenem.....	27
M-M-R II VACCINE.....	141	meropenem-0.9% nacl.....	27
m-pap.....	14	merzee.....	128
MAG-AL.....	115	mesalamine.....	143
MAG-AL PLUS.....	115	mesalamine dr.....	143
mag-al plus.....	115	mesalamine er.....	143
mag-al plus xs.....	115	MESNEX.....	56
magic bullet.....	115	MESTINON.....	45
magnesium oxide.....	107,115	metformin hcl.....	74
magnesium sulfate.....	107	metformin hcl er.....	74
MAGOX 400.....	107	methadone hcl.....	18
MALARONE.....	57	methazolamide.....	90
malathion.....	104	methenamine hippurate.....	24
manganese chloride.....	107	methimazole.....	135
mapap.....	14	methocarbamol.....	157
maraviroc.....	67	methotrexate.....	139
marlissa.....	128	methotrexate sodium.....	139
MARPLAN.....	37	methoxsalen.....	103
MATULANE.....	46	methscopolamine bromide.....	113
matzim la.....	87	methsuximide.....	31
MAVYRET.....	69	methylphenidate er.....	96
MAXALT.....	45	methylphenidate hcl.....	96,97
MAXALT MLT.....	45	methylprednisolone.....	122
MAXITROL.....	145	methyltestosterone.....	123
meclizine hcl.....	40	metoclopramide hcl.....	115
mediproxen.....	17	metolazone.....	92
MEDROL.....	122	metoprolol succinate.....	85
		metoprolol tartrate.....	85

metoprolol-hydrochlorothiazide	90	montelukast sodium	153
METRO IV	24	morphine sulfate	19,20
METROCREAM	104	morphine sulfate er	18
METROGEL	104	MOUNJARO	74
METROLOTION	104	MOVANTIK	112
metronidazole	24,104	MOVIPREP	115
metyrosine	90	moxifloxacin	29,146
mexiletine hcl	84	moxifloxacin hcl	29
mgo-400	107	MRESVIA	141
micafungin	43	MULTAQ	84
micafungin-0.9% nacl	43	multi-vitamin w-fluoride-iron	107
MICARDIS	83	multivitamin with fluoride	110
MICARDIS HCT	90	multivitamin-iron-fluoride	107
miconazole 1	43	mupirocin	104
miconazole 3	43	MVASI	55
miconazole 7	43	my choice	128
miconazole nitrate	43	my way	128
miconazole-7	43	MYALEPT	115
micotrin ac	43	MYCOBUTIN	45
microgestin	128	mycophenolate mofetil	139
microgestin 24 fe	128	mycophenolic acid	139
microgestin fe	128	mycozyl ac	43
midodrine hcl	81	MYFORTIC	139
mifepristone	134	MYHIBBIN	139
miglustat	119	myorisan	100
MIGRANAL	44	MYRBETRIQ	120
mili	128	MYSOLINE	32
mimvey	128		
minocycline hcl	29	<b>N</b>	
minoxidil	95	nabumetone	17
mintox maximum strength	115	nadolol	85
mintox plus	115	nafcillin	27
mirtazapine	36	nafcillin sodium	27
misoprostol	117	naloxone hcl	21
modafinil	158	naltrexone hcl	21
moexipril hcl	83	NAMENDA	36
molindone hcl	59	naproxen	17
mometasone furoate	102,150	naproxen sodium	17,18
mondoxyne nl	29	naratriptan hcl	45
monistat care	102	NARCAN	21
mono-lynyah	128	NARDIL	37



NASCOBAL.....	110	NILANDRON.....	46
nateglinide.....	74	nilutamide.....	46
NAYZILAM.....	32	nimodipine.....	86
nebivolol hcl.....	86	NINLARO.....	52
NEBUPENT.....	57	NIPENT.....	48
necon.....	129	nisoldipine.....	86
NEEDLES, INSULIN DISP., SAFETY.....	77	nitazoxanide.....	57
nefazodone hcl.....	38	nitisinone.....	119
neo-polycin.....	146	NITRO-BID.....	95
neo-polycin hc.....	145	nitrofurantoin.....	24
neomycin sulfate.....	23	nitrofurantoin mono-macro.....	24
neomycin-bacitracin-poly-hc.....	145	nitroglycerin.....	95
neomycin-bacitracin-polymyxin.....	146	nitroglycerin patch.....	95
neomycin-polymyxin-dexameth.....	145	NITROLINGUAL.....	95
neomycin-polymyxin-gramicidin.....	146	NITROSTAT.....	95
neomycin-polymyxin-hc.....	149	NIVESTYM.....	80
neomycin-polymyxin-hydrocort.....	149	nizatidine.....	117
NEORAL.....	139	non-aspirin.....	14
NEPHPLEX RX.....	110	non-aspirin extra strength.....	14
NERLYNX.....	52	non-aspirin pain relief.....	14
neuac.....	100	nora-be.....	132
NEUPRO.....	58	norelgestromin-eth estradiol.....	129
NEURONTIN.....	32	norethin-eth estra-ferrous fum.....	129
nevirapine.....	65,66	norethindron-ethinyl estradiol.....	129
nevirapine er.....	66	norethindrone.....	132
new day.....	129	norethindrone ac (lupaneta).....	132
NEXAVAR.....	52	norethindrone acetate.....	132
NEXIUM.....	118	norethindrone-e.estradiol-iron.....	129
NEXPLANON.....	121	norgestimate-ethinyl estradiol.....	129
niacin er.....	94	NORPRAMIN.....	40
nicardipine hcl.....	86	NORTHERA.....	82
nicoderm cq.....	21	nortrel.....	129
nicotine gum.....	22	nortriptyline hcl.....	40
nicotine lozenge.....	14,22	NORVASC.....	86
nicotine patch.....	22	NORVIR.....	68
NICOTROL.....	22	NOVOLIN 70-30.....	77
NICOTROL NS.....	22	NOVOLIN 70-30 FLEXPEN.....	77
nifedipine.....	86	NOVOLIN N.....	77
nifedipine er.....	86	NOVOLIN N FLEXPEN.....	77
nighttime relief lubricant eye.....	145	NOVOLIN R.....	77
nikki.....	129	NOVOLIN R FLEXPEN.....	77

NOVOLOG	77	omeprazole magnesium	117
NOVOLOG FLEXPEN	77	omnipod 5 dexg7g6 intro(gen 5)	77
NOVOLOG MIX 70-30	77	omnipod 5 dexg7g6 pods (gen 5)	77,158
NOVOLOG MIX 70-30 FLEXPEN	77	omnipod 5 g6-g7 intro kt(gen5)	77
NOVOLOG PENFILL	77	omnipod 5 g6-g7 pods (gen 5)	77
NOXAFIL	43	omnipod classic pdm kit(gen 3)	77
NUBEQA	46	omnipod classic pods (gen 3)	77
NUDEXTA	97	omnipod dash intro kit (gen 4)	77
NUPLAZID	61	omnipod dash pdm kit (gen 4)	77
NURTEC ODT	44	omnipod dash pods (gen 4)	78
NUTRILIPID	110	omnipod go pods	78
NUVARING	129	OMNITROPE	123
NUVIGIL	158	on-go covid-19 ag at home test	105
NUZYRA	29	ondansetron hcl	41
nyamyc	43	ondansetron odt	41
nylia	129	ONFI	32
nymyo	129	ONTRUZANT	56
nystatin	43	ONUREG	48
nystatin-triamcinolone	103	opcicon one-step	129
nystop	43	OPSUMIT	155
<b>O</b>		option 2	129
OCALIVA	115	OPVEE	21
ocella	129	ORACEA	100
octreotide acetate	135	oralone	99
OCUFLOX	146	ORENCIA	137
ODEFSEY	66	ORENCIA CLICKJECT	137
ODOMZO	52	ORFADIN	119
OFEV	155	ORGOVYX	48
ofloxacin	29,146,149	ORKAMBI	154
OGSIVEO	52	orlistat	22
OJEMDA	52	ORSERDU	47
OJJAARA	52	oseltamivir phosphate	69
olanzapine	61	OTEZLA	103
olanzapine odt	62	OVIDE	104
olmesartan medoxomil	83	oxaprozin	18
olmesartan-amlodipine-hctz	90	oxazepam	71
olmesartan-hydrochlorothiazide	91	oxcarbazepine	34
olopatadine hcl	152	oxybutynin chloride	121
omega-3 acid ethyl esters	94	oxybutynin chloride er	121
omeprazole	118	oxycodone hcl	20
		oxycodone-acetaminophen	20

oysco 500-vit d3	107
oyster shell calcium	107
oyster shell calcium-vit d3	107
oyster shell calcium-vitamin d	107
OZEMPIC	74

## P

PACERONE	84	PENTACEL	141
pacerone	84	PENTAM 300	57
pain relief	14	pentamidine isethionate	57
pain relief extra strength	14	PENTASA	143
pain reliever	14	pentoxifylline	91
paliperidone er	62	perindopril erbumine	83
PALYNZIQ	119	periogard	99
PANRETIN	56	permethrin	104
pantoprazole sodium	118	perphenazine	40
paricalcitol	144	PERSERIS	62
PARNATE	37	pfizerpen	27
paroxetine cr	38	pharbedryl	152
paroxetine er	38	pharbetol	15
paroxetine hcl	38,39	phendimetrazine tartrate	22
PAXIL	39	phendimetrazine tartrate er	22
PAXLOVID	70	phenelzine sulfate	37
pazopanib hcl	53	phenobarbital	33
PEDIA-LAX ENEMA	115	phenoxybenzamine hcl	82
PEDIACLEAR PD	152	phentermine hcl	22
PEDIARIX	141	PHENYTEK	34
pediatric iron	110	phenytoin	34
pediatric vitamin d3	110	phenytoin sodium extended	34
PEDVAXHIB	141	philit	129
peg 3350-electrolyte	115	phytonadione	81
peg-3350 and electrolytes	115	PIFELTRO	66
peg3350-sod sul-nacl-kcl-asb-c	115	pilocarpine hcl	99,149
PEGASYS	137	pilot covid-19 at-home test	105
PEMAZYRE	53	pimecrolimus	102
PENBRAYA	141	pimozide	59
penicillamine	122	pimtrea	129
penicillin g potassium	27	pindolol	86
penicillin g sodium	27	pink bismuth	115
penicillin gk-iso-osm dextrose	27	pioglitazone hcl	74
penicillin v potassium	27	pioglitazone-glimepiride	74
		pioglitazone-metformin	74
		piperacillin-tazobactam	27
		PIQRAY	53
		pirfenidone	155
		piroxicam	18
		PLAN B ONE-STEP	129
		PLAQUENIL	57

PLAVIX.....	81	PRIFTIN.....	46
PLEGRIDY.....	98	primaquine.....	57
PLEGRIDY PEN.....	98	primidone.....	33
podofilox.....	103	PRIORIX.....	141
POLY-VI-FLOR.....	110	PRISTIQ.....	39
POLY-VI-FLOR WITH IRON.....	110	PROAIR RESPICLICK.....	153
polycin.....	146	probenecid.....	44
polyethylene glycol 3350.....	112	probenecid-colchicine.....	44
polymyxin b sul-trimethoprim.....	147	PROCARDIA XL.....	86
POMALYST.....	47	prochlorperazine.....	41
portia.....	129	prochlorperazine maleate.....	41
posaconazole.....	43	PROCRIT.....	80
potassium chloride.....	107	procto-med hc.....	144
potassium chloride in d5lr.....	107	proctosol-hc.....	144
potassium chloride proamp.....	107	proctozone-hc.....	144
potassium chloride-0.45% nacl.....	107	progesterone.....	132
potassium chloride-dextrose 5%.....	107	PROGLYCEM.....	76
potassium citrate er.....	108	PROGRAF.....	139
povidone-iodine.....	103	PROLASTIN C.....	119
pramipexole dihydrochloride.....	58	PROLENSA.....	148
prasugrel hcl.....	81	PROLIA.....	144
pravastatin sodium.....	93	PROMACTA.....	80
praziquantel.....	56	promethazine hcl.....	41
prazosin hcl.....	82	promethegan.....	41
PRED FORTE.....	148	propafenone hcl.....	84
PRED MILD.....	148	propafenone hcl er.....	84
prednisolone.....	122	propranolol hcl.....	86
prednisolone acetate.....	148	propranolol hcl er.....	86
prednisolone sodium phosphate.....	122,148	propylthiouracil.....	135
prednisone.....	123	PROQUAD.....	142
pregabalin.....	33	PROSCAR.....	121
PREGNYL.....	123	PROTONIX.....	118
PREHEVBRIO.....	141	protriptyline hcl.....	40
PREMARIN.....	125	PROVERA.....	132
PREMPHASE.....	129	PROZAC.....	39
PREMPRO.....	129	PRUDOXIN.....	102
PREVACID.....	118	PULMOZYME.....	154
prevalite.....	94	PURIXAN.....	47
PREVYMIS.....	69	PYLERA.....	116
PREZCOBIX.....	68	pyrazinamide.....	46
PREZISTA.....	68	pyridostigmine bromide.....	45

pyridostigmine bromide er	45
pyridoxine hcl	108
pyrimethamine	57

## Q

QINLOCK	53
QUADRACEL DTAP-IPV	142
quetiapine fumarate	62
quetiapine fumarate er	62
QUFLORA	110
QUFLORA FE	110
quickvue at-home covid-19 test	105
quinapril hcl	83
quinapril-hydrochlorothiazide	91
quinidine gluconate	84
quinidine sulfate	84
quinine sulfate	57
QVAR REDIHALER	150

## R

RABAVERT	142
rabeprazole sodium	118
raloxifene hcl	132
ramelteon	157
ramipril	84
ranolazine er	91
RAPAFLO	121
RAPAMUNE	139
rasagiline mesylate	59
reclipsen	130
RECOMBIVAX HB	142
RECTIV	95
REFRESH CELLUVISC	146
REFRESH LACRI-LUBE	146
REFRESH LIQUIGEL	146
REFRESH PLUS	146
REFRESH TEARS	146
REGLAN	116
REGRANEX	103
RELENZA	69
RELISTOR	112

REMERON	36
renal caps	110
RENFLEXIS	139
RENOVA	103
RENOVA PUMP	103
repaglinide	74
REPATHA PUSHTRONEX	94
REPATHA SURECLICK	94
REPATHA SYRINGE	94
RESTASIS	146
RESTASIS MULTIDOSE	146
RETACRIT	80
RETEVMO	53
RETIN-A	100
RETROVIR	66,67
REVCOVI	120
REXULTI	62
REYATAZ	68
REZLIDHIA	53
REZUROCK	140
RHOPRESSA	149
RIABNI	56
ribavirin	69
RIDAURA	137
rifabutin	45
rifampin	46
riluzole	97
RINVOQ	137
RINVOQ LQ	137
risedronate sodium	144
risedronate sodium dr	144
RISPERDAL	62
RISPERDAL CONSTA	62
risperidone	62
risperidone er	62
risperidone odt	62,63
RITALIN	97
ritonavir	68
rivastigmine	36
rizatRIPTAN	45
ROCALTROL	144

ROCKLATAN.....	149	senna lax.....	116
roflumilast.....	154	senna laxative.....	116
ropinirole er.....	58	SENSIPAR.....	144
ropinirole hcl.....	58	SEREVENT DISKUS.....	153
rosadan.....	104	SEROQUEL.....	63
rosuvastatin calcium.....	93	SEROQUEL XR.....	63
ROTARIX.....	142	sertraline hcl.....	39
ROTATEQ.....	142	setlakin.....	130
ROWASA.....	143	SFROWASA.....	143
roweepra.....	31	sharobel.....	132
ROXICODONE.....	20	SHINGRIX.....	142
ROZEREM.....	157	SIGNIFOR.....	135
ROZLYTREK.....	53	SIGNIFOR LAR.....	135
RUBRACA.....	53	sildenafil citrate.....	155
rufinamide.....	34	SILENOR.....	157
RUKOBIA.....	67	silodosin.....	121
RUXIENCE.....	56	SILVADENE.....	103
RYBELSUS.....	74	silver sulfadiazine.....	103
RYDAPT.....	53	SIMBRINZA.....	149
RYTARY.....	58	SIMLANDI(CF) AUTOINJECTOR.....	140
<b>S</b>		simliya.....	130
SABRIL.....	33	simpesse.....	130
sajazir.....	136	simvastatin.....	93
SALAGEN.....	99	SINEMET 10-100.....	58
SAMSCA.....	108	SINEMET 25-100.....	58
SANDIMMUNE.....	140	SINGULAIR.....	153
SANDOSTATIN LAR DEPOT.....	135	sirolimus.....	140
SANTYL.....	103	SIRTURO.....	46
SAPHRIS.....	63	SIVEXTRO.....	24
sapropterin dihydrochloride.....	120	SKYLA.....	121
saxagliptin hcl.....	74	SKYRIZI.....	137
saxagliptin-metformin er.....	74	SKYRIZI ON-BODY.....	137
SAXENDA.....	22	SKYRIZI PEN.....	137
SCSEMBLIX.....	53	SLOW-MAG.....	108
scopolamine.....	41	smooth antacid.....	116
SECUADO.....	63	sod sulf-potass sulf-mag sulf.....	116
selegiline hcl.....	59	sodium bicarbonate.....	116
selenium sulfide.....	102	sodium chloride.....	108
SELZENTRY.....	67	sodium chloride-water.....	108
senna.....	116	sodium oxybate.....	158
		sodium phenylbutyrate.....	120

sodium polystyrene sulfonate.....	111	sucralfate.....	117
solifenacin succinate.....	121	SULAR.....	86
SOLQUA 100-33.....	74	sulfacetamide sodium.....	100,147
SOLTAMOX.....	47	sulfacetamide-prednisolone.....	146
SOMATULINE DEPOT.....	135	sulfadiazine.....	29
SOMAVERT.....	135	sulfamethoxazole-trimethoprim.....	29
SOOLANTRA.....	104	sulfasalazine.....	143
sorafenib.....	53	sulfasalazine dr.....	143
sorine.....	84	sulindac.....	18
sotalol.....	84	sumatriptan.....	45
sotalol af.....	85	sumatriptan succinate.....	45
speedyswab covid-19 home test.....	105	sunitinib malate.....	53
SPIRIVA HANDIHALER.....	153	SUNLENCA.....	67
SPIRIVA RESPIMAT.....	153	super calcium 600-vit d3.....	108
spironolactone.....	94	SUPREP.....	116
spironolactone-hctz.....	91	SUTAB.....	116
SPORANOX.....	43	SUTENT.....	54
sprintec.....	130	syeda.....	130
SPRITAM.....	31	SYMFI.....	66
SPRYCEL.....	53	SYMFI LO.....	66
SPS.....	111	SYMLINPEN 120.....	74
sronyx.....	130	SYMLINPEN 60.....	74
SSD.....	103	SYMPAZAN.....	33
st. joseph aspirin.....	15	SYMTUZA.....	68
STAMARIL.....	142	SYNAREL.....	135
STELARA.....	137	SYNJARDY.....	74,75
STIOLTO RESPIMAT.....	156	SYNJARDY XR.....	75
STIVARGA.....	53	SYNTHROID.....	133
stomach relief.....	116	SYPRINE.....	108
stool softener.....	116	SYSTANE.....	147
STOOL SOFTENER.....	116		
STRATTERA.....	97	<b>T</b>	
STRENSIQ.....	120	TABRECTA.....	54
streptomycin sulfate.....	23	tacrolimus.....	102,140
STRIBILD.....	65	tadalafil.....	121,155
STROMECTOL.....	56	TAFINLAR.....	54
STROVITE ONE.....	110	TAGRISSO.....	54
SUBLOCADE.....	21	take action.....	130
SUBOXONE.....	21	TALZENNA.....	54
subvenite.....	31	TAMIFLU.....	69,70
subvenite (blue).....	31	tamoxifen citrate.....	47

tamsulosin hcl.....	121	tetracycline hcl.....	29
taperdex.....	123	THALOMID.....	47
TARGRETIN.....	56	THEO-24.....	154
tarina 24 fe.....	130	theophylline anhydrous.....	154
tarina fe.....	130	theophylline er.....	155
tarina fe 1-20 eq.....	130	thiamine hcl.....	108
TASIGNA.....	54	thioridazine hcl.....	59
tasimelteon.....	157	thiothixene.....	59
TASMAR.....	57	THYMOGLOBULIN.....	136
tazarotene.....	100	tiadyt er.....	87
tazicef.....	26	tiagabine hcl.....	33
TAZORAC.....	100	TIAZAC.....	88
TAZVERIK.....	54	TIBSOVO.....	54
TDVAX.....	142	TICOVAC.....	142
TECFIDERA.....	98	tigecycline.....	24
TEFLARO.....	26	TIKOSYN.....	85
TEGRETOL.....	34	tilia fe.....	130
TEGRETOL XR.....	34	timolol maleate.....	86,148
TEKTURNA.....	91	TIMOPTIC.....	148
telmisartan.....	83	TIMOPTIC OCUDOSE.....	148
telmisartan-amlodipine.....	91	tinidazole.....	24
telmisartan-hydrochlorothiazid.....	91	tioconazole-1.....	43
temazepam.....	157	tiotropium bromide.....	153
tencon.....	15	TIROSINT.....	133
TENIVAC.....	142	TIROSINT-SOL.....	133
tenofovir disoproxil fumarate.....	67	TIVICAY.....	65
TENORETIC 100.....	91	TIVICAY PD.....	65
TENORETIC 50.....	91	tizanidine hcl.....	64
TENORMIN.....	86	TOBRADEX.....	146
tension headache.....	15	tobramycin.....	147,154
TEPMETKO.....	54	tobramycin sulfate.....	23
terazosin hcl.....	82	tobramycin-dexamethasone.....	146
terbinafine.....	43	tolcapone.....	58
terbinafine hcl.....	43	tolnaftate.....	44
terbutaline sulfate.....	153	tolterodine tartrate.....	121
terconazole.....	43	tolterodine tartrate er.....	121
TERIPARATIDE.....	144	tolvaptan.....	108
testosterone.....	123,124	topiramate.....	31
testosterone cypionate.....	124	TOPROL XL.....	86
testosterone enanthate.....	124	toremifene citrate.....	47
tetrabenazine.....	97	torpenz.....	54



torseamide	92	trientine hcl	109
TOUJEO MAX SOLOSTAR	78	trifluoperazine hcl	59
TOUJEO SOLOSTAR	78	trifluridine	147
TOVIAZ	121	trihexyphenidyl hcl	58
TRACLEER	155	TRIKAFTA	154
TRADJENTA	75	triklo	94
tramadol hcl	20	TRILEPTAL	34
tramadol hcl er	18	trimethoprim	24
tramadol hcl-acetaminophen	20	trimipramine maleate	40
trandolapril	84	TRINTELLIX	39
trandolapril-verapamil er	91	triphrocaps	110
tranexamic acid	81	TRIPLE ANTIBIOTIC	104
tranylcypromine sulfate	37	triple antibiotic	104
TRAVASOL	110	triprolidine hcl	152
TRAVATAN Z	149	TRIUMEQ	67
travoprost	149	TRIUMEQ PD	67
TRAZIMERA	56	trivora-28	130
trazodone hcl	39	TROPHAMINE	111
TRECTOR	46	tropium chloride	121
TRELEGY ELLIPTA	156	tropium chloride er	121
TRELSTAR	135	TRULICITY	75
TREMFYA	137	TRUMENBA	142
tretinoin	56,100	TRUQAP	54
tri-buffered aspirin	15	TRUVADA	67
tri-estarylla	130	TUKYSA	54
tri-legest fe	130	TUMS	116
tri-linyah	130	TUMS SMOOTHIES	116
tri-lo-estarylla	130	TUMS ULTRA	116
tri-lo-marzia	130	tums ultra strength	116
tri-lo-mili	130	TUMS X-STR	116
tri-lo-sprintec	130	TURALIO	54
tri-mili	130	turqoz	130
tri-nymyo	130	tussin dm	116,156
tri-sprintec	130	tussin dm clear	156
tri-vite with fluoride	110	TWINRIX	142
tri-vylibra	130	TYBOST	67
tri-vylibra lo	130	tydemy	130
triamcinolone acetonide	99,102,154	TYGACIL	24
triamterene-hydrochlorothiazid	92	TYKERB	54
TRIBENZOR	91	TYMLOS	145
triderm	102	TYPHIM VI	142

## U

UBRELVY	44
UDENYCA	80
UDENYCA AUTOINJECTOR	80
UDENYCA ONBODY	81
ultra calcium 600-vit d3	108
ultra strength antacid	117
UNITHROID	134
ursodiol	117
UZEDY	63

## V

VAGIFEM	125
valacyclovir	70
VALCHLOR	46
VALCYTE	69
valganciclovir hcl	69
valproic acid	31
valsartan	83
valsartan-hydrochlorothiazide	91
VALTOCO	33
VALTREX	70
vanadom	157
vancomycin hcl	25
VANFLYTA	54
VAQTA	142
varenicline tartrate	22
VARIVAX VACCINE	142
VASCEPA	94
VASERETIC	91
VASOTEC	84
VAXCHORA VACCINE	142
velivet	130
VELTASSA	111
VENCLEXTA	55
VENCLEXTA STARTING PACK	55
venlafaxine besylate er	39
venlafaxine hcl	39
venlafaxine hcl er	39
VENTOLIN HFA	154

VEOZAH	97
verapamil er	88
verapamil er pm	88
verapamil hcl	88
verapamil sr	88
VERELAN	88
VERELAN PM	88
VERQUVO	95
VERSACLOZ	64
VERZENIO	55
vestura	131
VFEND IV	44
VIBERZI	113
vienna	131
vigabatrin	33
vigadrone	33
VIGAFYDE	33
VIGAMOX	147
vigpoder	33
VIIBRYD	39
vilazodone hcl	39
VIMPAT	35
viorele	131
VIRACEPT	69
VIREAD	67
virt-caps	111
vit 3	111
VITAL-D RX	111
vitamin c	111
vitamin d2	111
vitamin d3	111
vitamin k1	81
vitamins a,c,d and fluoride	111
VITRAKVI	55
VIVITROL	21
VIZIMPRO	55
volnea	131
VONJO	55
VORANIGO	55
voriconazole	44
VOTRIENT	55

VOWST	117
VPRIV	120
VRAYLAR	63
VUMERITY	98
vyfemla	131
vylibra	131
VYNDAMAX	120
VYNDAQEL	120
VYTORIN	94
VYVANSE	96

## W

warfarin sodium	79
wee care	111
WEGOVIY	22
WELIREG	120
WELLBUTRIN SR	36
WELLBUTRIN XL	37
wera	131
wescaps	111
wixela inhub	156
women's gentle laxative	117
wymzya fe	131

## X

XALKORI	55
XARELTO	79
XATMEP	140
XCOPRI	35
XDEMVIY	146
XENAZINE	97
XENICAL	22
XERMELO	113
XGEVA	145
XHANCE	150
XIFAXAN	117
XIGDUO XR	75
XOFLUZA	70
XOLAIR	137
XOPENEX HFA	154
XOSPATA	55

XPOVIO	48
XTANDI	47
xulane	131

## Y

yargesa	120
YASMIN 28	131
YAZ	131
YF-VAX	142
YONSA	47
yuvafem	125

## Z

zaditor	147
zafemy	131
zafirlukast	153
zaleplon	157
ZARONTIN	31
ZEBUTAL	15
ZEJULA	55
ZELBORAF	55
zenatane	100
ZENPEP	120
zenzedi	96
ZEPATIER	69
ZESTORETIC	91
ZESTRIL	84
ZETIA	94
ZIAGEN	67
zidovudine	67
ZIEXTENZO	81
ziprasidone hcl	63
ziprasidone mesylate	63
ZIRABEV	56
ZITHROMAX	28
ZITHROMAX TRI-PAK	28
ZOCOR	93
ZOLINZA	48
zolmitriptan odt	45
ZOLOFT	39,40
zolpidem tartrate	157

zolpidem tartrate er.....	157
ZONALON.....	102
ZONEGRAN.....	35
ZONISADE.....	35
zonisamide.....	35
ZORTRESS.....	140
ZOSYN.....	27
zovia 1-35.....	131
ZOVIRAX.....	70
ZTALMY.....	33
ZTLIDO.....	20
zumandimine.....	131
ZURZUVAE.....	37
ZYDELIG.....	55
ZYKADIA.....	55
ZYPREXA.....	63
ZYPREXA RELPREVV.....	64
ZYPREXA ZYDIS.....	64
ZYVOX.....	25

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

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

UPHP:

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

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

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

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

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

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

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

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

## Multi-Language Insert Multi-language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





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

No changes made since 12/01/2024

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