PHP™
PARTNERS HEALTH PLAN

Your Plan
YOUR WAY
PHP Care Complete FIDA-IDD
(Medicare - Medicaid Plan)

2022 FORMULARY

(LIST OF COVERED DRUGS)

Updated on 06/24/22

For more recent information or other questions, contact us at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week, or visit www.phpcares.org.

H9869_2022 Formulary Approved

PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) | *2022 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 and items are covered by PHP Care Complete FIDA-IDD Plan. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by PHP Care Complete FIDA-IDD Plan. Key terms and their definitions appear in the last chapter of the *Participant Handbook*.

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A. Disclaimers

This is a list of drugs that Participants can get in PHP Care Complete FIDA-IDD Plan.

- Partners Health Plan is a managed care plan that contracts with Medicare and the New York State Department of Health (Medicaid) to provide benefits to Participants through the Fully Integrated Duals Advantage for individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Demonstration.

- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free.

- Si usted habla español, se encuentran disponibles para usted servicios sin cargo de asistencia con el idioma. Llame al 1-855-747-5483 y al 711 para los usuarios de TTY de 8:00 a. m. a 8:00 p. m., los siete días de la semana. La llamada es gratuita.

- Если Вы говорите на русском языке, Вам доступна бесплатная языковая поддержка. Звоните по телефону 1-855-747-5483 и 711 для пользователей линии TTY/TDD с 08:00 до 20:00, без выходных. Звонок бесплатный.

- 如果您說中文，您可以獲得免費的語言協助服務。請致電 1-855-747-5483，TTY 使用者請致電711，服務時間為每週七天，上午 8 時至晚上 8 時。本電話為免付費電話。

- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free.

- If you would like to make or change a standing request for a preferred language or format, call PHP Care Complete FIDA-IDD Plan Participant Services at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week and we will keep this on file for future mailings and communications. If we do not receive a request for a preferred language or format, we will provide you with your materials in English.

- The State of New York has created a Participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by PHP Care Complete FIDA-IDD Plan. ICAN may be reached toll-free at 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800) or online at icannys.org.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 1 are the drugs covered by PHP Care Complete FIDA-IDD Plan. 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."

- PHP Care Complete FIDA-IDD Plan will cover all drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy,
  - the drug is medically necessary for your condition, **and**
  - you fill the prescription at a PHP Care Complete FIDA-IDD Plan network pharmacy.
- PHP Care Complete FIDA-IDD Plan may have additional steps to access certain drugs (refer to question B4 below). In some cases, you may have to do something before you can get a drug, like try other drugs first.

You can also find an up-to-date list of drugs that we cover on our website at www.phpcares.org or call Participant Services at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week.

B2. Does the Drug List ever change?

Yes, and PHP Care Complete FIDA-IDD Plan must follow Medicare and 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 for a drug. (Prior approval is permission from PHP Care Complete FIDA-IDD Plan or your Interdisciplinary Team (IDT) before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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

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

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

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

- You can always check PHP Care Complete FIDA-IDD Plan's up to date Drug List online at www.phpcares.org.
- You can also call Participant Services to check the current Drug List at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and the new generic drug, but your cost for the new drug will stay the same [*insert if applicable, for example, if the plan's Drug List has differential cost-sharing for some generics:* or will be lower]. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
    - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
    - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will also send you a letter and call you to tell you that the unsafe drug was taken off the Drug List. If a drug you are taking is unsafe and we send you a letter or call to inform you of this, please contact the prescribing provider to choose an alternative medication.

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

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

When these changes happen, we will:

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

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

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

B4. Are there any restrictions or limits on drug coverage or 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 approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from PHP Care Complete FIDA-IDD Plan or your IDT before you fill your prescription. PHP Care Complete FIDA-IDD Plan may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes PHP Care Complete FIDA-IDD Plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes PHP Care Complete FIDA-IDD Plan 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 doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 1. You can also get more information by visiting our website at

www.phpcares.org.We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs on page 1 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if PHP Care Complete FIDA-IDD Plan changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section on page I-1. Then look for the name of your drug in the list.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 1. 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, Angiotensin-Converting Enzyme (ACE) Inhibitors. 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 Participant Services at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week and ask about it. If you learn that PHP Care Complete FIDA-IDD Plan will not cover the drug, you can do one of these things:

- Ask Participant Services 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 plan or your IDT 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 PHP Care Complete FIDA-IDD Plan Participant and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We must cover a temporary 30-day supply of your drug, as needed, during the first 90 days you are a Participant of PHP Care Complete FIDA-IDD Plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by PHP Care Complete FIDA-IDD Plan or your IDT, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in an intermediate care facility (ICF) or other long-term care (LTC) 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 LTC 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 PHP Care Complete FIDA-IDD Plan Participant.
- This is in addition to the temporary supply during the first 90 days you are a Participant of PHP Care Complete FIDA-IDD Plan.
- If you have been in PHP Care Complete FIDA-IDD Plan for more than 90 days and have a change to your level of care, we will cover up to a 31-day supply of your prescribed drugs.

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

Yes. You can ask PHP Care Complete FIDA-IDD Plan or your IDT to make an exception to cover a drug that is not on the Drug List.

You can also ask PHP Care Complete FIDA-IDD Plan or your IDT to change the rules on your drug.

- For example, PHP Care Complete FIDA-IDD Plan may limit the amount of a drug we will cover. If your drug has a limit, you can ask us or your IDT to change the limit and cover more.
- Other examples: You can ask us or your IDT to drop step therapy restrictions or prior approval requirements.

B11. How can I ask for an exception?

To ask for an exception, call your Care Manager. Your Care Manager will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section F, of the *Participant 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. To file an exception, please contact us by mail at: 10181 SCRIPPS GATEWAY COURT, SAN DIEGO, CA 92131; by phone at 1-888-648-6759; or by fax at 1-858-790-7100.

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, you will get a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

PHP Care Complete FIDA-IDD Plan covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". PHP Care Complete FIDA-IDD Plan covers some OTC drugs when they are written as prescriptions by your provider.

You can read the PHP Care Complete FIDA-IDD Plan Drug List to find what OTC drugs are covered.

B15. Does PHP Care Complete FIDA-IDD Plan cover non-drug OTC products?

PHP Care Complete FIDA-IDD Plan covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include Bufferin Extra-Strength Oral Tablet and Hydrocortisone Topical Cream.

You can read the PHP Care Complete FIDA-IDD Plan Drug List to find what non-drug OTC products are covered.

B16. What is my copay?

As a PHP Care Complete FIDA-IDD Plan Participant, you have no copays for prescription and OTC drugs as long as you follow PHP Care Complete FIDA-IDD Plan's rules.

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List. All tiers have no copay.

- Tier 1 drugs are generic drugs that are covered by Medicare Part D.
- Tier 2 drugs are brand name drugs that are covered by Medicare Part D.
- Tier 3 drugs are Medicaid-covered drugs and Medicaid-covered over-the-counter drugs (both generic and brand)

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by PHP Care Complete FIDA-IDD Plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page I-1. The index alphabetically lists all drugs covered by PHP Care Complete FIDA-IDD Plan.

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

The information in the necessary actions, restrictions, or limits on use column tells you if PHP Care Complete FIDA-IDD Plan 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 for a review of and change to a coverage decision if you think there was a mistake. For example, PHP Care Complete FIDA-IDD Plan or your IDT might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor or other prescriber disagrees with the decision, you can appeal. To ask for instructions on how to appeal:
  - Call Participant Services at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week.
  - Contact ICAN toll-free at 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800) or online at icannys.org.
  - Read Chapter 9, Section F, of the *Participant 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, Angiotensin-Converting Enzyme (ACE) Inhibitors. 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:

lowercase italics = Generic drugs. Generic drugs are on Tier 1 of our Formulary.

CAPITALIZED = Brand name drugs. Brand name drugs are on Tier 2 of our Formulary.

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

PA NSO = Prior authorization (approval): you must have approval from the plan before you can get this drug – New Starts Only.

PA BvD = Prior authorization (approval): you must have approval from the plan before you can get this drug – Part D vs. Part B coverage determination applies.

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

QL = Quantity limit: limit to the amount of a drug you can get.

NM = Not available through Mail Order.

***** = Not a Part D Drug.

PA-HRM = This drug has been deemed by CMS to be potentially harmful and therefore, a High-Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from the plan before you fill your prescription for this drug. Without prior approval, the plan may not cover this drug.

NDS = Those drugs that are limited to a 30-day supply.

LA = This prescription may be available only at certain pharmacies.

Age: AGE (Max 64 years), age is older than X

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Analgesics				
Analgesics, Miscellaneous				
*acetaminophen 120 mg suppos outer 120 mg **	(Feverall)	3	$0	
*acetaminophen 325 mg tablet 325 mg **	(Athenol)	3	$0	
*acetaminophen 500 mg softgel 500 mg **	(Mapap (acetaminophen))	3	$0	
*acetaminophen 500 mg tablet 500 mg **	(Masophen)	3	$0	
*acetaminophen 650 mg suppos 650 mg **	(Feverall)	3	$0	
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	$0	QL (4500 per 30 days); NDS
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	$0	QL (360 per 30 days); NDS
acetaminophen-codeine oral tablet 300-60 mg		1	$0	QL (180 per 30 days); NDS
ascomp with codeine oral capsule 30-50-325-40 mg	(codeine-butalbital-asa-caff)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS
*betatemp 160 mg/5 ml susp 160 mg/5 ml **	(acetaminophen)	3	$0	
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenex)	1	$0	
buprenorphine hcl injection syringe 0.3 mg/ml		1	$0	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	1	$0	QL (4 per 28 days); NDS
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	(Zebutal)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butorphanol nasal spray,non-aerosol 10 mg/ml		1	$0	QL (5 per 28 days); NDS
*child pain-fever 80 mg tab chw 80 mg **	(acetaminophen)	3	$0	
*child tylenol 160 mg tab chew 160 mg **	(acetaminophen)	3	$0	
*children's mapap 80 mg tab chw 80 mg **	(acetaminophen)	3	$0	
*child's mapap 160 mg tab chew 160 mg **	(acetaminophen)	3	$0	
*chld acetaminophen 160 mg/5 ml gluten/f,cherry 160 mg/5 ml **	(acetaminophen)	3	$0	
codeine sulfate oral tablet 30 mg, 60 mg		1	$0	QL (180 per 30 days); NDS
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*cvs child pain relief 160 mg 160 mg **	(acetaminophen)	3	$0	
*cvs child pain rlf 160 mg/5 ml children's 160 mg/5 ml **	(acetaminophen)	3	$0	
*cvs non-aspirin 500 mg geltab extra strength 500 mg **	(acetaminophen)	3	$0	
*cvs tension headache gelcap 500-65 mg **		3	$0	
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	1	$0	QL (180 per 30 days); NDS
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	1	$0	QL (360 per 30 days); NDS
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	1	$0	QL (240 per 30 days); NDS
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	1	$0	PA; QL (120 per 30 days); NDS
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		1	$0	QL (10 per 30 days); NDS
*feverall 120 mg suppository children's, outer 120 mg **	(acetaminophen)	3	$0	
*feverall 325 mg suppository junior str, outer 325 mg **	(acetaminophen)	3	$0	
*feverall 650 mg suppository adult, inner 650 mg **	(acetaminophen)	3	$0	
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER 80 MG *		3	$0	
*gs arthritis pain er 650 mg 650 mg **	(acetaminophen)	3	$0	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		1	$0	QL (2700 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 10-300 mg	(Vicodin HP)	1	$0	QL (180 per 30 days); NDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-300 mg, 7.5-325 mg		1	$0	QL (180 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 5-325 mg		1	$0	QL (240 per 30 days); NDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg		1	$0	QL (150 per 30 days); NDS
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		1	$0	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	1	$0	QL (1200 per 30 days); NDS
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	$0	QL (180 per 30 days); NDS
*infant pain rlf 80 mg/0.8 ml cherry, d/f 80 mg/0.8 ml **		3	$0	
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY		2	$0	PA; QL (30 per 30 days); NDS
*mapap 500 mg caplet caplet 500 mg **	(acetaminophen)	3	$0	
*mapap 500 mg capsule 500 mg **	(acetaminophen)	3	$0	
*mapap arthritis er 650 mg cplt 650 mg **	(acetaminophen)	3	$0	
*masophen 325 mg tablet 325 mg **	(acetaminophen)	3	$0	
*masophen 500 mg tablet 500 mg **	(acetaminophen)	3	$0	
methadone injection solution 10 mg/ml		1	$0	QL (120 per 30 days)
methadone oral solution 10 mg/5 ml		1	$0	QL (600 per 30 days); NDS
methadone oral solution 5 mg/5 ml		1	$0	QL (1200 per 30 days); NDS
methadone oral tablet 10 mg		1	$0	QL (120 per 30 days); NDS
methadone oral tablet 5 mg		1	$0	QL (180 per 30 days); NDS
methadose oral tablet,soluble 40 mg	(methadone)	1	$0	QL (30 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	$0	PA; QL (180 per 30 days); NDS
morphine oral solution 10 mg/5 ml		1	$0	QL (700 per 30 days); NDS
morphine oral solution 20 mg/5 ml (4 mg/ml)		1	$0	QL (300 per 30 days); NDS
MORPHINE ORAL TABLET 15 MG		2	$0	QL (180 per 30 days); NDS
MORPHINE ORAL TABLET 30 MG		2	$0	QL (120 per 30 days); NDS
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	(MS Contin)	1	$0	QL (60 per 30 days); NDS
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	1	$0	QL (90 per 30 days); NDS
*non-aspirin 80 mg tab chew children's 80 mg **	(acetaminophen)	3	$0	
*non-aspirin oral elixir 160 mg/5 ml **	(acetaminophen)	3	$0	
oxycodone oral capsule 5 mg		1	$0	QL (180 per 30 days); NDS
oxycodone oral concentrate 20 mg/ml		1	$0	PA; QL (120 per 30 days); NDS
oxycodone oral solution 5 mg/5 ml		1	$0	QL (1300 per 30 days); NDS
oxycodone oral tablet 10 mg		1	$0	QL (180 per 30 days); NDS
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	1	$0	QL (120 per 30 days); NDS
oxycodone oral tablet 20 mg		1	$0	QL (120 per 30 days); NDS
oxycodone oral tablet 5 mg	(Roxicodone)	1	$0	QL (180 per 30 days); NDS
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(OxyContin)	2	$0	QL (60 per 30 days); NDS
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	1	$0	QL (180 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	$0	QL (360 per 30 days); NDS
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	1	$0	QL (240 per 30 days); NDS
oxycodone-aspirin oral tablet 4.8355-325 mg		1	$0	QL (360 per 30 days); NDS
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(oxycodone)	2	$0	QL (60 per 30 days); NDS
oxymorphone oral tablet 10 mg		1	$0	QL (120 per 30 days); NDS
oxymorphone oral tablet 5 mg		1	$0	QL (180 per 30 days); NDS
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg		1	$0	QL (60 per 30 days); NDS
*pediacare fever reducer susp 160 mg/5 ml **	(acetaminophen)	3	$0	
*pharbetol 325 mg tablet regular strength 325 mg **	(acetaminophen)	3	$0	
*pharbetol 500 mg tablet extra strength 500 mg **	(acetaminophen)	3	$0	
*qc non-aspirin 500 mg caplet caplet,ex-strength 500 mg **	(acetaminophen)	3	$0	
*ra athenol 325 mg tablet 325 mg **	(acetaminophen)	3	$0	
*ra tension headache pain cplt 500-65 mg **		3	$0	
*silapap 160 mg/5 ml liquid 160 mg/5 ml **	(acetaminophen)	3	$0	
*sm inf pain relv 80 mg/0.8 ml 80 mg/0.8 ml **		3	$0	
tencon oral tablet 50-325 mg	(butalbital-acetaminophen)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
tramadol oral tablet 50 mg	(Ultram)	1	$0	QL (240 per 30 days); NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org.

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	1	$0	QL (300 per 30 days); NDS
*tylophen 500 mg capsule 500 mg **	(acetaminophen)	3	$0	
vicodin hp oral tablet 10-300 mg	(hydrocodone-acetaminophen)	1	$0	QL (180 per 30 days); NDS
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG		2	$0	QL (60 per 30 days); NDS
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG		2	$0	QL (120 per 30 days); NDS
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG		2	$0	QL (240 per 30 days); NDS
zebutal oral capsule 50-325-40 mg	(butalbital-acetaminophen-caff)	1	$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
Nonsteroidal Anti-Inflammatory Agents				
*addaprin 200 mg tablet 200 mg **	(ibuprofen)	3	$0	
*aspirin 300 mg suppository 300 mg **		3	$0	
*aspirin 325 mg tablet 325 mg **	(Bayer Aspirin)	3	$0	
*aspirin 600 mg suppository 600 mg **		3	$0	
*aspirin 81 mg chewable tablet 81 mg **	(St Joseph Aspirin)	3	$0	
*aspirin ec 325 mg tablet 325 mg **	(Aspir-Trin)	3	$0	
*aspirin ec 81 mg tablet 81 mg **	(Bayer Low Dose Aspirin)	3	$0	
*aspirin ec 81 mg tablet safety coated 81 mg **	(Bayer Low Dose Aspirin)	3	$0	
*aspir-trin ec 325 mg tablet 325 mg **	(aspirin)	3	$0	
*bayer low dose ec 81 mg tab 81 mg **	(aspirin)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*bayer migraine formula caplet caplet 250-250-65 mg **	(aspirin-acetaminophen-caffeine)	3	$0	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	1	$0	QL (60 per 30 days)
*children ibuprofen 100 mg/5 ml berry flavor 100 mg/5 ml **	(ibuprofen)	3	$0	
*cvs aspirin ec 81 mg tablet 81 mg **	(Bayer Low Dose Aspirin)	3	$0	
*cvs chld ibuprofen 100 mg/5 ml 100 mg/5 ml **	(ibuprofen)	3	$0	
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	2	$0	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	(Cataflam)	1	$0	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		1	$0	QL (60 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		1	$0	QL (150 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		1	$0	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		1	$0	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		1	$0	QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	1	$0	QL (1000 per 30 days)
diclofenac sodium topical gel 3 %		1	$0	PA; QL (100 per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	(Pennsaid)	1	$0	PA; QL (224 per 28 days); NDS
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	1	$0	
diflunisal oral tablet 500 mg		1	$0	
*ecotrin ec 325 mg tablet saftey coated 325 mg **	(aspirin)	3	$0	
*eql chld ibuprofen 100 mg/5 ml 100 mg/5 ml **	(ibuprofen)	3	$0	
etodolac oral capsule 200 mg, 300 mg		1	$0	
etodolac oral tablet 400 mg	(Lodine)	1	$0	
etodolac oral tablet 500 mg		1	$0	
fenoprofen oral tablet 600 mg	(Nalfon)	1	$0	
flurbiprofen oral tablet 100 mg		1	$0	
*goody's migraine relief oral tablet 250-250-65 mg **	(aspirin-acetaminophen-caffeine)	3	$0	
*gs child ibuprofen 100 mg/5 ml 100 mg/5 ml **	(ibuprofen)	3	$0	
ibu oral tablet 400 mg, 600 mg, 800 mg	(ibuprofen)	1	$0	
*ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml **	(Children's Ibuprofen)	3	$0	
*ibuprofen 200 mg softgel 200 mg **	(Wal-Profen)	3	$0	
*ibuprofen 200 mg tablet 200 mg **	(Addaprin)	3	$0	
ibuprofen oral suspension 100 mg/5 ml	(Children's Ibuprofen)	1	$0	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	$0	
ibuprofen-famotidine oral tablet 800-26.6 mg	(Duexis)	1	$0	PA; QL (90 per 30 days)
indomethacin oral capsule 25 mg		1	$0	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
indomethacin oral capsule 50 mg		1	$0	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
indomethacin oral capsule, extended release 75 mg	1	$0	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
*infant ibuprofen 50 mg/1.25 ml berry 50 mg/1.25 ml ** (ibuprofen)	3	$0	
ketoprofen oral capsule 50 mg, 75 mg	1	$0	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	$0	
ketorolac injection cartridge 15 mg/ml	1	$0	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
ketorolac injection cartridge 30 mg/ml	1	$0	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
ketorolac injection solution 15 mg/ml	1	$0	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
ketorolac injection solution 30 mg/ml (1 ml)	1	$0	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
ketorolac injection syringe 15 mg/ml	1	$0	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
ketorolac injection syringe 30 mg/ml	1	$0	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
ketorolac intramuscular cartridge 60 mg/2 ml	1	$0	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
ketorolac intramuscular solution 60 mg/2 ml	1	$0	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
ketorolac intramuscular syringe 60 mg/2 ml	1	$0	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
ketorolac oral tablet 10 mg	1	$0	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
mefenamic acid oral capsule 250 mg		1	$0	
meloxicam oral tablet 15 mg, 7.5 mg		1	$0	
nabumetone oral tablet 500 mg, 750 mg	(Relafen)	1	$0	
naproxen oral tablet 250 mg, 375 mg		1	$0	
naproxen oral tablet 500 mg	(Naprosyn)	1	$0	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	1	$0	
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg	(Vimovo)	1	$0	PA; QL (60 per 30 days); NDS
*pain reliever pls 250-250-65 mg 250-250-65 mg **	(aspirin-acetaminophen-caffeine)	3	$0	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	(diclofenac sodium)	2	$0	PA; QL (224 per 28 days); NDS
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	1	$0	
*pub children's profen ib susp berry flavor 100 mg/5 ml **	(ibuprofen)	3	$0	
*pub children's profenib susp bubble gum flavor 100 mg/5 ml **	(ibuprofen)	3	$0	
*qc lo-dose aspirin ec 81 mg tb 81 mg **	(aspirin)	3	$0	
*ra aspirin 325 mg tablet 325 mg **	(Bayer Aspirin)	3	$0	
*ra aspirin ec 325 mg tablet regular strength 325 mg **	(Aspir-Trin)	3	$0	
*st. joseph aspirin 81 mg chew 81 mg **	(aspirin)	3	$0	
*st. joseph aspirin ec 81 mg tb 81 mg **	(aspirin)	3	$0	
sulindac oral tablet 150 mg, 200 mg		1	$0	
tolmetin oral capsule 400 mg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
tolmetin oral tablet 200 mg, 600 mg		1	$0	
*wal-profen 200 mg caplet flc,caplet 200 mg **	(ibuprofen)	3	$0	
*wal-profen 200 mg softgel softgel 200 mg **	(ibuprofen)	3	$0	
Anesthetics				
Local Anesthetics				
*aloe-lidocaine 0.5% gel 0.5 % **	(Burn Relief with Aloe)	3	$0	
*anecream 4% cream 4 % **	(lidocaine)	3	$0	
*aspercreme lidocaine 4% patch 4 % **	(lidocaine)	3	$0	
*burn relief 0.5% gel with aloe 0.5 % **	(lidocaine-aloe vera)	3	$0	
*cvs aloe vera-lidocaine gel 0.5 % **	(Burn Relief with Aloe)	3	$0	
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	1	$0	QL (30 per 30 days)
*lido king 4% patch 4 % **	(lidocaine)	3	$0	
lidocaine (pf) injection solution 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	1	$0	
lidocaine (pf) injection solution 40 mg/ml (4 %)		1	$0	
*lidocaine 4% cream 4 % **	(Anecream)	3	$0	
lidocaine hcl 1% 20 mg/2 ml vl sdv, p/f 10 mg/ml (1 %)	(Xylocaine-MPF)	1	$0	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine)	1	$0	
lidocaine hcl mucous membrane jelly 2 %		1	$0	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		1	$0	PA
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	1	$0	PA; QL (90 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
lidocaine topical ointment 5 %		1	$0	PA; QL (90 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	1	$0	
lidocaine-prilocaine topical cream 2.5-2.5 %		1	$0	PA; QL (30 per 30 days)
*sm aloe vera-lidocaine gel 0.5 % **	(Burn Relief with Aloe)	3	$0	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		2	$0	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents				
Anti-Addiction/Substance Abuse Treatment Agents				
acamprosate oral tablet,delayed release (dr/ec) 333 mg		1	$0	
buprenorphine hcl sublingual tablet 2 mg, 8 mg		1	$0	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	1	$0	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	1	$0	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		1	$0	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		1	$0	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	(varenicline)	2	$0	QL (336 per 365 days)
disulfiram oral tablet 250 mg, 500 mg		1	$0	
*gs nicotine 2 mg chewing gum 2 mg **	(Nicorette)	3	$0	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION		2	$0	QL (4 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
LUCEMYRA ORAL TABLET 0.18 MG		2	$0	QL (228 per 14 days); NDS
naloxone injection solution 0.4 mg/ml		1	$0	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		1	$0	
naloxone nasal spray,non-aerosol 4 mg/actuation	(Narcan)	2	$0	QL (4 per 30 days)
naltrexone oral tablet 50 mg		1	$0	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	(naloxone)	2	$0	QL (4 per 30 days)
*nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr **	(Nicoderm CQ)	3	$0	
*nicotine 2 mg lozenge mint, 3 quittube 2 mg **	(Stop Smoking Aid)	3	$0	
*nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr **	(Nicoderm CQ)	3	$0	
*nicotine 4 mg chewing gum refill kit 4 mg **	(Nicorette)	3	$0	
*nicotine 4 mg lozenge mint, 3 quittube 4 mg **	(Stop Smoking Aid)	3	$0	
*nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr **	(Nicoderm CQ)	3	$0	
NICOTROL INHALATION CARTRIDGE 10 MG		2	$0	QL (1008 per 90 days)
*pub stop smoking aid 2 mg lozg 2 mg **	(nicotine (polacrilex))	3	$0	
*pub stop smoking aid 4 mg lozg 4 mg **	(nicotine (polacrilex))	3	$0	
*ra nicotine 2 mg lozenge 2 mg **	(Stop Smoking Aid)	3	$0	
*ra nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr **	(Nicoderm CQ)	3	$0	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML		2	$0	QL (0.5 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML		2	$0	QL (1.5 per 30 days); NDS
varenicline oral tablet 0.5 mg		1	$0	QL (336 per 365 days)
varenicline oral tablet 1 mg	(Chantix Continuing Month Box)	1	$0	QL (336 per 365 days)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	1	$0	
Antianxiety Agents				
Benzodiazepines				
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	$0	QL (120 per 30 days); NDS
alprazolam oral tablet 2 mg	(Xanax)	1	$0	QL (150 per 30 days); NDS
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg	(Xanax XR)	1	$0	QL (120 per 30 days); NDS
alprazolam oral tablet extended release 24 hr 3 mg	(Xanax XR)	1	$0	QL (90 per 30 days); NDS
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	$0	QL (120 per 30 days); NDS
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	$0	QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	$0	QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		1	$0	QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		1	$0	QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		1	$0	QL (180 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	(Tranxene T-Tab)	1	$0	QL (180 per 30 days)
diazepam 5 mg/ml oral conc 5 mg/ml	(Diazepam Intensol)	1	$0	QL (1200 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
diazepam injection solution 5 mg/ml		1	$0	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		1	$0	QL (10 per 28 days)
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	1	$0	QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		1	$0	QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	$0	QL (120 per 30 days)
estazolam oral tablet 1 mg		1	$0	QL (60 per 30 days); NDS
estazolam oral tablet 2 mg		1	$0	QL (30 per 30 days); NDS
flurazepam oral capsule 15 mg		1	$0	QL (60 per 30 days); NDS
flurazepam oral capsule 30 mg		1	$0	QL (30 per 30 days); NDS
lorazepam 2 mg/ml oral concent 2 mg/ml	(Lorazepam Intensol)	1	$0	QL (150 per 30 days); NDS
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	1	$0	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml, 4 mg/ml		1	$0	QL (2 per 30 days)
lorazepam intensol oral concentrate 2 mg/ml	(lorazepam)	1	$0	QL (150 per 30 days); NDS
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	$0	QL (90 per 30 days); NDS
lorazepam oral tablet 2 mg	(Ativan)	1	$0	QL (150 per 30 days); NDS
midazolam oral syrup 2 mg/ml		1	$0	QL (10 per 30 days); NDS
oxazepam oral capsule 10 mg, 15 mg, 30 mg		1	$0	QL (120 per 30 days); NDS
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	$0	QL (30 per 30 days); NDS
triazolam oral tablet 0.125 mg		1	$0	QL (120 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
triazolam oral tablet 0.25 mg	(Halcion)	1	$0	QL (60 per 30 days); NDS
Antibacterials				
Aminoglycosides				
gentamicin injection solution 20 mg/2 ml, 40 mg/ml		1	$0	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		1	$0	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml		1	$0	
neomycin oral tablet 500 mg		1	$0	
streptomycin intramuscular recon soln 1 gram		1	$0	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		2	$0	QL (224 per 28 days); NDS
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	1	$0	PA BvD; NDS
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	1	$0	PA BvD; NDS
tobramycin sulfate injection solution 40 mg/ml		1	$0	
Antibacterials, Miscellaneous				
bacitracin intramuscular recon soln 50,000 unit		1	$0	
chloramphenicol sod succinate intravenous recon soln 1 gram		1	$0	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	$0	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml		1	$0	
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)		1	$0	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	1	$0	
clindamycin phosphate intravenous solution 600 mg/4 ml		1	$0	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	$0	NDS
daptomycin intravenous recon soln 500 mg	(Cubicin)	1	$0	NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML		2	$0	
linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml		1	$0	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	1	$0	
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	$0	NDS
linezolid oral tablet 600 mg	(Zyvox)	1	$0	
methenamine hippurate oral tablet 1 gram	(Hiprex)	1	$0	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	1	$0	
metronidazole oral tablet 250 mg, 500 mg		1	$0	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	1	$0	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	$0	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit		1	$0	
SYNERCID INTRAVENOUS RECON SOLN 500 MG		2	$0	NDS
trimethoprim oral tablet 100 mg		1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	1	$0	
vancomycin oral capsule 125 mg (Vancocin)	1	$0	QL (56 per 14 days)
vancomycin oral capsule 250 mg (Vancocin)	1	$0	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	2	$0	PA; QL (9 per 30 days); NDS
XIFAXAN ORAL TABLET 550 MG	2	$0	PA; QL (90 per 30 days); NDS
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg	1	$0	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	$0	
cefaclor oral tablet extended release 12 hr 500 mg	1	$0	
cefadroxil oral capsule 500 mg	1	$0	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	$0	
cefadroxil oral tablet 1 gram	1	$0	
cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml	1	$0	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	1	$0	
cefdinir oral capsule 300 mg	1	$0	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	$0	
cefepime injection recon soln 1 gram, 2 gram	1	$0	
cefixime oral capsule 400 mg (Suprax)	1	$0	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
cefotaxime injection recon soln 1 gram	1	$0	
cefoxitin 1 gm piggyback bag 1 gram/50 ml	1	$0	
cefoxitin intravenous recon soln 1 gram	1	$0	
cefoxitin intravenous recon soln 10 gram, 2 gram	1	$0	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	$0	
cefpodoxime oral tablet 100 mg, 200 mg	1	$0	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	$0	
cefprozil oral tablet 250 mg, 500 mg	1	$0	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	1	$0	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	$0	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	$0	
cefuroxime sodium injection recon soln 750 mg	1	$0	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	1	$0	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	$0	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	$0	
cephalexin oral tablet 250 mg, 500 mg	1	$0	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	$0	NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Macrolides				
azithromycin intravenous recon soln 500 mg	(Zithromax)	1	$0	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	1	$0	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		1	$0	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	$0	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	$0	
clarithromycin oral tablet 250 mg, 500 mg		1	$0	
clarithromycin oral tablet extended release 24 hr 500 mg		1	$0	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		2	$0	QL (136 per 10 days); NDS
DIFICID ORAL TABLET 200 MG		2	$0	QL (20 per 10 days); NDS
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	1	$0	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	1	$0	
erythromycin oral tablet 250 mg, 500 mg		1	$0	
Miscellaneous B-Lactam Antibiotics				
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	1	$0	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		2	$0	PA; LA; NDS
ertapenem injection recon soln 1 gram	(Invanz)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
imipenem-cilastatin intravenous recon soln 250 mg		1	$0	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	1	$0	
meropenem intravenous recon soln 1 gram		1	$0	
meropenem intravenous recon soln 500 mg		1	$0	
meropenem-0.9% nacl 500 mg/50 500 mg/50 ml		1	$0	
Penicillins				
amoxicillin oral capsule 250 mg, 500 mg		1	$0	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	$0	
amoxicillin oral tablet 500 mg, 875 mg		1	$0	
amoxicillin oral tablet,chewable 125 mg, 250 mg		1	$0	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		1	$0	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	1	$0	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	1	$0	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg		1	$0	
amoxicillin-pot clavulanate oral tablet 500-125 mg	(Augmentin)	1	$0	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		1	$0	
ampicillin oral capsule 250 mg, 500 mg		1	$0	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg		1	$0	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	1	$0	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		2	$0	
dicloxacillin oral capsule 250 mg, 500 mg		1	$0	
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml		1	$0	
nafcillin 2 gm/ 100 ml inj 2 gram/100 ml		1	$0	
nafcillin injection recon soln 1 gram, 2 gram		1	$0	
nafcillin injection recon soln 10 gram		1	$0	NDS
penicillin g potassium injection recon soln 20 million unit	(Pfizerpen-G)	1	$0	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml		1	$0	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		1	$0	
penicillin v potassium oral tablet 250 mg, 500 mg		1	$0	
pfizerpen-g injection recon soln 20 million unit	(penicillin g potassium)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram		1	$0	
Quinolones				
BAXDELA ORAL TABLET 450 MG		2	$0	PA; QL (28 per 14 days); NDS
ciprofloxacin hcl oral tablet 100 mg, 750 mg		1	$0	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	$0	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		1	$0	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	1	$0	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml		1	$0	
levofloxacin intravenous solution 25 mg/ml		1	$0	
levofloxacin oral solution 250 mg/10 ml		1	$0	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	$0	
moxifloxacin oral tablet 400 mg		1	$0	
Sulfonamides				
sulfadiazine oral tablet 500 mg		1	$0	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml		1	$0	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	1	$0	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	$0	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Tetracyclines				
demeclocycline oral tablet 150 mg, 300 mg		1	$0	
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	1	$0	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	1	$0	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	1	$0	
doxycycline hyclate oral tablet 100 mg	(LymePak)	1	$0	
doxycycline hyclate oral tablet 20 mg		1	$0	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 75 mg		1	$0	
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg, 50 mg	(Doryx)	1	$0	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	$0	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	1	$0	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin (mono))	1	$0	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	$0	QL (60 per 30 days)
doxycycline monohydrate oral tablet 150 mg		1	$0	
doxycycline monohydrate oral tablet 50 mg, 75 mg		1	$0	QL (60 per 30 days)
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	$0	
minocycline oral tablet 100 mg, 50 mg, 75 mg		1	$0	
mondoxyne nl oral capsule 100 mg, 75 mg	(doxycycline monohydrate)	1	$0	QL (60 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
tetracycline oral capsule 250 mg, 500 mg		1	$0	
tigecycline intravenous recon soln 50 mg	(Tygacil)	1	$0	NDS
Anticancer Agents				
Anticancer Agents				
abiraterone oral tablet 250 mg, 500 mg	(Zytiga)	1	$0	PA NSO; QL (120 per 30 days); NDS
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	(paclitaxel protein-bound)	2	$0	PA BvD; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG		2	$0	PA NSO; NDS
adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	(doxorubicin)	1	$0	PA BvD
adrucil intravenous solution 2.5 gram/50 ml	(fluorouracil)	1	$0	PA BvD
ALECENSA ORAL CAPSULE 150 MG		2	$0	PA NSO; QL (240 per 30 days); NDS
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	(pemetrexed disodium)	2	$0	NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG		2	$0	PA NSO; QL (3 per 28 days); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		2	$0	PA NSO; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	$0	
arsenic trioxide intravenous solution 1 mg/ml		1	$0	NDS
arsenic trioxide intravenous solution 2 mg/ml	(Trisenox)	1	$0	NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML		2	$0	PA NSO; NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML		2	$0	PA NSO; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
azacitidine injection recon soln 100 mg	(Vidaza)	1	$0	NDS
BALVERSA ORAL TABLET 3 MG		2	$0	PA NSO; QL (84 per 28 days); NDS
BALVERSA ORAL TABLET 4 MG		2	$0	PA NSO; QL (56 per 28 days); NDS
BALVERSA ORAL TABLET 5 MG		2	$0	PA NSO; QL (28 per 28 days); NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML		2	$0	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG		2	$0	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	(bendamustine)	2	$0	PA NSO; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)		2	$0	PA NSO; NDS
bexarotene oral capsule 75 mg	(Targretin)	1	$0	PA NSO; NDS
bicalutamide oral tablet 50 mg	(Casodex)	1	$0	
BLENREP INTRAVENOUS RECON SOLN 100 MG		2	$0	PA NSO; NDS
bleomycin injection recon soln 15 unit, 30 unit		1	$0	
BLINCYTO INTRAVENOUS KIT 35 MCG		2	$0	PA NSO; NDS
bortezomib injection recon soln 1 mg		2	$0	PA NSO
bortezomib injection recon soln 2.5 mg		2	$0	PA NSO; NDS
BORTEZOMIB INJECTION RECON SOLN 3.5 MG	(Velcade)	2	$0	PA NSO; NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG		2	$0	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG		2	$0	PA NSO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG		2	$0	PA NSO; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE 80 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
CABOMETYX ORAL TABLET 40 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
CALQUENCE ORAL CAPSULE 100 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	(vandetanib)	2	$0	PA NSO; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	2	$0	PA NSO; QL (30 per 30 days); NDS
carboplatin intravenous solution 10 mg/ml	(Paraplatin)	1	$0	
cladribine intravenous solution 10 mg/10 ml		1	$0	PA BvD
clofarabine intravenous solution 1 mg/ml	(Clolar)	1	$0	NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)		2	$0	PA NSO; QL (112 per 28 days); NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		2	$0	PA NSO; QL (56 per 28 days); NDS
COTELLIC ORAL TABLET 20 MG		2	$0	PA NSO; LA; QL (63 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	1	$0	PA BvD; NDS
cyclophosphamide intravenous solution 200 mg/ml	1	$0	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	$0	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg	2	$0	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	2	$0	PA NSO; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	2	$0	PA NSO; QL (120 per 28 days); NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	2	$0	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	2	$0	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
decitabine intravenous recon soln 50 mg (Dacogen)	1	$0	NDS
docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)	1	$0	NDS
docetaxel intravenous solution 80 mg/8 ml (10 mg/ml)	1	$0	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	1	$0	PA BvD
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Doxil)	1	$0	PA BvD; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		2	$0	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		2	$0	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		2	$0	
EMCYT ORAL CAPSULE 140 MG		2	$0	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG		2	$0	PA NSO; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG		2	$0	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		2	$0	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG		2	$0	PA NSO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
erlotinib oral tablet 100 mg, 25 mg	(Tarceva)	1	$0	PA NSO; QL (60 per 30 days); NDS
erlotinib oral tablet 150 mg	(Tarceva)	1	$0	PA NSO; QL (90 per 30 days); NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		2	$0	
etoposide intravenous solution 20 mg/ml	(Toposar)	1	$0	
everolimus (antineoplastic) oral tablet 10 mg	(Afinitor)	1	$0	PA NSO; QL (56 per 28 days); NDS
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Afinitor)	1	$0	PA NSO; QL (28 per 28 days); NDS
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	1	$0	PA NSO; QL (112 per 28 days); NDS
exemestane oral tablet 25 mg	(Aromasin)	1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EXKIVITY ORAL CAPSULE 40 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	2	$0	PA NSO; NDS
floxuridine injection recon soln 0.5 gram	1	$0	PA BvD
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	1	$0	PA BvD
flutamide 125 mg capsule 125 mg (Eulexin)	1	$0	
flutamide oral capsule 125 mg (Eulexin)	1	$0	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	2	$0	PA NSO; QL (21 per 28 days); NDS
fulvestrant intramuscular syringe 250 mg/5 ml (Faslodex)	1	$0	NDS
GAVRETO ORAL CAPSULE 100 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	2	$0	PA NSO; NDS
gemcitabine intravenous recon soln 1 gram, 200 mg	1	$0	PA BvD
gemcitabine intravenous recon soln 2 gram	1	$0	PA BvD; NDS
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	1	$0	PA BvD; NDS
gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)	1	$0	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	2	$0	PA NSO; QL (5 per 21 days); NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	$0	PA NSO; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	$0	PA NSO; NDS
hydroxyurea oral capsule 500 mg (Hydrea)	1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	$0	PA NSO; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	$0	PA NSO; QL (21 per 28 days); NDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
ifosfamide intravenous recon soln 1 gram (Ifex)	1	$0	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	$0	
imatinib oral tablet 100 mg (Gleevec)	1	$0	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	1	$0	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	2	$0	PA NSO; QL (28 per 28 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	$0	PA NSO; QL (28 per 28 days); NDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	2	$0	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	2	$0	PA NSO; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	2	$0	PA NSO; QL (8 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	2	$0	PA BvD; NDS
INLYTA ORAL TABLET 1 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
INQOVI ORAL TABLET 35-100 MG	2	$0	PA NSO; QL (5 per 28 days); NDS
INREBIC ORAL CAPSULE 100 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
IRESSA ORAL TABLET 250 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml (Camptosar)	1	$0	
irinotecan intravenous solution 500 mg/25 ml	1	$0	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	2	$0	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	2	$0	PA NSO; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	$0	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	2	$0	PA NSO; QL (8 per 21 days); NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	2	$0	PA NSO; QL (2 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	2	$0	PA NSO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	$0	PA NSO; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	$0	PA NSO; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	$0	PA NSO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	$0	PA NSO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	$0	PA NSO; QL (63 per 28 days); NDS
KOSELUGO ORAL CAPSULE 10 MG	2	$0	PA NSO; QL (300 per 30 days); NDS
KOSELUGO ORAL CAPSULE 25 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	2	$0	PA NSO; NDS
lapatinib oral tablet 250 mg (Tykerb)	1	$0	PA NSO; NDS
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg (Revlimid)	1	$0	PA NSO; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	$0	PA NSO; NDS
letrozole oral tablet 2.5 mg (Femara)	1	$0	
LEUKERAN ORAL TABLET 2 MG	2	$0	NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
leuprolide subcutaneous kit 1 mg/0.2 ml	1	$0	NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	2	$0	PA NSO; QL (7 per 21 days); NDS
LONSURF ORAL TABLET 15-6.14 MG	2	$0	PA NSO; QL (100 per 28 days); NDS
LONSURF ORAL TABLET 20-8.19 MG	2	$0	PA NSO; QL (80 per 28 days); NDS
LORBRENA ORAL TABLET 100 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	2	$0	PA NSO; QL (240 per 30 days); NDS
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	2	$0	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	$0	NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	$0	NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	$0	NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
LYSODREN ORAL TABLET 500 MG	2	$0	NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	2	$0	PA NSO; NDS
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	2	$0	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	2	$0	NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
megestrol oral tablet 20 mg, 40 mg	1	$0	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
MEKTOVI ORAL TABLET 15 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
melphalan hcl intravenous recon soln 50 mg (Alkeran (as HCl))	1	$0	NDS
mercaptopurine oral tablet 50 mg	1	$0	
methotrexate sodium (pf) injection recon soln 1 gram	1	$0	PA BvD
methotrexate sodium (pf) injection solution 25 mg/ml	1	$0	PA BvD
methotrexate sodium injection solution 25 mg/ml	1	$0	PA BvD
methotrexate sodium oral tablet 2.5 mg	1	$0	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	1	$0	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	2	$0	PA NSO; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	2	$0	PA NSO; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	2	$0	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
NEXAVAR ORAL TABLET 200 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
nilutamide oral tablet 150 mg (Nilandron)	1	$0	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	$0	PA NSO; QL (3 per 28 days); NDS
NUBEQA ORAL TABLET 300 MG	2	$0	PA NSO; QL (120 per 30 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ODOMZO ORAL CAPSULE 200 MG	2	$0	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	$0	PA NSO; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	$0	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	2	$0	NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	$0	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	2	$0	PA NSO; QL (14 per 28 days); NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	2	$0	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	2	$0	PA NSO; NDS
oxaliplatin intravenous recon soln 100 mg, 50 mg	1	$0	
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	1	$0	
paclitaxel intravenous concentrate 6 mg/ml	1	$0	PA BvD
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg (Abraxane)	2	$0	PA BvD; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	2	$0	PA NSO; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	$0	PA NSO; QL (14 per 21 days); NDS
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	2	$0	PA NSO; QL (2 per 28 days); NDS
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	2	$0	PA NSO; NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	2	$0	PA NSO; QL (15 per 21 days); NDS
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	2	$0	PA NSO; QL (10 per 21 days); NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	$0	PA NSO; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	$0	PA NSO; QL (56 per 28 days); NDS
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	2	$0	PA NSO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	$0	PA NSO; QL (21 per 28 days); NDS
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	2	$0	PA NSO; QL (100 per 21 days); NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	2	$0	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	2	$0	NDS
QINLOCK ORAL TABLET 50 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
RETEVMO ORAL CAPSULE 40 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
RETEVMO ORAL CAPSULE 80 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	2	$0	PA NSO; LA; QL (28 per 28 days); NDS
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	2	$0	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	2	$0	PA NSO; NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	2	$0	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	2	$0	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	2	$0	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	2	$0	PA NSO; QL (224 per 28 days); NDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	2	$0	PA NSO; NDS
SCEMBLIX ORAL TABLET 20 MG, 40 MG	2	$0	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	2	$0	NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
STIVARGA ORAL TABLET 40 MG	2	$0	PA NSO; QL (84 per 28 days); NDS
sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	1	$0	PA NSO; QL (30 per 30 days); NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	2	$0	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	$0	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	2	$0	
TABRECTA ORAL TABLET 150 MG, 200 MG	2	$0	PA NSO; QL (120 per 30 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	$0	PA NSO; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
tamoxifen oral tablet 10 mg, 20 mg	1	$0	
TARGRETIN TOPICAL GEL 1 % (bexarotene)	2	$0	PA NSO; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	$0	PA NSO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
TAZVERIK ORAL TABLET 200 MG	2	$0	PA NSO; QL (240 per 30 days); NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	2	$0	PA NSO; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	2	$0	PA NSO; NDS
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first) (Torisel)	1	$0	PA BvD; QL (4 per 28 days); NDS
TEPMETKO ORAL TABLET 225 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
thiotepa injection recon soln 100 mg, 15 mg (Tepadina)	1	$0	NDS
TIBSOVO ORAL TABLET 250 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	$0	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	2	$0	PA NSO; QL (5 per 21 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
toposar intravenous solution 20 mg/ml	(etoposide)	1	$0	
topotecan intravenous recon soln 4 mg	(Hycamtin)	1	$0	NDS
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)		1	$0	NDS
toremifene oral tablet 60 mg	(Fareston)	1	$0	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG		2	$0	PA NSO; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG		2	$0	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG		2	$0	QL (1 per 84 days); NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG		2	$0	QL (1 per 168 days); NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG		2	$0	QL (1 per 28 days)
tretinoin (antineoplastic) oral capsule 10 mg		1	$0	NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG		2	$0	PA NSO; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)		2	$0	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML		2	$0	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG		2	$0	PA NSO; QL (300 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TURALIO ORAL CAPSULE 200 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
UKONIQ ORAL TABLET 200 MG		2	$0	PA NSO; QL (120 per 30 days); NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML		2	$0	PA NSO; NDS
valrubicin intravesical solution 40 mg/ml	(Valstar)	1	$0	NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)		2	$0	PA NSO; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	(bortezomib)	2	$0	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG		2	$0	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG		2	$0	PA NSO; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG		2	$0	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG		2	$0	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		2	$0	PA NSO; QL (56 per 28 days); NDS
vinblastine intravenous solution 1 mg/ml		1	$0	PA BvD
vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml	(vincristine)	1	$0	PA BvD
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	(Vincasar PFS)	1	$0	PA BvD
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	(Navelbine)	1	$0	
VITRAKVI ORAL CAPSULE 100 MG		2	$0	PA NSO; QL (60 per 30 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
VITRAKVI ORAL CAPSULE 25 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	2	$0	PA NSO; QL (300 per 30 days); NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
VONJO ORAL CAPSULE 100 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
VOTRIENT ORAL TABLET 200 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	2	$0	PA BvD; NDS
WELIREG ORAL TABLET 40 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	2	$0	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	2	$0	PA NSO; QL (20 per 28 days); NDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	2	$0	PA NSO; QL (8 per 28 days); NDS
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	2	$0	PA NSO; QL (4 per 28 days); NDS
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	2	$0	PA NSO; QL (16 per 28 days); NDS
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	2	$0	PA NSO; QL (12 per 28 days); NDS
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	2	$0	PA NSO; QL (24 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	2	$0	PA NSO; QL (32 per 28 days); NDS
XTANDI ORAL CAPSULE 40 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	2	$0	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	2	$0	PA NSO; NDS
YONSA ORAL TABLET 125 MG	2	$0	PA NSO; QL (120 per 30 days); NDS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	2	$0	PA NSO; NDS
ZEJULA ORAL CAPSULE 100 MG	2	$0	PA NSO; QL (90 per 30 days); NDS
ZELBORAF ORAL TABLET 240 MG	2	$0	PA NSO; QL (240 per 30 days); NDS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	2	$0	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	2	$0	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	2	$0	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	2	$0	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	2	$0	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET 150 MG	2	$0	PA NSO; QL (84 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	2	$0	PA NSO; NDS
Anticonvulsants			
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG	2	$0	QL (30 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	2	$0	QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	2	$0	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	2	$0	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	$0	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	1	$0	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	1	$0	
carbamazepine oral tablet 200 mg (Epitol)	1	$0	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)	1	$0	
carbamazepine oral tablet,chewable 100 mg	1	$0	
CELONTIN ORAL CAPSULE 300 MG	2	$0	
clobazam oral suspension 2.5 mg/ml (Onfi)	1	$0	QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	1	$0	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	2	$0	PA NSO; QL (360 per 30 days); NDS
DIACOMIT ORAL CAPSULE 500 MG	2	$0	PA NSO; QL (180 per 30 days); NDS
DIACOMIT ORAL POWDER IN PACKET 250 MG	2	$0	PA NSO; QL (360 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DIACOMIT ORAL POWDER IN PACKET 500 MG		2	$0	PA NSO; QL (180 per 30 days); NDS
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	2	$0	
diazepam rectal kit 2.5 mg	(Diastat)	2	$0	
DILANTIN ORAL CAPSULE 30 MG		2	$0	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	1	$0	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	$0	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	$0	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		2	$0	PA NSO; NDS
epitol oral tablet 200 mg	(carbamazepine)	1	$0	
EPRONTIA ORAL SOLUTION 25 MG/ML		2	$0	QL (480 per 30 days)
ethosuximide oral capsule 250 mg	(Zarontin)	1	$0	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	$0	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	1	$0	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	$0	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		2	$0	PA NSO; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	1	$0	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		2	$0	QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		2	$0	QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG		2	$0	QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		2	$0	QL (60 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	$0	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	$0	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	$0	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	1	$0	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	1	$0	QL (120 per 30 days)
lacosamide intravenous solution 200 mg/20 ml	(Vimpat)	1	$0	QL (200 per 5 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	1	$0	QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	$0	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	1	$0	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	1	$0	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	1	$0	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	(Lamictal XR)	1	$0	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	$0	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	(Lamictal ODT)	1	$0	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	1	$0	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	$0	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	$0	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		2	$0	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	1	$0	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	$0	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG		2	$0	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG		2	$0	NDS
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	$0	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	$0	PA NSO-HRM; AGE (Max 64 Years)
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	$0	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	$0	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	$0	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	$0	
phenytoin sodium intravenous solution 50 mg/ml		1	$0	
phenytoin sodium intravenous syringe 50 mg/ml		1	$0	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	(Lyrica)	1	$0	QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	(Lyrica)	1	$0	QL (60 per 30 days)
pregabalin oral solution 20 mg/ml	(Lyrica)	1	$0	QL (900 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	$0	
rufinamide oral suspension 40 mg/ml	(Banzel)	1	$0	NDS
rufinamide oral tablet 200 mg, 400 mg	(Banzel)	1	$0	NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		2	$0	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG		2	$0	ST; QL (120 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	$0	
SYMPAZAN ORAL FILM 10 MG, 20 MG		2	$0	PA NSO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG		2	$0	PA NSO; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	(Gabitril)	1	$0	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	$0	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	$0	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		1	$0	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		1	$0	
valproic acid oral capsule 250 mg		1	$0	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		2	$0	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	1	$0	PA NSO; QL (180 per 30 days); NDS
vigabatrin oral tablet 500 mg	(Sabril)	1	$0	PA NSO; QL (180 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
vigadrone oral powder in packet 500 mg	(vigabatrin)	1	$0	PA NSO; QL (180 per 30 days); NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	(lacosamide)	2	$0	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	(lacosamide)	2	$0	QL (1200 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		2	$0	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG		2	$0	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		2	$0	QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		2	$0	
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	$0	
zonisamide oral capsule 50 mg		1	$0	
Antidementia Agents				
Antidementia Agents				
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	1	$0	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg		1	$0	QL (30 per 30 days)
ergoloid oral tablet 1 mg		1	$0	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	1	$0	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		1	$0	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		1	$0	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	1	$0	ST; QL (30 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
memantine oral solution 2 mg/ml		1	$0	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	1	$0	QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		2	$0	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		2	$0	ST; QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	$0	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	1	$0	QL (30 per 30 days)
Antidepressants				
Antidepressants				
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	$0	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		1	$0	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	$0	
bupropion hcl oral tablet 100 mg, 75 mg		1	$0	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	$0	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	$0	
citalopram oral solution 10 mg/5 ml		1	$0	QL (600 per 30 days)
citalopram oral tablet 10 mg	(Celexa)	1	$0	QL (120 per 30 days)
citalopram oral tablet 20 mg, 40 mg	(Celexa)	1	$0	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	$0	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	$0	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg (Pristiq)	1	$0	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	$0	
doxepin oral concentrate 10 mg/ml	1	$0	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	2	$0	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	2	$0	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	1	$0	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	$0	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	$0	ST; QL (30 per 30 days); NDS
escitalopram oxalate oral solution 5 mg/5 ml	1	$0	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	1	$0	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	$0	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	$0	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		1	$0	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		1	$0	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		1	$0	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		1	$0	
maprotiline oral tablet 25 mg, 50 mg, 75 mg		1	$0	
MARPLAN ORAL TABLET 10 MG		2	$0	
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	$0	
mirtazapine oral tablet 45 mg, 7.5 mg		1	$0	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	1	$0	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		1	$0	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	$0	
nortriptyline oral solution 10 mg/5 ml		1	$0	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	1	$0	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	$0	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	1	$0	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	$0	
phenelzine oral tablet 15 mg	(Nardil)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
protriptyline oral tablet 10 mg, 5 mg		1	$0	
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	$0	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	$0	
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG		2	$0	PA NSO
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)		2	$0	PA NSO; NDS
tranylcypromine oral tablet 10 mg	(Parnate)	1	$0	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	$0	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		1	$0	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		2	$0	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg	(Effexor XR)	1	$0	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg	(Effexor XR)	1	$0	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	$0	
venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg		1	$0	QL (30 per 30 days)
venlafaxine oral tablet extended release 24hr 75 mg		1	$0	QL (90 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	(vilazodone)	2	$0	QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)		2	$0	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML		2	$0	NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	1	$0	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	2	$0	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	$0	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	$0	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	$0	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	$0	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	$0	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	2	$0	PA; QL (112 per 28 days); NDS
metformin oral solution 500 mg/5 ml (Riomet)	1	$0	QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	$0	QL (75 per 30 days)
metformin oral tablet 500 mg	1	$0	QL (150 per 30 days)
metformin oral tablet 850 mg	1	$0	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	$0	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	$0	QL (60 per 30 days)
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	$0	QL (90 per 30 days)
nateglinide oral tablet 120 mg, 60 mg	1	$0	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	$0	QL (1.5 per 28 days)

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	$0	QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	$0	QL (30 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	$0	QL (120 per 30 days)
repaglinide oral tablet 2 mg	1	$0	QL (240 per 30 days)
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	1	$0	QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	$0	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	$0	PA; QL (10.8 per 28 days); NDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	$0	PA; QL (10.8 per 28 days); NDS
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	$0	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	$0	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	$0	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	2	$0	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	$0	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	$0	QL (60 per 30 days)

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	$0	QL (2 per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	$0	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	$0	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	$0	QL (60 per 30 days)
Insulins			
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	$0	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	$0	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	$0	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	$0	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	$0	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	2	$0	QL (30 per 28 days)

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	2	$0	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	$0	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	$0	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	$0	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	$0	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	$0	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	$0	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart u-100)	1	$0	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	1	$0	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin asp prt-insulin aspart)	1	$0	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart u-100)	1	$0	QL (30 per 28 days)

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org.

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	1	$0	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		2	$0	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)		2	$0	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)		2	$0	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		2	$0	QL (15 per 28 days)
Sulfonylureas				
glimepiride oral tablet 1 mg, 2 mg	(Amaryl)	1	$0	QL (30 per 30 days)
glimepiride oral tablet 4 mg	(Amaryl)	1	$0	QL (60 per 30 days)
glipizide oral tablet 10 mg		1	$0	QL (120 per 30 days)
glipizide oral tablet 5 mg		1	$0	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	1	$0	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	(Glucotrol XL)	1	$0	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		1	$0	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		1	$0	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	(Glynase)	1	$0	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	$0	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	$0	PA-HRM; AGE (Max 64 Years)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Antifungals				
Antifungals				
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		2	$0	PA BvD
ALEVAZOL 1% OINTMENT 1 % *		3	$0	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	(amphotericin b liposome)	2	$0	PA BvD; NDS
amphotericin b injection recon soln 50 mg		1	$0	PA BvD
amphotericin b liposome intravenous suspension for reconstitution 50 mg	(AmBisome)	1	$0	PA BvD; NDS
*anti-fungal 1% powder 1 % **	(tolnaftate)	3	$0	
*antifungal 1% topical cream 1 % **	(clotrimazole)	3	$0	
*baza antifungal 2% cream 2 % **	(miconazole nitrate)	3	$0	
caspofungin intravenous recon soln 50 mg	(Cancidas)	1	$0	NDS
caspofungin intravenous recon soln 70 mg	(Cancidas)	1	$0	
ciclopirox topical cream 0.77 %	(Ciclodan)	1	$0	QL (180 per 30 days)
ciclopirox topical gel 0.77 %		1	$0	QL (300 per 30 days)
ciclopirox topical shampoo 1 %	(Loprox)	1	$0	
ciclopirox topical solution 8 %	(Ciclodan)	1	$0	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	1	$0	QL (180 per 30 days)
*clotrimazole 1% solution (otc) 1 % **		3	$0	
*clotrimazole 1% topical cream (otc) 1 % **	(Antifungal (clotrimazole))	3	$0	
*clotrimazole 1% topical cream foot care (otc) 1 % **	(Antifungal (clotrimazole))	3	$0	
*clotrimazole 1% vaginal cream 1 % **	(Clotrimazole-7)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
clotrimazole mucous membrane troche 10 mg		1	$0	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	$0	
clotrimazole topical solution 1 %		1	$0	
*clotrimazole-7 vaginal cream 1 % **	(clotrimazole)	3	$0	
clotrimazole-betamethasone topical cream 1-0.05 %		1	$0	QL (90 per 30 days)
clotrimazole-betamethasone topical lotion 1-0.05 %		1	$0	QL (90 per 30 days)
*cvs clotrimazole 1% top cream (otc) 1 % **	(Antifungal (clotrimazole))	3	$0	
*dermafungal 2% cream 2 % **	(miconazole nitrate)	3	$0	
econazole topical cream 1 %		1	$0	QL (170 per 30 days)
*eq athlete's foot 1% cream 1 % **	(clotrimazole)	3	$0	
*eq jock itch 1% cream 1 % **	(clotrimazole)	3	$0	
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		1	$0	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	1	$0	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	1	$0	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	$0	NDS
*fungoid-d 1% cream 1 % **	(tolnaftate)	3	$0	
*gnp athlete's foot 1% cream 1 % **	(clotrimazole)	3	$0	
griseofulvin microsize oral suspension 125 mg/5 ml		1	$0	
griseofulvin microsize oral tablet 500 mg		1	$0	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		1	$0	
*inzo antifungal 2% cream 2 % **	(miconazole nitrate)	3	$0	
itraconazole oral capsule 100 mg	(Sporanox)	1	$0	
itraconazole oral solution 10 mg/ml	(Sporanox)	1	$0	PA

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*jock itch relief 1% cream 1 % **	(clotrimazole)	3	$0	
ketoconazole oral tablet 200 mg		1	$0	
ketoconazole topical cream 2 %		1	$0	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		1	$0	QL (360 per 30 days)
*lamisil af defens 1% spray pwd 1 % **	(tolnaftate)	3	$0	
*micatin 2% antifungal cream 2 % **	(miconazole nitrate)	3	$0	
*miconazole 2% topical cream 2 % **	(Baza Antifungal)	3	$0	
*miconazole 2% vaginal cream 2 % **	(Monistat 7)	3	$0	
miconazole-3 vaginal suppository 200 mg		1	$0	
*micotrin ac 1% topical cream 1 % **	(clotrimazole)	3	$0	
*monistat 7 cream 7 applicators 2 % **	(miconazole nitrate)	3	$0	
*mycozyl ac 1% topical cream 1 % **	(clotrimazole)	3	$0	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML		2	$0	NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	(posaconazole)	2	$0	PA; NDS
nyamyc topical powder 100,000 unit/gram	(nystatin)	1	$0	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		1	$0	QL (900 per 30 days)
nystatin oral tablet 500,000 unit		1	$0	
nystatin topical cream 100,000 unit/gram		1	$0	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		1	$0	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	1	$0	QL (60 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		1	$0	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
nystop topical powder 100,000 unit/gram	(nystatin)	1	$0	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	1	$0	PA; NDS
*pub athletic foot 1% cream 1 % **	(clotrimazole)	3	$0	
*ra antifungal 1% cream 1 % **	(terbinafine hcl)	3	$0	
*ra antifungal ringworm 1% crm 1 % **	(clotrimazole)	3	$0	
*ra clotrimazole 1% top cream 1 % **	(clotrimazole)	3	$0	
*ra jock itch 1% powder spray powder spray 1 % **	(tolnaftate)	3	$0	
*ra jock itch cream 1 % **	(clotrimazole)	3	$0	
*sm miconazole 7 100 mg vag sup 100 mg **	(miconazole nitrate)	3	$0	
*terbinafine 1% cream 1 % **	(Antifungal (terbinafine))	3	$0	
terbinafine hcl oral tablet 250 mg		1	$0	
*tolnaftate 1% cream 1 % **	(Fungoid-D)	3	$0	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	1	$0	PA BvD; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	$0	PA; NDS
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	1	$0	
Antigout Agents				
Antigout Agents, Other				
allopurinol oral tablet 100 mg	(Zyloprim)	1	$0	
allopurinol oral tablet 300 mg		1	$0	
colchicine oral tablet 0.6 mg	(Colcrys)	2	$0	PA; QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	$0	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	1	$0	QL (60 per 30 days)
probenecid oral tablet 500 mg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
probenecid-colchicine oral tablet 500-0.5 mg		1	$0	
Antihistamines				
Antihistamines				
*24hr allergy(levocetirzn) 5 mg 5 mg **	(levocetirizine)	3	$0	
*alavert d-12 allergy-sinus tab 5-120 mg **		3	$0	
*aler-caps 25 mg capsule 25 mg **	(diphenhydramine hcl)	3	$0	
*aller-chlor 4 mg tablet 4 mg **	(chlorpheniramine maleate)	3	$0	
*allerclear d-12hr tablet 5-120 mg **		3	$0	
*allerclear d-24hr er tablet 10-240 mg **	(loratadine-pseudoephedrine)	3	$0	
*allergy 4 mg tablet 4 mg **	(chlorpheniramine maleate)	3	$0	
*allergy relief-nasal decong tb 10-240 mg **	(loratadine-pseudoephedrine)	3	$0	
*allergy-congestion relief-d oral tablet extended release 12 hr 5-120 mg **		3	$0	
*aller-tec 10 mg tablet 10 mg **	(cetirizine)	3	$0	
*aller-tec d 5-120 mg tablet 5-120 mg **	(cetirizine-pseudoephedrine)	3	$0	
*aprodine tablet 2.5-60 mg **	(triprolidine-pseudoephedrine)	3	$0	
*banophen 25 mg capsule 25 mg **	(diphenhydramine hcl)	3	$0	
*banophen 25 mg tablet 25 mg **	(diphenhydramine hcl)	3	$0	
*banophen 50 mg capsule 50 mg **	(diphenhydramine hcl)	3	$0	
*benadryl allergy 25 mg ultratb 25 mg **	(diphenhydramine hcl)	3	$0	
carbinoxamine maleate oral liquid 4 mg/5 ml		1	$0	PA-HRM; AGE (Max 64 Years)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
carbinoxamine maleate oral tablet 4 mg		1	$0	PA-HRM; AGE (Max 64 Years)
*cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml **	(Allergy Relief (cetirizine))	3	$0	
*cetirizine hcl 10 mg tablet 10 mg **	(Aller-Tec)	3	$0	
*cetirizine hcl 5 mg chew tab children's,outer,u-d 5 mg **	(Children's Cetirizine)	3	$0	
*cetirizine hcl 5 mg tablet indoor & outdoor 5 mg **		3	$0	
*cetirizine hcl 5 mg/5 ml soln outer 5 mg/5 ml **		3	$0	
*cetirizine-pse er 5-120 mg tab 5-120 mg **	(Aller-Tec D)	3	$0	
*child allergy rlf 12.5 mg/5 ml 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*child aurodryl 12.5 mg/5 ml 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*child cetirizine 10 mg chew tb chewable, allergy 10 mg **	(cetirizine)	3	$0	
*child cetirizine hcl 1 mg/ml children's 1 mg/ml **	(cetirizine)	3	$0	
*child loratadine 5 mg/5 ml sol 5 mg/5 ml **	(Wal-itin)	3	$0	
*child wal-itin 5 mg/5 ml soln 5 mg/5 ml **	(loratadine)	3	$0	
*child wal-zyr 1 mg/ml solution 1 mg/ml **	(cetirizine)	3	$0	
*child's allergy 12.5 mg/5 ml 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*child's wal-dryl 12.5 mg/5 ml children,cherry 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*child's wal-zyr 10 mg chew tab 10 mg **	(cetirizine)	3	$0	
*chlorhist 4 mg tablet 4 mg **	(chlorpheniramine maleate)	3	$0	
clemastine oral tablet 2.68 mg		1	$0	PA-HRM; AGE (Max 64 Years)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*cold-allergy-sinus oral tablet 2.5-60 mg **	(triprolidine-pseudoephedrine)	3	$0	
*cvs allergy relief 5 mg tablet 5 mg **	(levocetirizine)	3	$0	
cyproheptadine oral syrup 2 mg/5 ml		1	$0	PA-HRM; AGE (Max 64 Years)
cyproheptadine oral tablet 4 mg		1	$0	PA-HRM; AGE (Max 64 Years)
*diphedryl 12.5 mg/5 ml elixir 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*diphenhist 25 mg capsule 25 mg **	(diphenhydramine hcl)	3	$0	
*diphenhydramine 12.5 mg/5 ml 12.5 mg/5 ml **	(Allergy (diphenhydramine))	3	$0	
*diphenhydramine 25 mg capsule u-d, 10x10 (otc) 25 mg **	(Aler-Cap)	3	$0	
*diphenhydramine 25 mg tablet 25 mg **	(Allergy Medicine)	3	$0	
*diphenhydramine 50 mg capsule u-d, 10x10 (otc) 50 mg **	(Banophen)	3	$0	
*diphenhydramine 6.25 mg/ml drp 6.25 mg/ml **		3	$0	
diphenhydramine hcl injection solution 50 mg/ml		1	$0	
diphenhydramine hcl injection syringe 50 mg/ml		1	$0	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	1	$0	PA-HRM; AGE (Max 64 Years)
*ed-a-hist 4 mg-10 mg tablet 4-10 mg **		3	$0	
*eq allergy relief 1 mg/ml soln 1 mg/ml **	(cetirizine)	3	$0	
*fexofenadine hcl 180 mg tablet 24hr,original str (otc) 180 mg **	(Wal-Fex Allergy)	3	$0	
*fexofenadine hcl 60 mg tablet indoor/outdoor (otc) 60 mg **	(Wal-Fex Allergy)	3	$0	
*geri-dryl 12.5 mg/5 ml liquid 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*gnp child allergy 12.5 mg/5 ml 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*gs child all day aller 1 mg/ml 1 mg/ml **	(cetirizine)	3	$0	
*gs child allergy 12.5 mg/5 ml 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*gs sleep aid 25 mg tablet 25 mg **		3	$0	
*hm child's dibromm cold-allgy 1-2.5 mg/5 ml **		3	$0	
*hm z-sleep 25 mg softgel 25 mg **	(diphenhydramine hcl)	3	$0	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		1	$0	
hydroxyzine hcl oral solution 10 mg/5 ml		1	$0	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	$0	
*levocetirizine 5 mg tablet (otc) 5 mg **	(24HR Allergy Relief)	3	$0	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	$0	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	$0	
*loradamed 10 mg tablet outer 10 mg **	(loratadine)	3	$0	
*loratadine 10 mg tablet non-drowsy 10 mg **	(Loradamed)	3	$0	
*loratadine-d 12 hour tablet 5-120 mg **		3	$0	
*m-dryl 12.5 mg/5 ml solution 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
promethazine oral syrup 6.25 mg/5 ml		1	$0	PA-HRM; AGE (Max 64 Years)
*pub allergy 12.5 mg/5 ml liq cherry flavor 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*pub children's allergy 1 mg/ml 1 mg/ml **	(cetirizine)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*ra allergy med 25 mg capsule 25 mg **	(diphenhydramine hcl)	3	$0	
*ra allergy med 25 mg tablet 25 mg **	(diphenhydramine hcl)	3	$0	
*ra child allergy relf 1 mg/ml 1 mg/ml **	(cetirizine)	3	$0	
*ra diphedryl 12.5 mg/5 ml elix 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*ra sleep-aid 25 mg softgel 25 mg **	(diphenhydramine hcl)	3	$0	
*ra suphedrine pe cold 4-10 mg 4-10 mg **		3	$0	
*rynex pe liquid 1-2.5 mg/5 ml **		3	$0	
*sb sinus-allergy tablet pse free, max str 4-10 mg **		3	$0	
*siladryl 12.5 mg/5 ml liquid 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*sm allergy relief 12.5 mg/5 ml 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*sm child all day aller 1 mg/ml 1 mg/ml **	(cetirizine)	3	$0	
*sudogest cold and allergy tab 4-60 mg **		3	$0	
*total allergy 25 mg tablet 25 mg **	(diphenhydramine hcl)	3	$0	
*wal-act d cold & allergy tab 2.5-60 mg **	(triprolidine-pseudoephedrine)	3	$0	
*wal-dryl allergy 12.5 mg/5 ml 12.5 mg/5 ml **	(diphenhydramine hcl)	3	$0	
*wal-dryl allergy 25 mg capsule 25 mg **	(diphenhydramine hcl)	3	$0	
*wal-dryl allergy 25 mg minitab minitab, coated 25 mg **	(diphenhydramine hcl)	3	$0	
*wal-fex allergy 180 mg tablet 180 mg **	(fexofenadine)	3	$0	
*wal-fex allergy 60 mg tablet 60 mg **	(fexofenadine)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*wal-finate 4 mg tablet 4 mg **	(chlorpheniramine maleate)	3	$0	
*wal-itin 10 mg tablet non-drowsy,24 hr rlf 10 mg **	(loratadine)	3	$0	
*wal-itin d 12 hour tablet 5-120 mg **		3	$0	
*wal-itin d 24 hour tablet 10-240 mg **	(loratadine-pseudoephedrine)	3	$0	
*wal-sleep z 25 mg softgel 25 mg **	(diphenhydramine hcl)	3	$0	
*wal-som 25 mg tablet 25 mg **		3	$0	
*wal-tap elixir 1-2.5 mg/5 ml **		3	$0	
*wal-zyr 10 mg tablet 10 mg **	(cetirizine)	3	$0	
*wal-zyr d tablet 5-120 mg **	(cetirizine-pseudoephedrine)	3	$0	
Anti-Infectives (Skin And Mucous Membrane)				
Anti-Infectives (Skin And Mucous Membrane)				
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	$0	
metronidazole vaginal gel 0.75 %	(Vandazole)	1	$0	
terconazole vaginal cream 0.4 %, 0.8 %		1	$0	
terconazole vaginal suppository 80 mg		1	$0	
Antivirals (Skin And Mucous Membrane)				
ABREVA 10% CREAM 10 % *	(docosanol)	3	$0	
*docosanol 10% cream 10 % **	(Abreva)	3	$0	
Antimigraine Agents				
Antimigraine Agents				
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		2	$0	PA; QL (1 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		2	$0	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		2	$0	PA; QL (1.5 per 30 days)
dihydroergotamine injection solution 1 mg/ml	(D.H.E.45)	1	$0	QL (24 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	1	$0	QL (8 per 28 days); NDS
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		2	$0	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		2	$0	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		2	$0	PA; QL (3 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	(Amerge)	1	$0	QL (9 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		2	$0	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		2	$0	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	1	$0	QL (12 per 30 days)
rizatriptan oral tablet 5 mg		1	$0	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	1	$0	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		1	$0	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	(Imitrex)	1	$0	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	(Imitrex)	1	$0	QL (18 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	$0	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	$0	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	(Imitrex STATdose Refill)	2	$0	QL (4 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	1	$0	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	1	$0	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	1	$0	QL (4 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		1	$0	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		2	$0	PA; QL (16 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	1	$0	QL (6 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		1	$0	QL (6 per 30 days)
Antimycobacterials				
Antimycobacterials				
dapsone oral tablet 100 mg, 25 mg		1	$0	
ethambutol oral tablet 100 mg		1	$0	
ethambutol oral tablet 400 mg	(Myambutol)	1	$0	
isoniazid oral solution 50 mg/5 ml		1	$0	
isoniazid oral tablet 100 mg, 300 mg		1	$0	
PRETOMANID ORAL TABLET 200 MG		2	$0	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG		2	$0	
pyrazinamide oral tablet 500 mg		1	$0	
rifabutin oral capsule 150 mg	(Mycobutin)	1	$0	
rifampin intravenous recon soln 600 mg	(Rifadin)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
rifampin oral capsule 150 mg, 300 mg		1	$0	
SIRTURO ORAL TABLET 100 MG, 20 MG		2	$0	PA; NDS
TRECATOR ORAL TABLET 250 MG		2	$0	
Antinausea Agents				
Antinausea Agents				
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG		2	$0	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML		2	$0	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		2	$0	PA BvD
aprepitant oral capsule 125 mg		1	$0	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		1	$0	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	1	$0	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	1	$0	PA BvD; QL (6 per 28 days)
compro rectal suppository 25 mg	(prochlorperazine)	1	$0	
*cvs motion sickness 25 mg chwtb 25 mg **	(meclizine)	3	$0	
*cvs motion sickness 50 mg tab 50 mg **	(dimenhydrinate)	3	$0	
*cvs motion sickness ii tablet 25 mg **	(meclizine)	3	$0	
dimenhydrinate injection solution 50 mg/ml		1	$0	
*dramamine 50 mg tablet 50 mg **	(dimenhydrinate)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*dramamine less drowsy 25 mg tb 25 mg **	(meclizine)	3	$0	
*driminate 50 mg tablet 50 mg **	(dimenhydrinate)	3	$0	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	1	$0	PA; QL (60 per 30 days)
droperidol injection solution 2.5 mg/ml		1	$0	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		2	$0	PA BvD; QL (6 per 28 days)
*eql motion sickness 25 mg tab 25 mg **	(meclizine)	3	$0	
fosaprepitant intravenous recon soln 150 mg	(Emend (fosaprepitant))	1	$0	QL (2 per 28 days)
granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml		1	$0	
granisetron hcl intravenous solution 1 mg/ml		1	$0	
granisetron hcl oral tablet 1 mg		1	$0	PA BvD
*hm motion relief 25 mg tablet 25 mg **	(meclizine)	3	$0	
*meclizine 12.5 mg caplet (otc) 12.5 mg **		3	$0	
*meclizine 12.5 mg caplet caplet (otc) 12.5 mg **		3	$0	
*meclizine 25 mg tablet (otc) 25 mg **	(Dramamine Less Drowsy)	3	$0	
*meclizine 25 mg tablet chew 25 mg **	(Motion Sickness Relief(mecliz))	3	$0	
meclizine oral tablet 12.5 mg		1	$0	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	1	$0	
*medi-meclizine 25 mg tablet outer, flc 25 mg **	(meclizine)	3	$0	
*motion sickness rlf 25 mg tab 25 mg **	(meclizine)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ondansetron hcl (pf) injection solution 4 mg/2 ml		1	$0	
ondansetron hcl (pf) injection syringe 4 mg/2 ml		1	$0	
ondansetron hcl intravenous solution 2 mg/ml		1	$0	
ondansetron hcl oral solution 4 mg/5 ml		1	$0	PA BvD
ondansetron hcl oral tablet 4 mg, 8 mg		1	$0	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	$0	PA BvD
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml		1	$0	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	$0	
prochlorperazine rectal suppository 25 mg	(Compro)	1	$0	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	1	$0	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	$0	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	1	$0	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	(promethazine)	1	$0	PA-HRM; AGE (Max 64 Years)
*ra motion sickness 25 mg chwtb raspberry flavor 25 mg **	(meclizine)	3	$0	
*ra motion sickness 50 mg tab 50 mg **	(dimenhydrinate)	3	$0	
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	1	$0	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
*sm motion sickness 25 mg tab 25 mg **	(meclizine)	3	$0	
SYNDROS ORAL SOLUTION 5 MG/ML		2	$0	PA; QL (120 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
travel-ease 25 mg tablet 25 mg *	(meclizine)	3	$0	
verticalm 25 mg tablet 25 mg *	(meclizine)	3	$0	
wal-dram 50 mg tablet 50 mg *	(dimenhydrinate)	3	$0	
wal-dram-2 25 mg tablet 25 mg *	(meclizine)	3	$0	
Antiparasite Agents				
Antiparasite Agents				
albendazole oral tablet 200 mg		1	$0	NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	$0	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	1	$0	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	1	$0	
chloroquine phosphate oral tablet 250 mg		1	$0	QL (50 per 30 days)
chloroquine phosphate oral tablet 500 mg		1	$0	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG		2	$0	
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	$0	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		2	$0	PA; QL (84 per 28 days); NDS
ivermectin oral tablet 3 mg	(Stromectol)	1	$0	
KRINTAFEL ORAL TABLET 150 MG		2	$0	
mefloquine oral tablet 250 mg		1	$0	
nitazoxanide oral tablet 500 mg	(Alinia)	1	$0	NDS
paromomycin oral capsule 250 mg	(Humatin)	1	$0	
pentamidine inhalation recon soln 300 mg	(Nebupent)	1	$0	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	1	$0	
PRIMAQUINE ORAL TABLET 26.3 MG		2	$0	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	$0	PA; NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
quinine sulfate oral capsule 324 mg	(Qualaquin)	1	$0	PA; QL (42 per 7 days)
tinidazole oral tablet 250 mg, 500 mg		1	$0	
Antiparkinsonian Agents				
Antiparkinsonian Agents				
amantadine hcl oral capsule 100 mg		1	$0	
amantadine hcl oral solution 50 mg/5 ml		1	$0	
amantadine hcl oral tablet 100 mg		1	$0	
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	1	$0	PA; QL (60 per 30 days); NDS
benztropine injection solution 1 mg/ml		1	$0	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	$0	
bromocriptine oral capsule 5 mg	(Parlodel)	1	$0	
bromocriptine oral tablet 2.5 mg	(Parlodel)	1	$0	
cabergoline oral tablet 0.5 mg		1	$0	
carbidopa oral tablet 25 mg	(Lodosyn)	1	$0	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	1	$0	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	1	$0	
carbidopa-levodopa oral tablet 25-250 mg		1	$0	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		1	$0	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		1	$0	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	2	$0	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	2	$0	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	2	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	2	$0	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	2	$0	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	2	$0	
entacapone oral tablet 200 mg	(Comtan)	1	$0	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		2	$0	PA; QL (300 per 30 days); NDS
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		2	$0	PA; QL (150 per 30 days); NDS
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG		2	$0	PA; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		2	$0	QL (30 per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG		2	$0	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG		2	$0	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)		2	$0	ST; QL (60 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	(Mirapex)	1	$0	
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	1	$0	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	$0	
selegiline hcl oral capsule 5 mg	1	$0	
selegiline hcl oral tablet 5 mg	1	$0	
trihexyphenidyl oral elixir 0.4 mg/ml	1	$0	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	$0	
XADAGO ORAL TABLET 100 MG	2	$0	PA; QL (30 per 30 days)
XADAGO ORAL TABLET 50 MG	2	$0	PA; QL (30 per 30 days); NDS
Antipsychotic Agents			
Antipsychotic Agents			
aripiprazole oral solution 1 mg/ml	1	$0	QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	$0	QL (30 per 30 days)
aripiprazole oral tablet 2 mg (Abilify)	1	$0	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	1	$0	ST; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	$0	ST; QL (60 per 30 days); NDS
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	$0	QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	$0	QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	$0	QL (1.6 per 28 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML		2	$0	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML		2	$0	QL (3.2 per 28 days); NDS
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	(Saphris)	1	$0	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG		2	$0	ST; QL (30 per 30 days); NDS
chlorpromazine injection solution 25 mg/ml		1	$0	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml		1	$0	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		1	$0	
clozapine oral tablet 100 mg	(Clozaril)	1	$0	QL (270 per 30 days)
clozapine oral tablet 200 mg	(Clozaril)	1	$0	QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg	(Clozaril)	1	$0	QL (90 per 30 days)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg		1	$0	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg		1	$0	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg		1	$0	ST; QL (120 per 30 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		2	$0	ST; QL (60 per 30 days); NDS
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)		2	$0	ST
fluphenazine decanoate injection solution 25 mg/ml		1	$0	
fluphenazine hcl injection solution 2.5 mg/ml		1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
fluphenazine hcl oral concentrate 5 mg/ml	1	$0	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	$0	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	$0	
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	1	$0	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)	1	$0	
haloperidol decanoate intramuscular solution 50 mg/ml (Haldol Decanoate)	1	$0	
haloperidol decanoate intramuscular solution 50 mg/ml(1ml)	1	$0	
haloperidol lactate injection solution 5 mg/ml	1	$0	
haloperidol lactate intramuscular syringe 5 mg/ml	1	$0	
haloperidol lactate oral concentrate 2 mg/ml	1	$0	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	$0	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	$0	QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	$0	QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	$0	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	$0	QL (1 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	$0	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	$0	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	$0	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	$0	QL (0.88 per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	$0	QL (1.32 per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	$0	QL (1.75 per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	$0	QL (2.63 per 84 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	2	$0	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	2	$0	QL (60 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	$0	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
molindone oral tablet 10 mg	1	$0	QL (240 per 30 days)
molindone oral tablet 25 mg	1	$0	QL (270 per 30 days)
molindone oral tablet 5 mg	1	$0	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	2	$0	PA NSO; QL (30 per 30 days); NDS
NUPLAZID ORAL TABLET 10 MG	2	$0	PA NSO; QL (30 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
olanzapine intramuscular recon soln 10 mg	(Zyprexa)	1	$0	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	1	$0	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	1	$0	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	(Invega)	1	$0	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	1	$0	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	$0	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG		2	$0	QL (1 per 30 days); NDS
pimozide oral tablet 1 mg, 2 mg		1	$0	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Seroquel)	1	$0	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	(Seroquel)	1	$0	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg	(Seroquel XR)	1	$0	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg	(Seroquel XR)	1	$0	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG		2	$0	ST; QL (120 per 30 days); NDS
REXULTI ORAL TABLET 0.5 MG		2	$0	ST; QL (60 per 30 days); NDS
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG		2	$0	ST; QL (30 per 30 days); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML		2	$0	QL (2 per 28 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML		2	$0	QL (2 per 28 days); NDS
risperidone oral solution 1 mg/ml	(Risperdal)	1	$0	QL (480 per 30 days)
risperidone oral tablet 0.25 mg		1	$0	QL (60 per 30 days)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg	(Risperdal)	1	$0	QL (60 per 30 days)
risperidone oral tablet 4 mg	(Risperdal)	1	$0	QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		1	$0	QL (60 per 30 days)
risperidone oral tablet,disintegrating 3 mg, 4 mg		1	$0	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		2	$0	ST; QL (30 per 30 days); NDS
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	$0	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	$0	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		1	$0	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		2	$0	ST; QL (540 per 30 days); NDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		2	$0	ST; QL (30 per 30 days); NDS
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)		2	$0	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	1	$0	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(Geodon)	1	$0	QL (6 per 28 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG		2	$0	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		2	$0	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		2	$0	QL (1 per 28 days); NDS
Antivirals (Systemic)				
Antiretrovirals				
abacavir oral solution 20 mg/ml	(Ziagen)	1	$0	
abacavir oral tablet 300 mg	(Ziagen)	1	$0	
abacavir-lamivudine oral tablet 600-300 mg	(Epzicom)	1	$0	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	(Trizivir)	1	$0	NDS
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	2	$0	QL (24 per 365 days); NDS
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML		2	$0	NDS
APTIVUS ORAL CAPSULE 250 MG		2	$0	NDS
atazanavir oral capsule 150 mg		1	$0	
atazanavir oral capsule 200 mg, 300 mg	(Reyataz)	1	$0	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		2	$0	NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		2	$0	NDS
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)		2	$0	QL (24 per 365 days); NDS
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	(Apretude)	2	$0	QL (24 per 365 days); NDS
CIMDUO ORAL TABLET 300-300 MG		2	$0	NDS
COMPLERA ORAL TABLET 200-25-300 MG		2	$0	NDS
CRIXIVAN ORAL CAPSULE 200 MG		2	$0	
DELSTRIGO ORAL TABLET 100-300-300 MG		2	$0	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		2	$0	NDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		1	$0	
DOVATO ORAL TABLET 50-300 MG		2	$0	NDS
EDURANT ORAL TABLET 25 MG		2	$0	NDS
efavirenz oral capsule 200 mg, 50 mg	(Sustiva)	1	$0	
efavirenz oral tablet 600 mg	(Sustiva)	1	$0	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	(Atripla)	1	$0	NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	1	$0	NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	1	$0	NDS
emtricitabine oral capsule 200 mg	(Emtriva)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	(Truvada)	1	$0	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		2	$0	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		2	$0	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	1	$0	NDS
EVOTAZ ORAL TABLET 300-150 MG		2	$0	NDS
fosamprenavir oral tablet 700 mg	(Lexiva)	1	$0	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		2	$0	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		2	$0	NDS
INTELENCE ORAL TABLET 25 MG		2	$0	
INVIRASE ORAL TABLET 500 MG		2	$0	NDS
ISENTRESS HD ORAL TABLET 600 MG		2	$0	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		2	$0	
ISENTRESS ORAL TABLET 400 MG		2	$0	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		2	$0	
JULUCA ORAL TABLET 50-25 MG		2	$0	NDS
lamivudine oral solution 10 mg/ml	(Epivir)	1	$0	
lamivudine oral tablet 100 mg	(Epivir HBV)	1	$0	
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	1	$0	
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
LEXIVA ORAL SUSPENSION 50 MG/ML		2	$0	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	1	$0	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	1	$0	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	1	$0	QL (120 per 30 days); NDS
maraviroc oral tablet 150 mg, 300 mg	(Selzentry)	1	$0	NDS
nevirapine oral suspension 50 mg/5 ml		1	$0	
nevirapine oral tablet 200 mg		1	$0	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg		1	$0	
NORVIR ORAL POWDER IN PACKET 100 MG		2	$0	
NORVIR ORAL SOLUTION 80 MG/ML		2	$0	
ODEFSEY ORAL TABLET 200-25-25 MG		2	$0	NDS
PIFELTRO ORAL TABLET 100 MG		2	$0	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG		2	$0	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML		2	$0	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG		2	$0	NDS
PREZISTA ORAL TABLET 75 MG		2	$0	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		2	$0	
REYATAZ ORAL POWDER IN PACKET 50 MG		2	$0	NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	2	$0	NDS
ritonavir oral tablet 100 mg (Norvir)	1	$0	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	$0	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	2	$0	
SELZENTRY ORAL TABLET 25 MG	2	$0	
SELZENTRY ORAL TABLET 75 MG	2	$0	NDS
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	$0	
STRIBILD ORAL TABLET 150-150-200-300 MG	2	$0	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	$0	NDS
TEMIXYS ORAL TABLET 300-300 MG	2	$0	NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	$0	
TIVICAY ORAL TABLET 10 MG	2	$0	
TIVICAY ORAL TABLET 25 MG, 50 MG	2	$0	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	$0	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	$0	NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	$0	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	2	$0	NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
VEMLIDY ORAL TABLET 25 MG		2	$0	QL (30 per 30 days); NDS
VIRACEPT ORAL TABLET 250 MG, 625 MG		2	$0	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		2	$0	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		2	$0	NDS
VOCABRIA ORAL TABLET 30 MG		2	$0	
zidovudine oral capsule 100 mg	(Retrovir)	1	$0	
zidovudine oral syrup 10 mg/ml	(Retrovir)	1	$0	
zidovudine oral tablet 300 mg		1	$0	
Antivirals, Miscellaneous				
foscarnet intravenous solution 24 mg/ml	(Foscavir)	1	$0	PA BvD
oseltamivir oral capsule 30 mg	(Tamiflu)	1	$0	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	1	$0	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	1	$0	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	1	$0	QL (540 per 180 days)
PAXLOVID (EUA) ORAL TABLET 150 MG X 2- 100 MG		2	$0	QL (30 per 5 days)
PAXLOVID (EUA) ORAL TABLET 150-100 MG		2	$0	QL (20 per 5 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML		2	$0	PA; QL (336 per 28 days); NDS
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML		2	$0	PA; QL (672 per 28 days); NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG		2	$0	PA; QL (28 per 28 days); NDS
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		2	$0	QL (60 per 180 days)
rimantadine oral tablet 100 mg	(Flumadine)	1	$0	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML		2	$0	PA; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org.

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
XOFLUZA ORAL TABLET 20 MG, 40 MG	2	$0	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG	2	$0	QL (2 per 180 days)
Hcv Antivirals			
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	$0	PA; QL (28 per 28 days); NDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	$0	PA; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	2	$0	PA; QL (28 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	2	$0	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	$0	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	$0	PA; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 45-200 MG	2	$0	PA; QL (28 per 28 days); NDS
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	2	$0	PA; QL (28 per 28 days); NDS
MAVYRET ORAL TABLET 100-40 MG	2	$0	PA; QL (84 per 28 days); NDS
VOSEVI ORAL TABLET 400-100-100 MG	2	$0	PA; QL (28 per 28 days); NDS
Interferons			
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	$0	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	$0	PA NSO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	$0	NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		2	$0	NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML		2	$0	NDS
Nucleosides And Nucleotides				
acyclovir oral capsule 200 mg		1	$0	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	1	$0	
acyclovir oral tablet 400 mg, 800 mg		1	$0	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg		1	$0	PA BvD
acyclovir sodium intravenous solution 50 mg/ml		1	$0	PA BvD
adefovir oral tablet 10 mg	(Hepsera)	1	$0	
cidofovir intravenous solution 75 mg/ml		1	$0	NDS
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	1	$0	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		1	$0	
ganciclovir sodium intravenous recon soln 500 mg		1	$0	PA BvD; NDS
ganciclovir sodium intravenous solution 50 mg/ml		1	$0	PA BvD; NDS
molnupiravir oral capsule 200 mg		2	$0	QL (40 per 5 days)
ribavirin inhalation recon soln 6 gram	(Virazole)	1	$0	PA BvD; NDS
ribavirin oral capsule 200 mg		1	$0	
ribavirin oral tablet 200 mg		1	$0	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	$0	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	1	$0	NDS
valganciclovir oral tablet 450 mg	(Valcyte)	1	$0	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	(remdesivir)	2	$0	PA BvD; NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	$0	
ELIQUIS ORAL TABLET 2.5 MG	2	$0	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	$0	QL (74 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)	1	$0	QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml (Lovenox)	1	$0	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml (Lovenox)	1	$0	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml (Lovenox)	1	$0	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml (Lovenox)	1	$0	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml (Lovenox)	1	$0	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml (Arixtra)	1	$0	QL (24 per 30 days); NDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)	1	$0	QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml (Arixtra)	1	$0	QL (12 per 30 days); NDS
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml (Arixtra)	1	$0	QL (18 per 30 days); NDS
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	$0	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	$0	
heparin (porcine) injection syringe 5,000 unit/ml	1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
heparin, porcine (pf) injection solution 1,000 unit/ml	1	$0	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	$0	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	$0	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	$0	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	$0	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	$0	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	$0	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	$0	QL (60 per 30 days)
Blood Formation Modifiers			
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	$0	PA; QL (20 per 30 days); NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	2	$0	PA; QL (60 per 30 days); NDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	$0	PA; QL (60 per 30 days); NDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	2	$0	PA; QL (60 per 30 days); NDS
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	$0	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	$0	PA; NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	$0	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	2	$0	PA; QL (30 per 30 days); NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	2	$0	PA; QL (20 per 30 days); NDS
LEUKINE INJECTION RECON SOLN 250 MCG	2	$0	NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	2	$0	NDS
MULPLETA ORAL TABLET 3 MG	2	$0	PA; QL (7 per 7 days); NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	$0	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	$0	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	$0	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	$0	PA; NDS
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	2	$0	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	$0	PA; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	2	$0	PA; QL (30 per 30 days); NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	2	$0	PA; QL (90 per 30 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PROMACTA ORAL POWDER IN PACKET 25 MG	2	$0	PA; QL (180 per 30 days); NDS
PROMACTA ORAL TABLET 12.5 MG	2	$0	PA; QL (90 per 30 days); NDS
PROMACTA ORAL TABLET 25 MG	2	$0	PA; QL (30 per 30 days); NDS
PROMACTA ORAL TABLET 50 MG, 75 MG	2	$0	PA; QL (60 per 30 days); NDS
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	$0	PA; NDS
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	$0	PA; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	$0	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	$0	PA; QL (4 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	$0	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	$0	PA; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	$0	PA; NDS
Hematologic Agents, Miscellaneous			
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	2	$0	PA; NDS
anagrelide oral capsule 0.5 mg (Agrylin)	1	$0	
anagrelide oral capsule 1 mg	1	$0	
CABLIVI INJECTION KIT 11 MG	2	$0	PA; QL (30 per 30 days); NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	2	$0	PA; NDS
protamine intravenous solution 10 mg/ml	1	$0	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	2	$0	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	2	$0	PA; QL (60 per 30 days); NDS
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml) (Cyklokapron)	1	$0	
tranexamic acid oral tablet 650 mg (Lysteda)	1	$0	
Platelet-Aggregation Inhibitors			
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	$0	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	2	$0	
cilostazol oral tablet 100 mg, 50 mg	1	$0	
clopidogrel oral tablet 75 mg (Plavix)	1	$0	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	$0	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	1	$0	
prasugrel oral tablet 10 mg, 5 mg (Effient)	1	$0	QL (30 per 30 days)
Caloric Agents			
Caloric Agents			
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	$0	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	2	$0	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	$0	PA BvD

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	$0	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	$0	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	2	$0	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	2	$0	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	2	$0	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	2	$0	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	$0	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	$0	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	$0	PA BvD

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	$0	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	$0	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	2	$0	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	2	$0	PA BvD
*dex4 glucose 4 gm tablet chew orange flavor (rx) 4 gram ** (glucose)	3	$0	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	$0	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	2	$0	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	1	$0	
dextrose 5%-water iv soln single use	1	$0	
*gnp glucose 4 gram tablet chew orange, gluten-free (rx) 4 gram ** (Dex4 Glucose)	3	$0	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	2	$0	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	2	$0	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	2	$0	PA BvD

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NUTRILIPID INTRAVENOUS EMULSION 20 %		2	$0	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %		2	$0	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION		2	$0	PA BvD
*sm glucose 4 gram tab chew 12's (rx) 4 gram **	(Dex4 Glucose)	3	$0	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		2	$0	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		2	$0	PA BvD
Cardiovascular Agents				
Alpha-Adrenergic Agents				
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	$0	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	1	$0	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	1	$0	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	1	$0	QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	$0	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	1	$0	PA; QL (180 per 30 days); NDS
*gs nasal decong pe 10 mg tab 10 mg **	(phenylephrine hcl)	3	$0	
guanfacine oral tablet 1 mg, 2 mg		1	$0	
methyldopa oral tablet 250 mg, 500 mg		1	$0	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
phenylephrine hcl injection solution 10 mg/ml	(Vazculep)	1	$0	
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	1	$0	
*ra sinus pres-cng rlf pe 10 mg 10 mg **	(phenylephrine hcl)	3	$0	
*sudogest pe 10 mg tablet 10 mg **	(phenylephrine hcl)	3	$0	
*wal-phed pe 10 mg tablet non-drowsy 10 mg **	(phenylephrine hcl)	3	$0	
Angiotensin Ii Receptor Antagonists				
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	1	$0	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	1	$0	
EDARBI ORAL TABLET 40 MG, 80 MG		2	$0	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		2	$0	
ENTRESTO ORAL TABLET 24-26 MG		2	$0	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG		2	$0	QL (60 per 30 days)
eprosartan oral tablet 600 mg		1	$0	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	1	$0	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	$0	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	$0	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	$0	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	1	$0	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	$0	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	1	$0	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	(Twynsta)	1	$0	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	1	$0	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	$0	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	$0	
Angiotensin-Converting Enzyme Inhibitors				
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	$0	
benazepril oral tablet 5 mg		1	$0	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	$0	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	$0	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	$0	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		1	$0	
enalapril maleate oral solution 1 mg/ml	(Epaned)	1	$0	ST; QL (1200 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	$0	
enalaprilat intravenous solution 1.25 mg/ml		1	$0	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	$0	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	$0	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	$0	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		1	$0	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	$0	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	$0	
moexipril oral tablet 15 mg, 7.5 mg		1	$0	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	$0	
QBRELIS ORAL SOLUTION 1 MG/ML		2	$0	ST; QL (1200 per 30 days); NDS
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	$0	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	$0	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	$0	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	$0	
Antiarrhythmic Agents				
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	1	$0	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	1	$0	PA-HRM; AGE (Max 64 Years)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	$0	
lidocaine (pf) injection solution 10 mg/ml (1 %)	(Xylocaine-MPF)	1	$0	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)		1	$0	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		1	$0	
MULTAQ ORAL TABLET 400 MG		2	$0	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	1	$0	
procainamide injection solution 100 mg/ml, 500 mg/ml		1	$0	
procainamide intravenous syringe 100 mg/ml		1	$0	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	1	$0	
propafenone oral tablet 150 mg, 225 mg, 300 mg		1	$0	
quinidine gluconate oral tablet extended release 324 mg		1	$0	
quinidine sulfate oral tablet 200 mg, 300 mg		1	$0	
Beta-Adrenergic Blocking Agents				
acebutolol oral capsule 200 mg, 400 mg		1	$0	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	$0	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	$0	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	$0	
betaxolol oral tablet 10 mg, 20 mg		1	$0	
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	1	$0	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	$0	
labetalol intravenous solution 5 mg/ml		1	$0	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)		1	$0	
labetalol oral tablet 100 mg, 200 mg, 300 mg		1	$0	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	$0	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		1	$0	
metoprolol tartrate intravenous solution 5 mg/5 ml		1	$0	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	$0	
metoprolol tartrate oral tablet 25 mg		1	$0	
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	1	$0	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	$0	
pindolol oral tablet 10 mg, 5 mg		1	$0	
propranolol intravenous solution 1 mg/ml		1	$0	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	$0	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		1	$0	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		1	$0	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	1	$0	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	1	$0	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Sorine)	1	$0	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	$0	
Calcium-Channel Blocking Agents				
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	1	$0	
diltiazem 24h er(cd) 300 mg cp 300 mg	(Cartia XT)	1	$0	
diltiazem hcl intravenous solution 5 mg/ml		1	$0	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		1	$0	
diltiazem hcl oral capsule,extended release 24 hr 360 mg	(Taztia XT)	1	$0	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	1	$0	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	$0	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	$0	
diltiazem hcl oral tablet 90 mg		1	$0	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	1	$0	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	1	$0	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	$0	
verapamil intravenous syringe 2.5 mg/ml		1	$0	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	1	$0	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	(Verelan)	1	$0	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	(Verelan)	2	$0	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	$0	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	1	$0	
Cardiovascular Agents, Miscellaneous				
CORLANOR ORAL SOLUTION 5 MG/5 ML		2	$0	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG		2	$0	QL (60 per 30 days)
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	$0	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	$0	
digoxin 250 mcg tablet 250 mcg (0.25 mg)	(Digitek)	1	$0	
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		1	$0	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	1	$0	
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	1	$0	QL (4 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	1	$0	QL (4 per 30 days)
epinephrine injection solution 1 mg/ml	(Adrenalin)	1	$0	
hydralazine injection solution 20 mg/ml		1	$0	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	$0	
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	1	$0	PA; QL (18 per 30 days); NDS
metyrosine oral capsule 250 mg	(Demser)	1	$0	NDS
ranolazine oral tablet extended release 12 hr 1,000 mg	(Ranexa)	1	$0	QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	(Ranexa)	1	$0	QL (120 per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	(icatibant)	1	$0	PA; QL (18 per 30 days); NDS
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML		2	$0	QL (4 per 30 days)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	(epinephrine)	2	$0	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		2	$0	PA; QL (30 per 30 days); NDS
VYNDAQEL ORAL CAPSULE 20 MG		2	$0	PA; QL (120 per 30 days); NDS
Dihydropyridines				
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	$0	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	$0	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		1	$0	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	1	$0	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	1	$0	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		1	$0	
isradipine oral capsule 2.5 mg, 5 mg		1	$0	
KATERZIA ORAL SUSPENSION 1 MG/ML		2	$0	ST; QL (300 per 30 days)
nicardipine oral capsule 20 mg, 30 mg		1	$0	
nifedipine oral capsule 10 mg, 20 mg		1	$0	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	1	$0	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	1	$0	
Diuretics				
amiloride oral tablet 5 mg		1	$0	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	$0	
bumetanide injection solution 0.25 mg/ml		1	$0	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		1	$0	
chlorothiazide sodium intravenous recon soln 500 mg	(Diuril IV)	1	$0	
chlorthalidone oral tablet 25 mg, 50 mg		1	$0	
furosemide injection solution 10 mg/ml		1	$0	
furosemide injection syringe 10 mg/ml		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		1	$0	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	$0	
hydrochlorothiazide oral capsule 12.5 mg		1	$0	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	$0	
indapamide oral tablet 1.25 mg, 2.5 mg		1	$0	
JYNARQUE ORAL TABLET 15 MG, 30 MG		2	$0	PA; QL (120 per 30 days); NDS
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)		2	$0	PA; QL (56 per 28 days); NDS
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	$0	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	$0	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	(Aldactazide)	1	$0	
torsemide oral tablet 10 mg, 100 mg, 5 mg		1	$0	
torsemide oral tablet 20 mg	(Soaanz)	1	$0	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	$0	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	1	$0	
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	1	$0	
Dyslipidemics				
amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg	(Caduet)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	1	$0	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		1	$0	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	$0	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	1	$0	
cholestyramine light oral powder in packet 4 gram	(cholestyramine-aspartame)	1	$0	
colesevelam oral powder in packet 3.75 gram	(WelChol)	1	$0	
colesevelam oral tablet 625 mg	(WelChol)	1	$0	
colestipol oral packet 5 gram	(Colestid)	1	$0	
colestipol oral tablet 1 gram	(Colestid)	1	$0	
endur-acin er 500 mg tablet 500 mg *	(niacin)	3	$0	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		2	$0	ST; QL (30 per 30 days)
ezetimibe oral tablet 10 mg	(Zetia)	1	$0	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	1	$0	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	1	$0	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	1	$0	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	1	$0	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg		1	$0	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	$0	
fenofibrate nanocrystallized oral tablet 160 mg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
fenofibrate oral tablet 160 mg, 54 mg		1	$0	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	1	$0	
fluvastatin oral capsule 20 mg, 40 mg		1	$0	QL (60 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	$0	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG		2	$0	PA; QL (30 per 30 days); NDS
JUXTAPID ORAL CAPSULE 20 MG		2	$0	PA; QL (90 per 30 days); NDS
JUXTAPID ORAL CAPSULE 5 MG		2	$0	PA; QL (45 per 30 days); NDS
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		2	$0	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	$0	
NEXLETOL ORAL TABLET 180 MG		2	$0	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		2	$0	QL (30 per 30 days)
*niacin 500 mg capsule sa (rx) 500 mg **		3	$0	
*niacin 500 mg tablet (rx) 500 mg **	(Niacor)	3	$0	
*niacin 500 mg tablet 500 mg **	(niacinamide)	3	$0	
niacin oral tablet 500 mg	(Niacor)	1	$0	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan Extended-Release)	1	$0	
*niacin tr 500 mg capsule (rx) 500 mg **		3	$0	
*niacin tr 500 mg tablet (rx) 500 mg **	(Endur-Acin)	3	$0	
niacor oral tablet 500 mg	(niacin)	1	$0	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	$0	QL (120 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*plain niacin 500 mg tablet (rx) 500 mg **	(Niacor)	3	$0	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		2	$0	QL (2 per 28 days)
pravastatin oral tablet 10 mg, 80 mg		1	$0	
pravastatin oral tablet 20 mg, 40 mg		1	$0	QL (30 per 30 days)
prevalite oral powder in packet 4 gram	(cholestyramine-aspartame)	1	$0	
*ra niacin 500 mg tablet (rx) 500 mg **	(Niacor)	3	$0	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		2	$0	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		2	$0	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		2	$0	QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	$0	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Zocor)	1	$0	QL (30 per 30 days)
simvastatin oral tablet 5 mg		1	$0	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM		1	$0	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	1	$0	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors				
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CAROSPIR ORAL SUSPENSION 25 MG/5 ML		2	$0	ST; QL (600 per 30 days)
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	$0	
Vasodilators				
BIDIL ORAL TABLET 20-37.5 MG	(isosorbide-hydralazine)	2	$0	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	$0	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	$0	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	$0	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	$0	
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	1	$0	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	1	$0	
minoxidil oral tablet 10 mg, 2.5 mg		1	$0	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)		1	$0	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	$0	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	$0	
Central Nervous System Agents				
Central Nervous System Agents				
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	1	$0	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	1	$0	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG		2	$0	PA; QL (30 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
AUSTEDO ORAL TABLET 12 MG, 9 MG		2	$0	PA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG		2	$0	PA; QL (60 per 30 days); NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		2	$0	PA; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		2	$0	PA; QL (1 per 28 days); NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG		2	$0	PA; QL (15 per 30 days); NDS
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	(Cafcit)	1	$0	PA BvD
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		1	$0	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	(Kapvay)	1	$0	QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	(glatiramer)	2	$0	PA; QL (30 per 30 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	(glatiramer)	2	$0	PA; QL (12 per 28 days); NDS
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	1	$0	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	$0	QL (60 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	(Dexedrine Spansule)	1	$0	QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		1	$0	QL (120 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	1	$0	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 15 mg, 5 mg	(Zenzedi)	1	$0	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	(Zenzedi)	1	$0	QL (60 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	1	$0	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	1	$0	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	$0	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	1	$0	PA; QL (14 per 7 days); NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	1	$0	PA; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	1	$0	PA; QL (60 per 30 days); NDS
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		2	$0	PA; NDS
flumazenil intravenous solution 0.1 mg/ml		1	$0	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		2	$0	PA; QL (30 per 30 days); NDS
glatiramer subcutaneous syringe 20 mg/ml	(Copaxone)	2	$0	PA; QL (30 per 30 days); NDS
glatiramer subcutaneous syringe 40 mg/ml	(Copaxone)	2	$0	PA; QL (12 per 28 days); NDS
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	2	$0	PA; QL (30 per 30 days); NDS
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	2	$0	PA; QL (12 per 28 days); NDS
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	1	$0	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		2	$0	PA; QL (1.2 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	$0	
lithium carbonate oral tablet 300 mg	1	$0	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	1	$0	
lithium carbonate oral tablet extended release 450 mg	1	$0	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	2	$0	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	2	$0	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	2	$0	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	2	$0	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	2	$0	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	2	$0	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	2	$0	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	2	$0	PA; QL (112 per 28 days); NDS
MAYZENT ORAL TABLET 1 MG, 2 MG	2	$0	PA; QL (30 per 30 days); NDS
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	2	$0	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	2	$0	PA; NDS
metadate er oral tablet extended release 20 mg (methylphenidate hcl)	1	$0	QL (90 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg		1	$0	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg		1	$0	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	1	$0	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	1	$0	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		1	$0	QL (30 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	1	$0	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	$0	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		1	$0	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	1	$0	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)		1	$0	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	1	$0	QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	1	$0	QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)		1	$0	QL (60 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML		2	$0	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML		2	$0	PA; NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML		2	$0	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML		2	$0	PA; NDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML		2	$0	PA; QL (2800 per 28 days); NDS
riluzole oral tablet 50 mg	(Rilutek)	1	$0	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		2	$0	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		2	$0	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	1	$0	PA; QL (112 per 28 days); NDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		2	$0	PA; QL (120 per 30 days); NDS
Contraceptives				
Contraceptives				
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
*after pill 1.5 mg tablet 1.5 mg **	(levonorgestrel)	3	$0	
*aftera 1.5 mg tablet 1.5 mg **	(levonorgestrel)	3	$0	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol -e.estrad)	1	$0	QL (91 per 84 days)
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol -e.estrad)	1	$0	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estra diol)	1	$0	
balziva (28) oral tablet 0.4-35 mg-mcg		1	$0	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estra diol)	1	$0	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
briellyn oral tablet 0.4-35 mg-mcg		1	$0	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	$0	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol -e.estrad)	1	$0	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	1	$0	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	1	$0	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	1	$0	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	1	$0	
*econtra one-step 1.5 mg tablet outer 1.5 mg **	(levonorgestrel)	3	$0	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	$0	
ELLA ORAL TABLET 30 MG		2	$0	QL (6 per 365 days)
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	$0	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	$0	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
estarylla oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	1	$0	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50 (28))	1	$0	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	2	$0	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
GYNOL II 3% GEL 3 % *		3	$0	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
hailey oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	$0	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	$0	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol -e.estrad)	1	$0	QL (91 per 84 days)
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estra diol)	1	$0	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	$0	
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	$0	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(LoJaimiess)	1	$0	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	$0	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
larissia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	$0	
*levonorgestrel 1.5 mg tablet (otc) 1.5 mg **	(After Pill)	3	$0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	$0	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	$0	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	1	$0	QL (91 per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	$0	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol -e.estrad)	1	$0	QL (91 per 84 days)
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
mili oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
mono-linyah oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
*my choice 1.5 mg tablet 1.5 mg **	(levonorgestrel)	3	$0	
*my way 1.5 mg tablet (otc) 1.5 mg **	(levonorgestrel)	3	$0	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	$0	
*new day 1.5 mg tablet 1.5 mg **	(levonorgestrel)	3	$0	
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	$0	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	1	$0	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	1	$0	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Merzee)	1	$0	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri Femynor)	1	$0	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	$0	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	$0	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		1	$0	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	$0	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
*opcicon one-step 1.5 mg tablet 1.5 mg **	(levonorgestrel)	3	$0	
*option 2 1.5 mg tablet 1.5 mg **	(levonorgestrel)	3	$0	
orsythia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
philith oral tablet 0.4-35 mg-mcg		1	$0	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estra diol)	1	$0	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	$0	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	$0	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	$0	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	$0	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	$0	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	$0	QL (91 per 84 days)
SLYND ORAL TABLET 4 MG (28)		2	$0	
sprintec (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	$0	
take action 1.5 mg tablet 1.5 mg *	(levonorgestrel)	3	$0	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	$0	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	$0	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	$0	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	$0	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	$0	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	$0	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	$0	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	$0	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	$0	
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	1	$0	
tyblume oral tablet,chewable 0.1 mg- 20 mcg		1	$0	
VCF CONTRACEPTIVE FILM 28 % *		3	$0	
*vcf contraceptive foam 12.5 % **		3	$0	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	$0	
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	$0	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	$0	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	$0	
vyfemla (28) oral tablet 0.4-35 mg-mcg		1	$0	
vylibra oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	$0	
wera (28) oral tablet 0.5-35 mg-mcg		1	$0	
xulane transdermal patch weekly 150-35 mcg/24 hr		1	$0	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr		1	$0	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	$0	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	$0	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	$0	
Cough And Cold Products				
Cough And Cold Products				
*adult wal-tussin dm max liq cherry menthol 10-200 mg/5 ml **		3	$0	
*alka-seltzer plus day cap 5-10-325 mg **		3	$0	
*alka-seltzer plus sinus-cough 5-10-325 mg **		3	$0	
*benzonatate 100 mg capsule 100 mg **		3	$0	
*benzonatate 150 mg capsule 150 mg **		3	$0	
*benzonatate 200 mg capsule 200 mg **		3	$0	
*brotapp dm 1-15-5 mg/5 ml liq 1-15-5 mg/5 ml **	(brompheniramine-pseudoeph-dm)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*child mucinex chest congestion oral liquid 100 mg/5 ml **	(guaifenesin)	3	$0	
*children's silfedrine liq 15 mg/5 ml **		3	$0	
*cough dm er 30 mg/5 ml susp 12 hour 30 mg/5 ml **	(dextromethorphan polistirex)	3	$0	
*cough syrup dm 10-100 mg/5 ml **	(dextromethorphan-guaifenesin)	3	$0	
*cvs chest congest relief dm tb 20-400 mg **	(dextromethorphan-guaifenesin)	3	$0	
*cvs mucus er 1,200 mg tablet 1,200 mg **	(guaifenesin)	3	$0	
*cvs tussin 100 mg/5 ml liquid 100 mg/5 ml **	(guaifenesin)	3	$0	
*diabetic tussin 200 mg/10 ml 100 mg/5 ml **	(guaifenesin)	3	$0	
*diabetic tussin dm max-str liq 10-200 mg/5 ml **		3	$0	
*diabetic tussin ex liquid d/f,n 100 mg/5 ml **	(guaifenesin)	3	$0	
*expectorant 100 mg/5 ml syrup 100 mg/5 ml **	(guaifenesin)	3	$0	
*expectorant 200 mg tablet 200 mg **	(guaifenesin)	3	$0	
*guaifenesin 200 mg tablet (otc) 200 mg **	(Expectorant)	3	$0	
*kidkare cough/cold oral liquid 1-15-5 mg/5 ml **		3	$0	
MUCINEX D ER 600-60 MG TABLET 60-600 MG *	(pseudoephedrine-guaifenesin)	3	$0	
MUCINEX DM ER 1,200-60 MG TAB BI-LAYER, MAX-STR 60-1,200 MG *	(dextromethorphan-guaifenesin)	3	$0	
MUCINEX DM ER 600-30 MG TABLET 30-600 MG *	(dextromethorphan-guaifenesin)	3	$0	
*mucinex fast-max chest-congest 100 mg/5 ml **	(guaifenesin)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*mucus relief 400 mg tablet 400 mg **	(guaifenesin)	3	$0	
*mucus relief er 600 mg tablet 600 mg **	(guaifenesin)	3	$0	
*mucus relief pe tablet 10-400 mg **	(phenylephrine-guaifenesin)	3	$0	
*neo-tuss liquid 30-200 mg/5 ml **		3	$0	
*pedia relief cough-cold oral liquid 1-15-5 mg/5 ml **		3	$0	
*pediatric cough-cold liquid 1-15-5 mg/5 ml **		3	$0	
*pseudoephedrine 30 mg tablet 30 mg **	(Sudogest)	3	$0	
*ra day cold-flu relief softgel multi-symptom 5-10-325 mg **		3	$0	
*ra expectorant cough syrup 100 mg/5 ml **	(guaifenesin)	3	$0	
*ra night cold-flu relief sftgl multi-symptom 6.25-15-325 mg **		3	$0	
*ra tussin chest congestion syr non-drowsy 100 mg/5 ml **	(guaifenesin)	3	$0	
*ra tussin cough liquid d/f 10-100 mg/5 ml **	(dextromethorphan-guaifenesin)	3	$0	
*ra tussin dm max liquid 10-200 mg/5 ml **		3	$0	
*ra tussin dm syrup 10-100 mg/5 ml **	(dextromethorphan-guaifenesin)	3	$0	
*refenesen 400 mg tablet 400 mg **	(guaifenesin)	3	$0	
*ri-tussin dm oral syrup 10-100 mg/5 ml **	(dextromethorphan-guaifenesin)	3	$0	
*ri-tussin oral liquid 100 mg/5 ml **	(guaifenesin)	3	$0	
*robafen 200 mg/10 ml syrup 100 mg/5 ml **	(guaifenesin)	3	$0	
*robafen cf liquid multi-cld symptm 5-10-100 mg/5 ml **		3	$0	
*robafen dm cough liquid 10-100 mg/5 ml **	(dextromethorphan-guaifenesin)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*robitussin cough-chest dm liq 5-100 mg/5 ml **		3	$0	
*rynex dm liquid prof use only 1-2.5-5 mg/5 ml **		3	$0	
*scot-tussin expectorant liquid 100 mg/5 ml **	(guaifenesin)	3	$0	
*siltussin sa 100 mg/5 ml syr 100 mg/5 ml **	(guaifenesin)	3	$0	
*sudogest 30 mg tablet boxed 30 mg **	(pseudoephedrine hcl)	3	$0	
TESSALON PERLE 100 MG CAP 100 MG *	(benzonatate)	3	$0	
THERAFLU MS SEVERE COLD PCKT 10-20-500 MG *		3	$0	
VANATAB DM CAPLET 5-9-198 MG *		3	$0	
*vicks dayquil liquicaps cold & flu 5-10-325 mg **		3	$0	
*vicks nyquil liquicaps cold & flu 6.25-15-325 mg **		3	$0	
*wal-phed 30 mg tablet maxium strength 30 mg **	(pseudoephedrine hcl)	3	$0	
*wal-tussin cough-cold cf liq pseudoephedrine free 5-10-100 mg/5 ml **		3	$0	
*wal-tussin dm clear syrup 10-100 mg/5 ml **	(dextromethorphan-guaifenesin)	3	$0	
*wal-tussin syrup 100 mg/5 ml **	(guaifenesin)	3	$0	
Dental And Oral Agents				
Dental And Oral Agents				
cevimeline oral capsule 30 mg	(Evoxac)	1	$0	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	$0	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	$0	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
oralone dental paste 0.1 %	(triamcinolone acetonide)	1	$0	
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	$0	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	$0	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	$0	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	$0	
sodium fluoride dental solution 0.2 %	(PreviDent)	1	$0	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Fluoridex Sensitivity Relief)	1	$0	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	1	$0	
Dermatological Agents				
Dermatological Agents, Other				
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	$0	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		1	$0	
*acne medication 10% gel 10 % **	(benzoyl peroxide)	3	$0	
*acne medication 5% gel 5 % **	(benzoyl peroxide)	3	$0	
*acneclear gel 10 % **	(benzoyl peroxide)	3	$0	
acyclovir topical cream 5 %	(Zovirax)	1	$0	QL (5 per 4 days)
acyclovir topical ointment 5 %	(Zovirax)	1	$0	QL (30 per 30 days)
ALCOHOL 70% SWABS	(Alcohol Pads)	1	$0	
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	$0	
ammonium lactate topical cream 12 %		1	$0	
ammonium lactate topical lotion 12 %	(Skin Treatment)	1	$0	
*arthritis pain relief 0.1% crm high potency str 0.1 % **	(capsaicin)	3	$0	
*arthritis pain rlf 0.075% crm 0.075 % **	(capsaicin)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BD SINGLE USE SWAB	(alcohol swabs)	1	$0	
calcipotriene scalp solution 0.005 %		1	$0	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	(Dovonex)	1	$0	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %		1	$0	QL (120 per 30 days)
*capsaicin 0.15% liquid 0.15 % **	(Capzasin)	3	$0	
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	$0	
CASTELLANI PAINT 1.5% COLORLESS 1.5 % *		3	$0	
COLEMAN SKINSMART INSECT REP TOPICAL SPRAY,NON-AEROSOL 20 % *		3	$0	
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	$0	
*cutter backwoods 25% spray 25 % **		3	$0	
*cutter backwoods dry 25% spray 25 % **		3	$0	
*cutter lemon eucalyptus spray 30 % **		3	$0	
*cutter skinsations 7% spray 7 % **		3	$0	
*cvs capsaicin 0.1% cream 0.1 % **	(Arthritis Pain Relief(capsaic))	3	$0	
*cvs insect repellent 15% spray 15 % **		3	$0	
*cvs total home insect 30% spr 30 % **		3	$0	
*daylogic acne treatmnt 10% gel 10 % **	(benzoyl peroxide)	3	$0	
DENAVIR TOPICAL CREAM 1 %		2	$0	NDS
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	1	$0	
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	$0	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	(alcohol swabs)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
fluorouracil topical cream 0.5 %	(Carac)	2	$0	NDS
fluorouracil topical cream 5 %	(Efudex)	1	$0	
fluorouracil topical solution 2 %, 5 %		1	$0	
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	$0	
imiquimod topical cream in packet 5 %		1	$0	QL (24 per 30 days)
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD TOPICAL PADS, MEDICATED	(alcohol swabs)	1	$0	
IV ANTISEPTIC WIPES	(alcohol swabs)	1	$0	
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	1	$0	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %		2	$0	QL (5 per 5 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		1	$0	NDS
NATRAPEL 20% SPRAY 20 % *		3	$0	
*off active 15% spray 15 % **		3	$0	
*off deep woods 25% spray 25 % **		3	$0	
*off deep woods sportmn 25% spr 25 % **		3	$0	
*off deep woods sportmn 98.25% 98.25 % **		3	$0	
*off familycare 15% rplnt i spr 15 % **		3	$0	
*off familycare 7% rplnt spray 7 % **		3	$0	
PANRETIN TOPICAL GEL 0.1 %		2	$0	QL (180 per 30 days); NDS
*persa-gel 10% 12's,max-strength 10 % **	(benzoyl peroxide)	3	$0	
podofilox topical solution 0.5 %		1	$0	
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	$0	
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
RA ISOPROPYL ALCOHOL 70% WIPES (alcohol swabs)	1	$0	
REGRANEX TOPICAL GEL 0.01 %	2	$0	PA; QL (30 per 30 days); NDS
*repel 100 98.11% spray 98.11 % **	3	$0	
*repel family 15% spray 15 % **	3	$0	
*repel hunter's 25% spray 25 % **	3	$0	
*repel lemon eucalyptus 30% spr 30 % **	3	$0	
*repel sportsmen 25% spray 25 % **	3	$0	
*repel sportsmen dry 25% spray 25 % **	3	$0	
*repel sportsmen max 40% lotion 40 % **	3	$0	
*repel sportsmen max 40% spray 40 % **	3	$0	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	$0	QL (180 per 30 days)
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	1	$0	
SURE-PREP ALCOHOL PREP PADS (alcohol swabs)	1	$0	
TRUE COMFORT ALCOHOL 70% PADS (alcohol swabs)	1	$0	
TRUE COMFORT PRO ALCOHOL PADS (alcohol swabs)	1	$0	
ULTILET ALCOHOL STERL SWAB (alcohol swabs)	1	$0	
*ultrathon 25% repellent spray (rx) 25 % **	3	$0	
ULTRATHON 34.34% REPEL LOTION 34.34 % *	3	$0	
VALCHLOR TOPICAL GEL 0.016 %	2	$0	NDS
VEREGEN TOPICAL OINTMENT 15 %	2	$0	NDS
WEBCOL ALCOHOL PREPS 20'S,LARGE (alcohol swabs)	1	$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	$0	
*zinc oxide 20% ointment (otc) 20 % **		3	$0	
*zostrix hp 0.1% cream 0.1 % **	(capsaicin)	3	$0	
*zostrix hp 0.1% foot cream 0.1 % **	(capsaicin)	3	$0	
Dermatological Antibacterials				
*bacitracin 500 unit/gm ointmnt 500 unit/gram **	(Bacitraycin Plus)	3	$0	
*bacitracin zn 500 unit/gm oint 500 unit/gram **	(Antibiotic (bacitracin zinc))	3	$0	
*bacitraycin plus 500 unit/gm 500 unit/gram **	(bacitracin)	3	$0	
clindamycin phosphate topical foam 1 %	(Evoclin)	1	$0	QL (100 per 30 days)
clindamycin phosphate topical solution 1 %	(Cleocin T)	1	$0	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	1	$0	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	1	$0	
clindamycin-benzoyl peroxide topical gel 1-5 %		1	$0	
ery pads topical swab 2 %	(erythromycin with ethanol)	1	$0	
erythromycin with ethanol topical gel 2 %	(Erygel)	1	$0	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %		1	$0	QL (180 per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	1	$0	
gentamicin topical cream 0.1 %		1	$0	QL (120 per 30 days)
gentamicin topical ointment 0.1 %		1	$0	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	1	$0	
metronidazole topical gel 0.75 %	(Rosadan)	1	$0	
metronidazole topical gel 1 %	(Metrogel)	1	$0	
metronidazole topical lotion 0.75 %	(MetroLotion)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
mupirocin topical ointment 2 %	(Centany)	1	$0	QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		1	$0	
rosadan topical cream 0.75 %	(metronidazole)	1	$0	
selenium sulfide topical lotion 2.5 %		1	$0	
silver sulfadiazine topical cream 1 %	(SSD)	1	$0	
ssd topical cream 1 %	(silver sulfadiazine)	2	$0	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	1	$0	
Dermatological Anti-Inflammatory Agents				
ala-cort topical cream 1 %	(hydrocortisone)	1	$0	
ala-scalp topical lotion 2 %		1	$0	
alclometasone topical cream 0.05 %		1	$0	
alclometasone topical ointment 0.05 %		1	$0	
aquaphor itch relief 1% oint 1 % *	(hydrocortisone)	3	$0	
betamethasone dipropionate topical cream 0.05 %		1	$0	
betamethasone dipropionate topical lotion 0.05 %		1	$0	
betamethasone dipropionate topical ointment 0.05 %		1	$0	
betamethasone valerate topical cream 0.1 %		1	$0	
betamethasone valerate topical foam 0.12 %	(Luxiq)	1	$0	
betamethasone valerate topical lotion 0.1 %		1	$0	
betamethasone valerate topical ointment 0.1 %		1	$0	
betamethasone, augmented topical cream 0.05 %		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
betamethasone, augmented topical gel 0.05 %		1	$0	
betamethasone, augmented topical lotion 0.05 %		1	$0	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	1	$0	
clobetasol scalp solution 0.05 %		1	$0	
clobetasol topical cream 0.05 %		1	$0	
clobetasol topical foam 0.05 %	(Olux)	1	$0	
clobetasol topical gel 0.05 %		1	$0	
clobetasol topical lotion 0.05 %	(Clobex)	1	$0	
clobetasol topical ointment 0.05 %	(Temovate)	1	$0	
clobetasol topical shampoo 0.05 %	(Clobex)	1	$0	
clobetasol-emollient topical cream 0.05 %		1	$0	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	1	$0	
*cortaid 1% cream 12 hr, anti-itch 1 % **	(hydrocortisone)	3	$0	
*cortizone-10 1% creme maximum strength 1 % **	(hydrocortisone)	3	$0	
*cortizone-10 1% ointment 1 % **	(hydrocortisone)	3	$0	
*cvs cortisone 1% cream 1 % **	(hydrocortisone)	3	$0	
*cvs cortisone with aloe 1% crm 1 % **	(hydrocortisone-aloe vera)	3	$0	
desonide topical cream 0.05 %	(DesOwen)	1	$0	
desonide topical lotion 0.05 %		1	$0	
desonide topical ointment 0.05 %		1	$0	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	1	$0	QL (120 per 30 days)
desoximetasone topical gel 0.05 %	(Topicort)	1	$0	QL (120 per 30 days)
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	1	$0	QL (120 per 30 days)
diflorasone topical ointment 0.05 %		1	$0	QL (180 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %		2	$0	
fluocinolone topical cream 0.01 %		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
fluocinolone topical cream 0.025 %	(Synalar)	1	$0	
fluocinolone topical ointment 0.025 %	(Synalar)	1	$0	
fluocinonide topical cream 0.05 %		1	$0	
fluocinonide topical gel 0.05 %		1	$0	
fluocinonide topical ointment 0.05 %		1	$0	
fluocinonide topical solution 0.05 %		1	$0	
fluocinonide-e topical cream 0.05 %	(fluocinonide-emollient)	1	$0	
fluticasone propionate topical cream 0.05 %		1	$0	
fluticasone propionate topical ointment 0.005 %		1	$0	
halobetasol propionate topical cream 0.05 %		1	$0	
halobetasol propionate topical ointment 0.05 %		1	$0	
*hydrocortisone 1% cream 1 % **	(Vanicream HC)	3	$0	
*hydrocortisone 1% cream maximum strength (otc) 1 % **	(Ala-Cort)	3	$0	
*hydrocortisone 1% cream maximum strength 1 % **	(Vanicream HC)	3	$0	
*hydrocortisone 1% ointment (otc) 1 % **	(Anti-Itch (HC))	3	$0	
*hydrocortisone 1% ointment maximum strength (otc) 1 % **	(Anti-Itch (HC))	3	$0	
hydrocortisone 2.5% cream 2.5 %		1	$0	
hydrocortisone butyrate topical cream 0.1 %		1	$0	QL (120 per 30 days)
hydrocortisone butyrate topical lotion 0.1 %	(Locoid)	1	$0	QL (236 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %		1	$0	QL (120 per 30 days)
hydrocortisone butyrate topical solution 0.1 %		1	$0	QL (120 per 30 days)
hydrocortisone topical cream 1 %	(Ala-Cort)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	1	$0	
hydrocortisone topical lotion 2.5 %		1	$0	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	$0	
hydrocortisone topical ointment 2.5 %		1	$0	
hydrocortisone valerate topical cream 0.2 %		1	$0	
hydrocortisone valerate topical ointment 0.2 %		1	$0	
*hydrocortisone-aloe 1% cream 1 % **	(Anti-Itch(hydrocortisone)-Aloe)	3	$0	
mometasone topical cream 0.1 %		1	$0	
mometasone topical ointment 0.1 %		1	$0	
mometasone topical solution 0.1 %		1	$0	
pimecrolimus topical cream 1 %	(Elidel)	1	$0	QL (100 per 30 days)
prednicarbate topical ointment 0.1 %		1	$0	
*preparation h hc 1% cream 1 % **	(hydrocortisone)	3	$0	
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	$0	
procto-pak topical cream with perineal applicator 1 %	(hydrocortisone)	1	$0	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	$0	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	$0	
*pub hydrocream 1% 1 % **	(hydrocortisone)	3	$0	
*qc anti-itch with aloe 1% crm 1 % **	(hydrocortisone-aloe vera)	3	$0	
*ra anti-itch 1% cream maximum strength 1 % **	(hydrocortisone)	3	$0	
*ra anti-itch 1% ointment maximum strength 1 % **	(hydrocortisone)	3	$0	
*sm hydrocortisone 1% ointment maximum strength (otc) 1 % **	(Anti-Itch (HC))	3	$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*sm hydrocortisone plus 1% crm 1 % **	(hydrocortisone-aloe vera)	3	$0	
*sm hydrocortisone-aloe 1% crm 1 % **	(Anti-Itch(hydrocortisone)-Aloe)	3	$0	
*soothing care 1% cream 1 % **	(hydrocortisone)	3	$0	
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	1	$0	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %		1	$0	
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	1	$0	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		1	$0	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	$0	
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	1	$0	
*vanicream hc 1% cream 1 % **	(hydrocortisone acetate)	3	$0	
Dermatological Retinoids				
adapalene topical cream 0.1 %	(Differin)	1	$0	
adapalene topical gel 0.1 %	(Differin)	1	$0	
ALTRENO TOPICAL LOTION 0.05 %		2	$0	PA
tazarotene topical cream 0.1 %	(Tazorac)	1	$0	
TAZORAC TOPICAL CREAM 0.05 %		2	$0	
tretinoin topical cream 0.025 %	(Avita)	1	$0	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	1	$0	PA
tretinoin topical gel 0.01 %	(Retin-A)	1	$0	PA
tretinoin topical gel 0.025 %	(Avita)	1	$0	PA
tretinoin topical gel 0.05 %	(Atralin)	1	$0	PA
Scabicides And Pediculicides				
*lice killing shampoo w/nit comb 0.33-4 % **		3	$0	
malathion topical lotion 0.5 %	(Ovide)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
permethrin topical cream 5 %	(Elimite)	1	$0	
*ra lice pyrinyl shampoo 0.33-4 % **		3	$0	
*rid lice killing shampoo 0.33-4 % **		3	$0	
*sm lice treatment 1% crm rinse 1 % **	(permethrin)	3	$0	
Devices				
Devices				
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		1	$0	
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		1	$0	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		1	$0	
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		1	$0	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"		1	$0	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"		1	$0	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"		1	$0	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"		1	$0	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"		1	$0	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"		1	$0	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
BD INSULIN SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"		1	$0	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	$0	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"		1	$0	
BD INSULIN SYR 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	
BD INSULIN SYRINGE 1 ML W/O NEEDLE 1 ML	(insulin syringe needleless)	1	$0	
BD LUER-LOK SYRINGE 1 ML 1 ML	(BD Insulin Syringe Slip Tip)	1	$0	
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
BD SAFETGLD INS 0.3 ML 13MMX29G 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
BD SAFETGLD INS 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
BD SAFETGLD INS 0.5 ML 8MMX30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		1	$0	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		1	$0	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "		1	$0	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"		1	$0	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org.

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		1	$0	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	$0	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	$0	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
CAREONE SYR 0.3 ML 31GX5/16" SHORT, HRI 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	$0	
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		1	$0	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16		1	$0	
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"		1	$0	
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"		1	$0	
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"		1	$0	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		1	$0	
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		1	$0	
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		1	$0	
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"		1	$0	
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"		1	$0	
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"		1	$0	
COMFORT TOUCH PEN NDL 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"		1	$0	
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	$0	
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	$0	
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	1	$0	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		1	$0	
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		1	$0	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		1	$0	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		1	$0	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"		1	$0	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"		1	$0	
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"		1	$0	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"		1	$0	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"		1	$0	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1	$0	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		1	$0	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	$0	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"		1	$0	
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	$0	
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"		1	$0	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	$0	
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		1	$0	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		1	$0	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"		1	$0	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"		1	$0	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		1	$0	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"		1	$0	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	$0	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"		1	$0	
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"		1	$0	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"		1	$0	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"		1	$0	
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"		1	$0	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"		1	$0	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		1	$0	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"		1	$0	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		1	$0	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"		1	$0	
EASY TOUCH LUER LOK INSUL 1 ML 1 ML	(insulin syringe needleless)	1	$0	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"		1	$0	
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"		1	$0	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	$0	
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	$0	
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"		1	$0	
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
EASY TOUCH UNI-SLIP SYR 1 ML 1 ML	(insulin syringe needleless)	1	$0	
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		1	$0	
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	1	$0	
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Lite Touch Insulin Syringe)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Lite Touch Insulin Syringe)	1	$0	
EXEL INSULIN SYRINGE 27G-1 ML 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE 0.5 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	$0	
FIFTY50 INS SYR 1 ML 31GX5/16" SHORT NEEDLE 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	1	$0	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
FIFTY50 PEN NEEDLE 32G X 1/4" 32 GAUGE X 1/4"	(BD Ultra-Fine Micro Pen Needle)	1	$0	
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE	(Lite Touch Insulin Syringe)	1	$0	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
GAUZE PADS & DRESSINGS - PADS 2 X 2 TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	$0	
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"		1	$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	$0	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	$0	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE		1	$0	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	(insulin syringe-needle u-100)	1	$0	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		1	$0	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		2	$0	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		2	$0	
INSULIN SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	$0	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insuln Syr(half unit))	1	$0	
INSULIN SYRIN 0.3 ML 30GX1/2" SHORT NEEDLE 0.3 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	
INSULIN SYRIN 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	$0	
INSULIN SYRING 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	1	$0	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	1	$0	
INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	$0	
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	1	$0	
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	$0	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		1	$0	
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	1	$0	
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16	(Advocate Syringes)	1	$0	
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	$0	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	1	$0	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	1	$0	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	1	$0	
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"		1	$0	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
KRO PEN NEEDLE 4MM X 33G 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	$0	
LISCO SPONGES 100/BAG 2 X 2 "		1	$0	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u-100)	1	$0	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	$0	
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		1	$0	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		1	$0	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		1	$0	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2"		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		1	$0	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		1	$0	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		1	$0	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		1	$0	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	$0	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML	(insulin syringes (disposable))	1	$0	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		1	$0	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
NOVOFINE 30 NEEDLE		1	$0	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		1	$0	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		1	$0	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE		2	$0	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		2	$0	
OMNIPOD CLASSIC PDM KIT(GEN 3)		2	$0	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE		2	$0	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE		2	$0	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)		2	$0	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE		2	$0	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(AboutTime Pen Needle)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PEN NEEDLE 32G X 3/16" 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	$0	
PEN NEEDLE 32G X 5/32" 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	$0	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	1	$0	
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	1	$0	
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	$0	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"		1	$0	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	$0	
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	$0	
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(BD Veo Insulin Syringe UF)	1	$0	
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Lite Touch Insulin Syringe)	1	$0	
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		1	$0	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
RELION PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		1	$0	
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"		1	$0	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"		1	$0	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"		1	$0	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"		1	$0	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"		1	$0	
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"		1	$0	
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	(gauze bandage)	1	$0	
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	$0	
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	$0	
NEEDLES, INSULIN DISP., SAFETY	(insulin syringe-needle u-100)	1	$0	
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"		1	$0	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"		1	$0	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"		1	$0	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		1	$0	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"		1	$0	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"		1	$0	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"		1	$0	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"		1	$0	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"		1	$0	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	$0	
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	$0	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"		1	$0	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
TERUMO INS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(Advocate Syringes)	1	$0	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	1	$0	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	$0	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	$0	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		1	$0	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	(insulin syringe-needle u-100)	1	$0	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		1	$0	
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8"	(insulin syringe-needle u-100)	1	$0	
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		1	$0	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		1	$0	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		1	$0	
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ULT CFT 0.3 ML 30GX5/16" (1/2) 1/2 UNIT 0.3 ML 30 GAUGE X 5/16"		1	$0	
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	1	$0	
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	$0	
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTICARE SAFE PEN NDL 8MM 30G 30 GAUGE X 5/16"		1	$0	
ULTICARE SAFETY 0.5 ML 29GX1/2 (RX) 0.5 ML 29 GAUGE X 1/2"	(Advocate Syringes)	1	$0	
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		1	$0	
ULTIGUARD SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"		1	$0	
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"		1	$0	
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		1	$0	
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		1	$0	
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		1	$0	
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		1	$0	
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		1	$0	
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		1	$0	
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		1	$0	
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		1	$0	
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ULTILET PEN NEEDLE 29 GAUGE		1	$0	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	$0	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"		1	$0	
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		1	$0	
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		1	$0	
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	$0	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	$0	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"		1	$0	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		1	$0	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
UNIFINE SAFECONTROL 30GX3/16" 30 GAUGE X 3/16"		1	$0	
UNIFINE SAFECONTROL 30GX5/16" 30 GAUGE X 5/16"		1	$0	
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	$0	
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	$0	
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		1	$0	
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	$0	
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	$0	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32" (pen needle, diabetic)	1	$0	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16" (pen needle, diabetic)	1	$0	
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "	1	$0	
V-GO 20 DEVICE	2	$0	
V-GO 30 DEVICE	2	$0	
V-GO 40 DEVICE	2	$0	
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	$0	NDS
CERDELGA ORAL CAPSULE 84 MG	2	$0	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	$0	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	$0	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	2	$0	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	$0	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	2	$0	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	2	$0	PA; QL (14 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	$0	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	2	$0	PA BvD; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	2	$0	PA; NDS
miglustat oral capsule 100 mg (Zavesca)	1	$0	PA; QL (90 per 30 days); NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	$0	NDS
nitisinone oral capsule 10 mg, 2 mg, 5 mg (Orfadin)	1	$0	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	$0	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	2	$0	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	2	$0	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	$0	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	$0	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	2	$0	PA; NDS
sapropterin oral tablet,soluble 100 mg (Kuvan)	1	$0	NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	$0	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	$0	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	2	$0	NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT		2	$0	
Eye, Ear, Nose, Throat Agents				
Eye, Ear, Nose, Throat Agents, Miscellaneous				
*alaway 0.025% eye drops 0.025 % (0.035 %) **	(ketotifen fumarate)	3	$0	
alcaine ophthalmic (eye) drops 0.5 %	(proparacaine)	1	$0	
apraclonidine ophthalmic (eye) drops 0.5 %		1	$0	
*artificial tears **		3	$0	
*artificial tears 1.4% drops 1.4 % **	(polyvinyl alcohol)	3	$0	
*artificial tears drops 0.5-0.6 % **		3	$0	
*artificial tears drops 1-0.2-0.2 % **		3	$0	
*artificial tears eye drops **		3	$0	
*artificial tears eye drops strl 0.1-0.3 % **		3	$0	
*artificial tears eye ointment 83-15 % **		3	$0	
ARTIFICIAL TEARS EYE OINTMENT 83-15 % *		3	$0	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	2	$0	
azelastine nasal aerosol,spray 137 mcg (0.1 %)		1	$0	QL (30 per 25 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)		1	$0	QL (30 per 25 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
azelastine ophthalmic (eye) drops 0.05 %		1	$0	
bepotastine besilate ophthalmic (eye) drops 1.5 %	(Bepreve)	1	$0	ST
*clear eyes natural tears drop 0.5-0.6 % **		3	$0	
cromolyn ophthalmic (eye) drops 4 %		1	$0	
*cvs lubricant 0.5% eye drop 0.5 % **	(carboxymethylcellulose sodium)	3	$0	
*cvs overnight lubricating eye 94-3 % **		3	$0	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	(Cyclogyl)	1	$0	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %		2	$0	PA; QL (20 per 28 days); NDS
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		2	$0	PA; QL (60 per 28 days); NDS
*dristan 0.05% nasal spray 0.05 % **	(oxymetazoline)	3	$0	
epinastine ophthalmic (eye) drops 0.05 %		1	$0	
*eq restore tears 0.5% eye drop 0.5 % **	(carboxymethylcellulose sodium)	3	$0	
*eye allergy itch rlf 0.2% drop 0.2 % **	(olopatadine)	3	$0	
*eye allergy itch-red 0.1% drop 0.1 % **	(olopatadine)	3	$0	
*for sty relief eye ointment **		3	$0	
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 % *	(artificial tear(dxtrn-hpm-gly))	3	$0	
*genteal tears 0.1%-0.3% drop 0.1-0.3 % **		3	$0	
GENTEAL TEARS SEVERE 0.3% GEL 0.3 % *		3	$0	
GENTEAL TEARS SEVERE 3-94% OIN 94-3 % *		3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*gnp olopatadine 0.1% eye drops (otc) 0.1 % **	(Eye Allergy Itch-Redness Rlf)	3	$0	
*gs nasal spray 0.05% 0.05 % **	(oxymetazoline)	3	$0	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		1	$0	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		1	$0	QL (15 per 10 days)
*ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %) **	(Alaway)	3	$0	
levofloxacin ophthalmic (eye) drops 1.5 %		1	$0	
*liquitears ophthalmic (eye) drops 1.4 % **	(polyvinyl alcohol)	3	$0	
*lubricating eye drop 0.4-0.3 % **		3	$0	
*lubrifresh pm eye ointment 83-15 % **		3	$0	
*muro-128 2% eye drops 2 % **		3	$0	
*muro-128 5% eye drops 5 % **	(sodium chloride)	3	$0	
*muro-128 5% eye ointment 5 % **	(sodium chloride)	3	$0	
*olopatadine hcl 0.2% eye drop (otc) 0.2 % **	(Eye Allergy Itch Relief)	3	$0	
olopatadine nasal spray,non-aerosol 0.6 %	(Patanase)	1	$0	QL (30.5 per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	1	$0	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	1	$0	
PATADAY ONCE DAILY 0.2% DROPS 0.2 % *	(olopatadine)	3	$0	
PATADAY TWICE DAILY 0.1% DROPS 0.1 % *	(olopatadine)	3	$0	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	1	$0	
*puralube ophthalmic (eye) ointment 85-15 % **		3	$0	
*ra lubricant 0.6% eye drop 0.6 % **		3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
REFRESH CLASSIC EYE DROPS U-D,P/F,30X.4ML 1.4-0.6 % *		3	$0	
REFRESH LACRI-LUBE OINTMENT 56.8-42.5 % *		3	$0	
REFRESH LIQUIGEL 1% EYE DROP 1 % *	(carboxymethylcellulose sodium)	3	$0	
REFRESH OPTIVE EYE DROPS 0.5-0.9 % *		3	$0	
*sinus relief nasal spray 0.05% 0.05 % **	(oxymetazoline)	3	$0	
*sm nasal spray sinus 0.05 % **	(oxymetazoline)	3	$0	
*sodium chloride 5% eye drop 5 % **	(Muro 128)	3	$0	
*sodium chloride 5% eye oint 5 % **	(Muro 128)	3	$0	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG		2	$0	PA; NDS
THERA TEARS 0.25% EYE DROPS 0.25 % *		3	$0	
*vicks sinex 12 hour spray 0.05 % **	(oxymetazoline)	3	$0	
VISINE DRY EYE RELIEF 1% DROP 1 % *		3	$0	
*vista gel 0.3% eye gel 0.3 % **		3	$0	
*vista meibo tears 0.6% eye drp 0.6 % **		3	$0	
Eye, Ear, Nose, Throat Anti-Infectives Agents				
acetic acid otic (ear) solution 2 %		1	$0	
bacitracin ophthalmic (eye) ointment 500 unit/gram		1	$0	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	1	$0	
bleph-10 ophthalmic (eye) drops 10 %	(sulfacetamide sodium)	1	$0	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	(Ciloxan)	1	$0	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	(Ciprodex)	1	$0	QL (7.5 per 7 days)

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	$0	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	(Zymaxid)	1	$0	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	(gentamicin)	1	$0	
gentamicin ophthalmic (eye) drops 0.3 %		1	$0	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		1	$0	
levofloxacin ophthalmic (eye) drops 0.5 %		1	$0	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	$0	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		2	$0	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	$0	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	$0	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	$0	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	$0	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	$0	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	$0	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		1	$0	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	1	$0	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	1	$0	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	$0	
ofloxacin otic (ear) drops 0.3 %		1	$0	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	1	$0	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	1	$0	
REFRESH OPTIVE MEGA-3 DROPS 0.5-1-0.5 % *		3	$0	
sulfacetamide sodium ophthalmic (eye) drops 10 %	(Bleph-10)	1	$0	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		1	$0	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	$0	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	1	$0	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	1	$0	
trifluridine ophthalmic (eye) drops 1 %		1	$0	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		2	$0	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		2	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Eye, Ear, Nose, Throat Anti-Inflammatory Agents				
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		2	$0	ST
bromfenac ophthalmic (eye) drops 0.09 %		1	$0	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %		2	$0	
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	1	$0	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		1	$0	
diclofenac sodium ophthalmic (eye) drops 0.1 %		1	$0	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	1	$0	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		2	$0	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		1	$0	QL (50 per 25 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	1	$0	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	2	$0	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	$0	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	$0	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		2	$0	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		2	$0	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	$0	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		2	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		2	$0	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	1	$0	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	(Lotemax)	1	$0	
mometasone nasal spray,non-aerosol 50 mcg/actuation		1	$0	QL (34 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	2	$0	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		1	$0	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %		2	$0	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		2	$0	QL (60 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	2	$0	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		2	$0	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		2	$0	QL (60 per 30 days)
Gastrointestinal Agents				
Antiflatulents				
*cvs anti-gas 180 mg softgel ultra str, softgel 180 mg **	(simethicone)	3	$0	
*cvs gas relf(simeth) 80 mg chw 80 mg **	(simethicone)	3	$0	
*cvs gas relief 125 mg softgel extra strength 125 mg **	(simethicone)	3	$0	
*gas relief 125 mg softgel 125 mg **	(simethicone)	3	$0	
*gas-x extra strength softgel softgel, ex-strength 125 mg **	(simethicone)	3	$0	
*gnp gas rlf(simeth) 80 mg chew 80 mg **	(simethicone)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*little remedies gas relief drp 40 mg/0.6 ml **	(simethicone)	3	$0	
*mi-acid gas 80 mg tab chew 80 mg **	(simethicone)	3	$0	
*simethicone 125 mg tab chew 125 mg **	(Gas Relief (simethicone))	3	$0	
*sm inf gas relief 20 mg/0.3 ml non-staining 40 mg/0.6 ml **	(simethicone)	3	$0	
Antiulcer Agents And Acid Suppressants				
*acid reducer dr 20 mg cap 20 mg **	(omeprazole magnesium)	3	$0	
*acid-pep 20 mg tablet 20 mg **	(famotidine)	3	$0	
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		1	$0	
*cimetidine 200 mg tablet (otc) 200 mg **	(Acid Reducer (cimetidine))	3	$0	
cimetidine hcl oral solution 300 mg/5 ml		1	$0	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	1	$0	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	$0	
*cvs acid controller 20 mg tab 20 mg **	(famotidine)	3	$0	
*cvs heartburn relief 200 mg tb 200 mg **	(cimetidine)	3	$0	
*cvs lansoprazole dr 15 mg cap (otc) 15 mg **	(Prevacid 24Hr)	3	$0	
*eq acid reducer 200 mg tablet 200 mg **	(cimetidine)	3	$0	
*eq famotidine 20 mg tablet (otc) 20 mg **	(Acid Controller)	3	$0	
*eq lansoprazole dr 15 mg cap inner (otc) 15 mg **	(Prevacid 24Hr)	3	$0	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Nexium)	1	$0	QL (30 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	1	$0	QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 20 mg		1	$0	
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	1	$0	
famotidine (pf) intravenous solution 20 mg/2 ml		1	$0	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		1	$0	
famotidine intravenous solution 10 mg/ml		1	$0	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)		1	$0	
famotidine oral tablet 20 mg	(Acid Controller)	1	$0	
famotidine oral tablet 40 mg	(Pepcid)	1	$0	
*gnp omeprazole mag dr 20 mg cp 20 mg **	(Acid Reducer (omeprazole))	3	$0	
*heartburn relief 10 mg tablet 10 mg **	(famotidine)	3	$0	
*heartburn relief 20 mg tablet 20 mg **	(famotidine)	3	$0	
*heartburn relief 200 mg tablet 200 mg **	(cimetidine)	3	$0	
*hm famotidine 20 mg tablet maximum strength (otc) 20 mg **	(Acid Controller)	3	$0	
*kro heartburn preven 20 mg tab 20 mg **	(famotidine)	3	$0	
*lansoprazole dr 15 mg capsule 2x14 day course (otc) 15 mg **	(Prevacid 24Hr)	3	$0	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Prevacid 24Hr)	1	$0	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	1	$0	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
nizatidine oral capsule 150 mg, 300 mg		1	$0	
nizatidine oral solution 150 mg/10 ml		1	$0	
*omeprazole dr 20 mg tablet 20 mg **		3	$0	
*omeprazole mag dr 20.6 mg cap two 14-day course 20 mg **	(Acid Reducer (omeprazole))	3	$0	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg		1	$0	
omeprazole oral capsule,delayed release(dr/ec) 20 mg		1	$0	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	(Zegerid)	1	$0	ST; QL (30 per 30 days)
pantoprazole intravenous recon soln 40 mg	(Protonix)	1	$0	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	1	$0	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	1	$0	QL (60 per 30 days)
*pub famotidine 20 mg tablet max strength (otc) 20 mg **	(Acid Controller)	3	$0	
*ra lansoprazole dr 15 mg cap 14capsx3 bottles (otc) 15 mg **	(Prevacid 24Hr)	3	$0	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	1	$0	QL (30 per 30 days)
*sm acid reducer 20 mg tablet 20 mg **	(famotidine)	3	$0	
*sm acid reducer 20 mg tablet maximum strength 20 mg **	(famotidine)	3	$0	
*sm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc) 15 mg **	(Prevacid 24Hr)	3	$0	
sucralfate oral tablet 1 gram	(Carafate)	1	$0	
ZANTAC 75 MG TABLET 75 MG *		3	$0	
*zantac-360(famotidine) 20 mg tb 20 mg **	(famotidine)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Gastrointestinal Agents, Other				
*acid gone antacid liquid 95-358 mg/15 ml **		3	$0	
*almacone-2 liquid 400-400-40 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*aluminum hydroxide gel 320 mg/5 ml **		3	$0	
*antacid anti-gas liquid 400-400-40 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*antacid ultra tablet chew 400 mg calcium (1,000 mg) **	(calcium carbonate)	3	$0	
*anti-diarrheal 2 mg caplet caplet 2 mg **	(loperamide)	3	$0	
*bismatrol tablet chew 262 mg **	(bismuth subsalicylate)	3	$0	
*bismuth oral suspension 262 mg/15 ml **	(bismuth subsalicylate)	3	$0	
*calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg) **	(Calcium 500)	3	$0	
*calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg) **	(calcium carbonate)	3	$0	
*calcium antacid 750 mg tb chew 300 mg (750 mg) **	(calcium carbonate)	3	$0	
*cal-gest 500 mg tablet chew 200 mg calcium (500 mg) **	(calcium carbonate)	3	$0	
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	1	$0	NDS
*comfort gel max str susp max-str 400-400-40 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*comfort gel suspension regular str, cherry 200-200-20 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
constulose oral solution 10 gram/15 ml	(lactulose)	1	$0	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*cvs antacid ultra str tab chew 400 mg calcium (1,000 mg) **	(calcium carbonate)	3	$0	
*cvs antacid xtra str chew tab extra-strength 300 mg (750 mg) **	(calcium carbonate)	3	$0	
*cvs anti-diarrheal suspension 262 mg/15 ml **	(bismuth subsalicylate)	3	$0	
*cvs flavor chew antacid 750 mg 300 mg (750 mg) **	(calcium carbonate)	3	$0	
*cvs heartburn relief liquid 254-237.5 mg/5 ml **		3	$0	
*diamode 2 mg tablet outer, f/c 2 mg **	(loperamide)	3	$0	
dicyclomine oral capsule 10 mg		1	$0	
dicyclomine oral solution 10 mg/5 ml		1	$0	
dicyclomine oral tablet 20 mg		1	$0	
*digestive relief oral tablet,chewable 262 mg **	(bismuth subsalicylate)	3	$0	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		1	$0	PA-HRM; AGE (Max 64 Years)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	$0	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	1	$0	
*eq liquid antacid susp maximum strength 400-400-40 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*foaming antacid liquid 95-358 mg/15 ml **		3	$0	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		2	$0	PA; NDS
*gelusil 200-200-25 mg chew tab cool mint 200-200-25 mg **		3	$0	
generlac oral solution 10 gram/15 ml	(lactulose)	1	$0	
*geri-lanta liquid 200-200-20 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
glycopyrrolate oral tablet 1 mg	(Robinul)	1	$0	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*hm loperamide 2 mg softgel softgel (otc) 2 mg **	(Anti-Diarrheal (loperamide))	3	$0	
*imodium a-d 2 mg softgel 2 mg **	(loperamide)	3	$0	
*kaopectate 262 mg/15 ml susp 262 mg/15 ml **	(bismuth subsalicylate)	3	$0	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml		1	$0	
lactulose oral solution 10 gram/15 ml	(Constulose)	1	$0	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		2	$0	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM		2	$0	QL (34 per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM		2	$0	QL (30 per 30 days)
*loperamide 1 mg/7.5 ml soln 1 mg/7.5 ml **	(Anti-Diarrheal (loperamide))	3	$0	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	$0	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	2	$0	QL (60 per 30 days)
*maalox advanced suspension regular strength 200-200-20 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*maglox oral suspension 200-200-20 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*magnesium 400 mg tablet gluten-free 400 mg magnesium **		3	$0	
*magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium) **	(MgO)	3	$0	
*magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg **	(Phillips)	3	$0	
methscopolamine oral tablet 2.5 mg, 5 mg		1	$0	
metoclopramide hcl injection solution 5 mg/ml		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
metoclopramide hcl injection syringe 5 mg/ml		1	$0	
metoclopramide hcl oral solution 5 mg/5 ml		1	$0	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	$0	
*mgo 400 mg tablet 400 mg (241.3 mg magnesium) **	(magnesium oxide)	3	$0	
*mi-acid 400-400-40 mg/10 ml lq 200-200-20 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*mintox plus tablet chewable 200-200-25 mg **		3	$0	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		2	$0	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG		2	$0	PA; QL (30 per 30 days); NDS
*phillips 500 mg caplet 500 mg **	(magnesium oxide)	3	$0	
propantheline oral tablet 15 mg		1	$0	
*pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg) **	(Antacid Ultra Strength)	3	$0	
*ra anti-diarrheal 2 mg softgel 2 mg **	(loperamide)	3	$0	
*ra pink bismuth 262 mg/15 ml 262 mg/15 ml **	(bismuth subsalicylate)	3	$0	
RAVICTI ORAL LIQUID 1.1 GRAM/ML		2	$0	PA; NDS
RELISTOR ORAL TABLET 150 MG		2	$0	PA; QL (90 per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		2	$0	PA; QL (16.8 per 28 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML		2	$0	PA; QL (16.8 per 28 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML		2	$0	PA; QL (11.2 per 28 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*ri-gel ii oral suspension 400-400-40 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*ri-gel oral suspension 200-200-20 mg/5 ml **	(alum-mag hydroxide-simeth)	3	$0	
*riginic oral suspension 131-31.7 mg/5 ml **		3	$0	
*sodium bicarb 650 mg tablet 650 mg **		3	$0	
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	1	$0	NDS
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml		1	$0	
sodium polystyrene sulfonate oral powder		1	$0	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		1	$0	
*stomach rlf 525 mg/30 ml susp 262 mg/15 ml **	(bismuth subsalicylate)	3	$0	
ursodiol oral capsule 300 mg		1	$0	
ursodiol oral tablet 250 mg	(URSO 250)	1	$0	
ursodiol oral tablet 500 mg	(URSO Forte)	1	$0	
XERMELO ORAL TABLET 250 MG		2	$0	PA; QL (90 per 30 days); NDS
Laxatives				
*alophen pills 5 mg **	(bisacodyl)	3	$0	
*bisacodyl 10 mg suppository 10 mg **	(Laxative (bisacodyl))	3	$0	
*bisacodyl ec 5 mg tablet 5 mg **	(Alophen (bisacodyl))	3	$0	
*citroma solution **	(magnesium citrate)	3	$0	
*clearlax powder packet 17 gram **	(polyethylene glycol 3350)	3	$0	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML		2	$0	
*cvs citrate of magnesia soln **	(Citrate of Magnesia)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*cvs enema disposable 19-7 gram/118 ml **		3	$0	
*cvs fiber laxative 625 mg cplt caplet 625 mg **	(calcium polycarbophil)	3	$0	
*cvs fiber therapy 500 mg caplt soluble, caplet 500 mg **		3	$0	
*cvs glycerin suppository child size **		3	$0	
*cvs magnesium citrate soln **	(Citrate of Magnesia)	3	$0	
*cvs milk of magnesia susp 400 mg/5 ml **	(magnesium hydroxide)	3	$0	
*cvs natural daily fiber powder 3.4 gram/7 gram **		3	$0	
*cvs purelax powder 17 gram/dose **	(polyethylene glycol 3350)	3	$0	
*cvs purelax powder packet 10 daily doses 17 gram **	(polyethylene glycol 3350)	3	$0	
*daily fiber powder 3 gram/7 gram **		3	$0	
*dioctyl oral syrup 60 mg/15 ml **	(docusate sodium)	3	$0	
*docu liquid 50 mg/5 ml 50 mg/5 ml **	(docusate sodium)	3	$0	
*docusate cal 240 mg softgel 240 mg **	(Kaopectate (docusate calcium))	3	$0	
*docusate sodium 100 mg softgel softgel 100 mg **	(DulcoEase)	3	$0	
*docusate sodium 250 mg softgel 250 mg **	(Col-Rite)	3	$0	
*docusol mini-enema outer 283 mg **		3	$0	
*dok 100 mg softgel softgel 100 mg **	(docusate sodium)	3	$0	
*dok 100 mg tablet 100 mg **	(docusate sodium)	3	$0	
*dulcoease 100 mg softgel 100 mg **	(docusate sodium)	3	$0	
*dulcolax 1,200 mg/15 ml liquid 400 mg/5 ml **	(magnesium hydroxide)	3	$0	
*dulcolax ss 100 mg softgel 100 mg **	(docusate sodium)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
enema disposable 19-7 gram/118 ml *		3	$0	
enemeez mini enema 5cc tubes, outer 283 mg/5 ml *	(docusate sodium)	3	$0	
enemeez plus mini enema outer 283-20 mg/5 ml *		3	$0	
eq magnesium citrate solution cherry *	(Citrate of Magnesia)	3	$0	
eql fiber therapy powder 3.4 gram/7 gram *		3	$0	
evac-u-gen 8.6 mg tablet 8.6 mg *	(sennosides)	3	$0	
fiber tablet unboxed 625 mg *	(calcium polycarbophil)	3	$0	
fiber therapy powder 2 gram/19 gram *		3	$0	
fiber-lax captabs 500mg polycarbophil 625 mg *	(calcium polycarbophil)	3	$0	
FLEET BISACODYL 10 MG ENEMA 10 MG/30 ML *		3	$0	
fleet pedia-lax suppositories *	(glycerin (child))	3	$0	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	$0	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	$0	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	1	$0	
glycerin pediatric suppository infants & children *		3	$0	
glycerin suppository child size *		3	$0	
glycolax oral powder 17 gram/dose *	(polyethylene glycol 3350)	3	$0	
healthylax powder packet outer 17 gram *	(polyethylene glycol 3350)	3	$0	
KONSYL 6 GM PACKET GLUTEN-F, OUTER (OTC) 6 GRAM *		3	$0	
kro gentlelax 17 gram powder 17 gram/dose *	(polyethylene glycol 3350)	3	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org.

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*laxacin tablet 8.6-50 mg **	(sennosides-docusate sodium)	3	$0	
*laxaclear powder 17 gram/dose **	(polyethylene glycol 3350)	3	$0	
*magic bullet 10 mg suppos 10 mg **	(bisacodyl)	3	$0	
*magnesium citrate solution *	(Citrate of Magnesia)	3	$0	
*milk of magnesia suspension 400 mg/5 ml **	(magnesium hydroxide)	3	$0	
*mineral oil *	(Mineral Oil Extra Heavy)	3	$0	
*mineral oil heavy heavy (otc) *	(mineral oil)	3	$0	
*mineral oil laxative oral oil *	(mineral oil)	3	$0	
*mineral oil usp *	(Mineral Oil Extra Heavy)	3	$0	
*mineral oil, heavy usp, heavy (rx) **	(mineral oil)	3	$0	
*natural fiber powder regular 3.4 gram/7 gram **		3	$0	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	1	$0	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	1	$0	
*phillips' lax liqui-gels 100 mg **	(docusate sodium)	3	$0	
*polyethylene glycol 3350 powd (otc) 17 gram/dose **	(GentleLax)	3	$0	
*polyethylene glycol 3350 powd 17 grams pkts,outer (otc) 17 gram **	(ClearLax)	3	$0	
*polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose **	(GentleLax)	3	$0	
*polyethylene glycol 3350 powd outer (otc) 17 gram **	(ClearLax)	3	$0	
*powderlax 17 g powder packet 17 gram **	(polyethylene glycol 3350)	3	$0	
*powderlax powder 17 gram/dose **	(polyethylene glycol 3350)	3	$0	
*promolaxin 100 mg tablet 100 mg **	(docusate sodium)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*qc mineral oil heavy *	(Mineral Oil Extra Heavy)	3	$0	
*qc natura-lax 17 gm powder 17 gram/dose **	(polyethylene glycol 3350)	3	$0	
*ra citrate of magnesia soln *	(magnesium citrate)	3	$0	
*ra fast relief lax 10 mg supp 10 mg **	(bisacodyl)	3	$0	
*ra laxative 25 mg pill 25 mg **		3	$0	
*ra laxative peg 3350 powder 30 once-daily doses 17 gram/dose **	(polyethylene glycol 3350)	3	$0	
*ra mineral oil extra-heavy extra-heavy *	(mineral oil)	3	$0	
*ra p-col rite tablet 8.6-50 mg **	(sennosides-docusate sodium)	3	$0	
*ra saline enema 19-7 gram/118 ml **		3	$0	
*ra senna 8.6 mg tablet 8.6 mg **	(sennosides)	3	$0	
*reguloid powder 3 gram/7 gram **		3	$0	
*senexon-s 50-8.6 mg tablet 8.6-50 mg **	(sennosides-docusate sodium)	3	$0	
*senna 8.6 mg tablet 8.6 mg **	(sennosides)	3	$0	
*senna-time 8.6 mg tablet 8.6 mg **	(sennosides)	3	$0	
*sennosides-docusate sodium tab 8.6-50 mg **	(Laxacin)	3	$0	
*senokot-s tablet 8.6-50 mg **	(sennosides-docusate sodium)	3	$0	
*silace 50 mg/5 ml liquid 50 mg/5 ml **	(docusate sodium)	3	$0	
*silace 60 mg/15 ml syrup 60 mg/15 ml **	(docusate sodium)	3	$0	
*sm fiber laxative 500 mg cplt 500 mg **		3	$0	
*sm fiber powder 3 gram/7 gram **		3	$0	
*sm laxative pediatric suppos *	(glycerin (child))	3	$0	
*smoothlax powder 30 once-daily doses 17 gram/dose **	(polyethylene glycol 3350)	3	$0	
*smoothlax powder packet 17 gram **	(polyethylene glycol 3350)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*stimulant laxative plus tablet 8.6-50 mg **	(sennosides-docusate sodium)	3	$0	
*stool softener 100 mg tablet 100 mg **	(docusate sodium)	3	$0	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		2	$0	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		2	$0	
trilyte with flavor packets oral recon soln 420 gram	(peg-electrolyte soln)	1	$0	
WAL-MUCIL 100% NATURAL FIBER 114 DOSES,ORANGE 3.4 GRAM/5.8 GRAM *		3	$0	
Phosphate Binders				
calcium acetate(phosphat bind) oral capsule 667 mg		1	$0	
calcium acetate(phosphat bind) oral tablet 667 mg		1	$0	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	1	$0	NDS
MAGNEBIND 300 TABLET 250-300 MG *		3	$0	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		2	$0	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	1	$0	NDS
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	$0	
sevelamer hcl oral tablet 400 mg		1	$0	
sevelamer hcl oral tablet 800 mg	(Renagel)	1	$0	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		2	$0	
Genitourinary Agents				
Antispasmodics, Urinary				
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org.

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
flavoxate oral tablet 100 mg		1	$0	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		2	$0	
oxybutynin chloride oral syrup 5 mg/5 ml		1	$0	
oxybutynin chloride oral tablet 5 mg		1	$0	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	(Ditropan XL)	1	$0	
oxybutynin chloride oral tablet extended release 24hr 15 mg		1	$0	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	1	$0	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	1	$0	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		2	$0	
trospium oral capsule,extended release 24hr 60 mg		1	$0	
trospium oral tablet 20 mg		1	$0	
Genitourinary Agents, Miscellaneous				
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	$0	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	$0	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	1	$0	
finasteride oral tablet 5 mg	(Proscar)	1	$0	
tamsulosin oral capsule 0.4 mg	(Flomax)	1	$0	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	$0	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		2	$0	PA; NDS
tiopronin oral tablet 100 mg	(Thiola)	1	$0	NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Heavy Metal Antagonists				
Heavy Metal Antagonists				
clovique oral capsule 250 mg	(trientine)	1	$0	PA; QL (240 per 30 days); NDS
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	1	$0	PA; NDS
deferasirox oral tablet 180 mg, 360 mg	(Jadenu)	1	$0	PA; NDS
deferasirox oral tablet 90 mg	(Jadenu)	1	$0	PA
deferasirox oral tablet, dispersible 125 mg	(Exjade)	1	$0	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	(Exjade)	1	$0	PA; NDS
deferiprone oral tablet 1,000 mg, 500 mg	(Ferriprox)	1	$0	PA; NDS
deferoxamine injection recon soln 2 gram		1	$0	PA
deferoxamine injection recon soln 500 mg	(Desferal)	1	$0	PA
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG	(deferiprone)	2	$0	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		2	$0	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG	(deferiprone)	2	$0	PA; NDS
penicillamine oral capsule 250 mg	(Cuprimine)	1	$0	PA; NDS
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	$0	PA; NDS
trientine oral capsule 250 mg	(Syprine)	1	$0	PA; QL (240 per 30 days); NDS
Hormonal Agents, Stimulant/Replacement/Modifying				
Androgens				
ANADROL-50 ORAL TABLET 50 MG		2	$0	PA; NDS
danazol oral capsule 100 mg, 200 mg, 50 mg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	1	$0	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	$0	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		1	$0	PA
testosterone enanthate intramuscular oil 200 mg/ml		1	$0	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	1	$0	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	1	$0	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	1	$0	PA; QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		1	$0	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		2	$0	PA; QL (2 per 28 days)
Estrogens And Antiestrogens				
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	(estradiol-norethindrone acet)	1	$0	PA-HRM; AGE (Max 64 Years)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	1	$0	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG		2	$0	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	$0	PA-HRM; AGE (Max 64 Years)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	1	$0	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	1	$0	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	$0	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	$0	QL (18 per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	1	$0	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Amabelz)	1	$0	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		2	$0	QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	PA-HRM; AGE (Max 64 Years)
jinteli oral tablet 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	$0	PA-HRM; AGE (Max 64 Years)
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	1	$0	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	1	$0	PA-HRM; AGE (Max 64 Years)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	1	$0	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG		2	$0	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		2	$0	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	2	$0	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		2	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		2	$0	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		2	$0	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	1	$0	
yuvafem vaginal tablet 10 mcg	(estradiol)	1	$0	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids				
a-hydrocort injection recon soln 100 mg		1	$0	
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone Soluspan)	1	$0	
dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml		1	$0	
dexamethasone oral elixir 0.5 mg/5 ml		1	$0	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	(Decadron)	1	$0	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		1	$0	
dexamethasone sodium phos (pf) injection solution 10 mg/ml		1	$0	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml		1	$0	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	$0	
dexamethasone sodium phosphate injection syringe 4 mg/ml		1	$0	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML		2	$0	PA; QL (91 per 28 days); NDS
EMFLAZA ORAL TABLET 18 MG		2	$0	PA; QL (30 per 30 days); NDS
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG		2	$0	PA; QL (60 per 30 days); NDS
fludrocortisone oral tablet 0.1 mg		1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
HEMADY ORAL TABLET 20 MG		2	$0	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	$0	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	1	$0	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	1	$0	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	$0	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg		1	$0	
methylprednisolone sodium succ intravenous recon soln 1,000 mg	(Solu-Medrol)	1	$0	
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)		1	$0	PA BvD
prednisolone oral solution 15 mg/5 ml		1	$0	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)		1	$0	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	1	$0	PA BvD
prednisone oral solution 5 mg/5 ml		1	$0	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	$0	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)		1	$0	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		2	$0	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Pituitary				
ACTHAR INJECTION GEL 80 UNIT/ML		2	$0	PA; QL (35 per 28 days); NDS
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML		2	$0	NDS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML		2	$0	PA; QL (35 per 28 days); NDS
desmopressin injection solution 4 mcg/ml	(DDAVP)	1	$0	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		1	$0	
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	1	$0	
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		2	$0	PA; QL (30 per 30 days); NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML		2	$0	NDS
lanreotide subcutaneous syringe 120 mg/0.5 ml	(Somatuline Depot)	2	$0	PA; QL (0.5 per 28 days); NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG		2	$0	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG		2	$0	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		2	$0	NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG		2	$0	NDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG		2	$0	PA; QL (120 per 30 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	$0	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	1	$0	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	1	$0	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	$0	
ORGOVYX ORAL TABLET 120 MG	2	$0	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	2	$0	PA; QL (28 per 28 days); NDS
ORILISSA ORAL TABLET 200 MG	2	$0	PA; QL (56 per 28 days); NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	2	$0	NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	$0	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	$0	PA; QL (60 per 30 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML (lanreotide)	2	$0	PA NSO; QL (0.5 per 28 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	2	$0	PA NSO; QL (0.2 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	2	$0	PA NSO; QL (0.3 per 28 days); NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	$0	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	2	$0	QL (1 per 360 days); NDS
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	2	$0	NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	$0	QL (1 per 168 days); NDS
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	2	$0	PA; NDS
Progestins			
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml (Makena)	1	$0	NDS
medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)	1	$0	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)	1	$0	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)	1	$0	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	$0	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg (Aygestin)	1	$0	
progesterone intramuscular oil 50 mg/ml	1	$0	
progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)	1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Thyroid And Antithyroid Agents			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (Euthyrox)	1	$0	
levothyroxine oral tablet 300 mcg (Levo-T)	1	$0	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)	1	$0	
methimazole oral tablet 10 mg, 5 mg	1	$0	
propylthiouracil oral tablet 50 mg	1	$0	
Immunological Agents			
Immunological Agents			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	$0	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	$0	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	$0	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	$0	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	2	$0	PA; NDS
azathioprine oral tablet 50 mg (Imuran)	1	$0	PA BvD
azathioprine sodium injection recon soln 100 mg	1	$0	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	2	$0	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	$0	PA; QL (8 per 28 days); NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	$0	PA; QL (8 per 28 days); NDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	2	$0	PA NSO; QL (2 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	2	$0	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	$0	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	$0	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	$0	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	$0	PA; NDS
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	1	$0	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	1	$0	PA BvD
cyclosporine modified oral capsule 50 mg	1	$0	PA BvD
cyclosporine modified oral solution 100 mg/ml (Gengraf)	1	$0	PA BvD
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	1	$0	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	2	$0	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	2	$0	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	$0	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	$0	PA; NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	$0	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	$0	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	$0	PA; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg (Zortress)	1	$0	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg (Zortress)	1	$0	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	2	$0	PA BvD; NDS
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	2	$0	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	$0	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	$0	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	2	$0	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	2	$0	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	$0	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	1	$0	PA BvD

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
gengraf oral solution 100 mg/ml (cyclosporine modified)	1	$0	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	$0	PA; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	$0	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	$0	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	$0	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	$0	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	$0	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	$0	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	$0	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	$0	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	$0	PA; NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)		2	$0	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML		2	$0	PA; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML		2	$0	PA; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML		2	$0	PA; NDS
INFLECTRA INTRAVENOUS RECON SOLN 100 MG		2	$0	PA; NDS
infliximab intravenous recon soln 100 mg	(Remicade)	1	$0	PA; NDS
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML		2	$0	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML		2	$0	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		2	$0	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	1	$0	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	1	$0	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	$0	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	1	$0	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	$0	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG		2	$0	PA BvD; NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	2	$0	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG	2	$0	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	2	$0	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	$0	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	$0	PA; NDS
OTEZLA ORAL TABLET 30 MG	2	$0	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	2	$0	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	$0	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	$0	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	$0	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	$0	
REMICADE INTRAVENOUS RECON SOLN 100 MG (infliximab)	2	$0	PA; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	2	$0	PA; NDS
REZUROCK ORAL TABLET 200 MG	2	$0	PA NSO; NDS

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org.

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
RIDAURA ORAL CAPSULE 3 MG		2	$0	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG		2	$0	PA; NDS
sirolimus oral solution 1 mg/ml	(Rapamune)	1	$0	PA BvD; NDS
sirolimus oral tablet 0.5 mg, 1 mg	(Rapamune)	1	$0	PA BvD
sirolimus oral tablet 2 mg	(Rapamune)	1	$0	PA BvD; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML		2	$0	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML		2	$0	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)		2	$0	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML		2	$0	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		2	$0	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		2	$0	PA; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	1	$0	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		2	$0	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML		2	$0	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		2	$0	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML		2	$0	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML		2	$0	PA; LA; NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
XELJANZ ORAL SOLUTION 1 MG/ML	2	$0	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	2	$0	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	$0	PA; NDS
Vaccines			
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	$0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	$0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	$0	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	$0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	$0	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	$0	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	$0	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	$0	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	$0	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	$0	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	$0	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	$0	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	$0	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	$0	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	$0	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	$0	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	$0	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	$0	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	$0	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	$0	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	$0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	$0	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	$0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	$0	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	$0	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	$0	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	2	$0	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	$0	PA BvD
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	$0	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	2	$0	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	$0	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	$0	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	$0	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	$0	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	$0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	$0	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	2	$0	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	$0	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	$0	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	$0	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	$0	QL (1.5 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	$0	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	$0	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	$0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	2	$0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML		2	$0	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		2	$0	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML		2	$0	
Inflammatory Bowel Disease Agents				
Inflammatory Bowel Disease Agents				
alosetron oral tablet 0.5 mg	(Lotronex)	1	$0	
alosetron oral tablet 1 mg	(Lotronex)	1	$0	NDS
balsalazide oral capsule 750 mg	(Colazal)	1	$0	
budesonide oral capsule,delayed,extend.release 3 mg		1	$0	
DIPENTUM ORAL CAPSULE 250 MG		2	$0	ST; NDS
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	2	$0	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	1	$0	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	1	$0	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	1	$0	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol HD)	1	$0	
mesalamine rectal suppository 1,000 mg	(Canasa)	1	$0	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	2	$0	
UCERIS RECTAL FOAM 2 MG/ACTUATION		2	$0	
Metabolic Bone Disease Agents				
Metabolic Bone Disease Agents				
alendronate oral solution 70 mg/75 ml		1	$0	QL (300 per 28 days)
alendronate oral tablet 10 mg, 5 mg		1	$0	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	$0	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	$0	QL (4 per 28 days)
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	1	$0	NDS
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		1	$0	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml		1	$0	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	$0	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	$0	
cinacalcet oral tablet 30 mg	(Sensipar)	1	$0	QL (60 per 30 days)
cinacalcet oral tablet 60 mg	(Sensipar)	1	$0	QL (60 per 30 days); NDS
cinacalcet oral tablet 90 mg	(Sensipar)	1	$0	QL (120 per 30 days); NDS
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg		1	$0	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)		2	$0	PA; QL (2.34 per 30 days); NDS
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)		2	$0	PA; QL (2.4 per 28 days)
ibandronate intravenous solution 3 mg/3 ml		1	$0	QL (3 per 84 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ibandronate intravenous syringe 3 mg/3 ml		1	$0	QL (3 per 84 days)
ibandronate oral tablet 150 mg	(Boniva)	1	$0	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		2	$0	PA; QL (2 per 28 days); NDS
pamidronate intravenous recon soln 30 mg, 90 mg		1	$0	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)		1	$0	
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	$0	
paricalcitol oral capsule 4 mcg		1	$0	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		2	$0	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		2	$0	QL (60 per 30 days)
risedronate oral tablet 150 mg	(Actonel)	1	$0	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		1	$0	QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	1	$0	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		1	$0	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	1	$0	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		2	$0	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		2	$0	PA; NDS
zoledronic acid intravenous recon soln 4 mg		1	$0	
zoledronic acid intravenous solution 4 mg/5 ml		1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml (Reclast)	1	$0	QL (100 per 300 days)
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	$0	PA; NDS
betaine oral powder 1 gram/scoop (Cystadane)	1	$0	NDS
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	$0	
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	1	$0	NDS
diazoxide oral suspension 50 mg/ml (Proglycem)	1	$0	
ELMIRON ORAL CAPSULE 100 MG	2	$0	QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	2	$0	PA; QL (180 per 30 days); NDS
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	2	$0	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	2	$0	PA; LA; NDS
fomepizole intravenous solution 1 gram/ml	1	$0	NDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	$0	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	$0	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	$0	
hydroxyzine pamoate oral capsule 100 mg	1	$0	
hydroxyzine pamoate oral capsule 25 mg, 50 mg (Vistaril)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
KEVEYIS ORAL TABLET 50 MG		2	$0	PA; QL (120 per 30 days); NDS
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg		1	$0	
leucovorin calcium injection solution 10 mg/ml		1	$0	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		1	$0	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	1	$0	
levocarnitine oral tablet 330 mg	(Carnitor)	2	$0	
levoleucovorin calcium intravenous recon soln 50 mg	(Fusilev)	1	$0	NDS
mesna intravenous solution 100 mg/ml	(Mesnex)	1	$0	
MESNEX ORAL TABLET 400 MG		2	$0	NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML		2	$0	PA; NDS
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	1	$0	
pyridostigmine bromide oral tablet 30 mg		1	$0	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	$0	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	1	$0	
RECTIV RECTAL OINTMENT 0.4 % (W/W)		2	$0	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		2	$0	PA; QL (4 per 28 days); NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)		2	$0	PA; QL (4 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	$0	PA NSO; QL (60 per 30 days); NDS
TOTECT INTRAVENOUS RECON SOLN 500 MG	2	$0	NDS
TYBOST ORAL TABLET 150 MG	2	$0	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	$0	QL (24 per 14 days); NDS
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	$0	PA; QL (120 per 30 days); NDS
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	$0	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	$0	
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg	1	$0	
acetazolamide oral tablet 125 mg, 250 mg	1	$0	
acetazolamide sodium injection recon soln 500 mg	1	$0	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	$0	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	1	$0	
betaxolol ophthalmic (eye) drops 0.5 %	1	$0	
bimatoprost ophthalmic (eye) drops 0.03 %	1	$0	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.15 % (Alphagan P)	2	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
brimonidine ophthalmic (eye) drops 0.2 %		1	$0	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	(Combigan)	2	$0	
carteolol ophthalmic (eye) drops 1 %		1	$0	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	(brimonidine-timolol)	2	$0	
dorzolamide ophthalmic (eye) drops 2 %	(Trusopt)	1	$0	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	1	$0	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	$0	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	$0	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		2	$0	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg		1	$0	
metipranolol ophthalmic (eye) drops 0.3 %		1	$0	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %	(Isopto Carpine)	1	$0	
pilocarpine hcl ophthalmic (eye) drops 4 %		1	$0	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		2	$0	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		2	$0	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		2	$0	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	1	$0	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	(Timoptic-XE)	2	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	1	$0	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %		2	$0	QL (5 per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		2	$0	ST; QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %		2	$0	QL (30 per 30 days)
Replacement Preparations				
Replacement Preparations				
*calcium 500 mg chewable tablet p/f,gluten-f (rx) 500 mg-2.5 mcg (100 unit) **		3	$0	
*calcium 500 mg tablet 500mg elemental ca (rx) 500 mg calcium (1,250 mg) **	(Natural Calcium)	3	$0	
*calcium 500+d tablet chew 500 mg-10 mcg (400 unit) **	(calcium carbonate-vitamin d3)	3	$0	
*calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit) **	(Calcium 500 + D)	3	$0	
*calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg) **	(Calcium 600)	3	$0	
*calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml) **		3	$0	
*calcium carbonate 648 mg tab 260 mg calcium (648 mg) **		3	$0	
calcium chloride intravenous syringe 100 mg/ml (10 %)		1	$0	
*calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit) **	(Calcium Citrate + D)	3	$0	
*calcium citrate - vit d caplet p/f, caplet (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*calcium citrate 200 mg tablet p/f (rx) 200 mg (950 mg) **		3	$0	
*calcium citrate-vit d3 caplet p/f (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*citracal + d maximum caplet (rx) 315 mg-6.25 mcg (250 unit) **	(calcium citrate-vitamin d3)	3	$0	
*citrus calcium + d tablet 315 mg-6.25 mcg (250 unit) **	(calcium citrate-vitamin d3)	3	$0	
*cvs cal cit 315 mg-d3 6.25 mcg (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*cvs calcium 500-vit d3 125 tab 500 mg-3.125 mcg (125 unit) **		3	$0	
*cvs pediatric electrolyte soln (rx) **	(electrolytes-dextrose)	3	$0	
d5 % and 0.9 % sodium chloride intravenous parenteral solution		2	$0	
d5 %-0.45 % sodium chloride intravenous parenteral solution		2	$0	
*electrolyte solution (rx) **	(electrolytes-dextrose)	3	$0	
*eq calcium citrate-d tablet p/f,gluten-free (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*hm calcium citrate-vit d cplt caplet, gluten-free (otc) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*hydralyte electrolyte soln **	(electrolytes-dextrose)	3	$0	
ISOLYTE S IV SOLUTION-EXCEL SINGLE USE		2	$0	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION		2	$0	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %		2	$0	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	1	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	1	$0	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	1	$0	
*mag64 dr 64 mg tablet (rx) 64 mg **	(magnesium chloride)	3	$0	
*magnesium chloride 64 mg tab 64 mg magnesium **		3	$0	
*magnesium chloride ec 70 mg tb 70 mg **		3	$0	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml		1	$0	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)		1	$0	PA BvD
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)		1	$0	PA BvD
magnesium sulfate injection syringe 4 meq/ml		1	$0	PA BvD
*natural calcium 500 mg tablet 500 mg calcium (1,250 mg) **	(calcium carbonate)	3	$0	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION		2	$0	
*nu-mag 71.5 mg tablet 71.5 mg **		3	$0	
*oralyte freezer pops *	(electrolytes-dextrose)	3	$0	
*oralyte solution *	(electrolytes-dextrose)	3	$0	
*oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg) **	(Natural Calcium)	3	$0	
*pediatric electrolyte solution (rx) **	(electrolytes-dextrose)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
phospha 250 neutral tablet 250 mg *	(sod phos di, mono-k phos mono)	3	$0	
phospho-trin 250 neutral tab 250 mg *	(sod phos di, mono-k phos mono)	3	$0	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION		2	$0	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION		2	$0	
potass cit-sod cit-citric soln (rx) 550-500-334 mg/5 ml *	(Tricitrates)	3	$0	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)		1	$0	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		1	$0	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		1	$0	
potassium chloride oral tablet extended release 10 meq, 20 meq	(K-Tab)	1	$0	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	1	$0	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	1	$0	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	1	$0	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	1	$0	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		1	$0	
potassium cit-citric acid soln (rx) 1,100-334 mg/5 ml *	(Virtrate-K)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	1	$0	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	1	$0	
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	1	$0	
*ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg) **	(calcium carbonate)	3	$0	
*ra calcium citrate - vit d tab p/f, d/f (rx) 315 mg-6.25 mcg (250 unit) **	(Citracal + D Maximum)	3	$0	
*ra magnesium 250 mg tablet (rx) 250 mg **		3	$0	
*ra pediatric electrolyte soln (rx) **	(electrolytes-dextrose)	3	$0	
*ra pediatric freezer pops **	(electrolytes-dextrose)	3	$0	
*sm magnesium 250 mg tablet (rx) 250 mg **		3	$0	
*sm pediatric electrolyte soln (rx) **	(electrolytes-dextrose)	3	$0	
*sod citrate-citric acid soln (rx) 500-334 mg/5 ml **	(Virtrate-2)	3	$0	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		1	$0	
sodium chloride 0.9 % intravenous parenteral solution		1	$0	
sodium chloride 0.9 % intravenous piggyback		1	$0	
sodium chloride 0.9% solution viaflex, single use		2	$0	
*sodium chloride 1 gm tablet (rx) 1,000 mg **		3	$0	
*super calcium 600 mg tablet 600 mg calcium (1,500 mg) **	(calcium carbonate)	3	$0	
*tricitrates oral solution 550-500-334 mg/5 ml **	(pot,sodium citrate-citric acid)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*virt-phos 250 neutral tablet (rx) 250 mg **	(sod phos di, mono-k phos mono)	3	$0	
*virtrate-2 solution (rx) 500-334 mg/5 ml **	(sodium citrate-citric acid)	3	$0	
*virtrate-3 solution (rx) 550-500-334 mg/5 ml **	(pot,sodium citrate-citric acid)	3	$0	
*virtrate-k solution (rx) 1,100-334 mg/5 ml **	(potassium citrate-citric acid)	3	$0	
Respiratory Tract Agents				
Anti-Inflammatories, Inhaled Corticosteroids				
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	1	$0	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION		2	$0	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		2	$0	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	2	$0	QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	(Pulmicort)	1	$0	PA BvD; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	(Pulmicort)	1	$0	PA BvD; QL (60 per 30 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION		2	$0	QL (60 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION		2	$0	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION		2	$0	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION		2	$0	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	(fluticasone propionate)	2	$0	QL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	(fluticasone propionate)	2	$0	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	(fluticasone propionate)	2	$0	QL (21.2 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	2	$0	QL (30.6 per 30 days)
Antileukotrienes				
montelukast oral tablet 10 mg	(Singulair)	1	$0	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	1	$0	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	1	$0	
Bronchodilators				
albuterol 5 mg/ml solution 5 mg/ml		1	$0	PA BvD; QL (120 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(ProAir HFA)	1	$0	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)		1	$0	QL (13.4 per 30 days)

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	1	$0	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	1	$0	PA BvD; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	1	$0	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	1	$0	
albuterol sulfate oral tablet 2 mg, 4 mg	1	$0	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	$0	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	$0	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	$0	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	$0	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	$0	QL (8 per 30 days)
elixophyllin oral elixir 80 mg/15 ml (theophylline)	1	$0	
ipratropium bromide inhalation solution 0.02 %	1	$0	PA BvD; QL (312.5 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	$0	PA BvD; QL (540 per 30 days)
metaproterenol oral syrup 10 mg/5 ml	1	$0	

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	$0	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	$0	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	$0	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	$0	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	$0	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	$0	QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	$0	
terbutaline subcutaneous solution 1 mg/ml	1	$0	NDS
theophylline oral solution 80 mg/15 ml	1	$0	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	$0	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	$0	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	$0	QL (60 per 30 days)
Respiratory Tract Agents, Other			
acetylcysteine intravenous solution 200 mg/ml (20%) (Acetadote)	1	$0	

If you have questions, please call PHP Care Complete FIDA-IDD Plan at 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free. For more information, visit www.phpcares.org.

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	$0	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	2	$0	QL (560 per 28 days); NDS
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	2	$0	PA; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	$0	PA BvD
*cromolyn sodium nasal spray 5.2 mg/spray (4 %) ** (Nasalcrom)	3	$0	
DALIRESP ORAL TABLET 250 MCG	2	$0	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	2	$0	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	2	$0	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 267 MG (pirfenidone)	2	$0	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 801 MG (pirfenidone)	2	$0	PA; QL (90 per 30 days); NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	$0	PA; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	$0	PA; QL (1 per 28 days); NDS
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	2	$0	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	2	$0	PA; QL (56 per 28 days); NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	$0	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	$0	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	$0	PA; LA; QL (3 per 28 days); NDS

Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
OFEV ORAL CAPSULE 100 MG, 150 MG	2	$0	PA; QL (60 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	$0	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	$0	PA; QL (120 per 30 days); NDS
pirfenidone oral tablet 267 mg (Esbriet)	1	$0	PA; QL (270 per 30 days); NDS
pirfenidone oral tablet 801 mg (Esbriet)	1	$0	PA; QL (90 per 30 days); NDS
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,SUV 1,000 MG (+/-)/20 ML	2	$0	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	$0	PA BvD; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	$0	PA; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	2	$0	PA; QL (84 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	$0	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	$0	PA; NDS
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	$0	
chlorzoxazone oral tablet 250 mg	1	$0	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
chlorzoxazone oral tablet 500 mg		1	$0	PA-HRM; AGE (Max 64 Years)
cyclobenzaprine oral tablet 10 mg, 5 mg		1	$0	PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg, 50 mg		1	$0	
dantrolene oral capsule 25 mg	(Dantrium)	1	$0	
methocarbamol oral tablet 500 mg, 750 mg		1	$0	PA-HRM; AGE (Max 64 Years)
revonto intravenous recon soln 20 mg	(dantrolene)	1	$0	
tizanidine oral tablet 2 mg		1	$0	
tizanidine oral tablet 4 mg	(Zanaflex)	1	$0	
Sleep Disorder Agents				
Sleep Disorder Agents				
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	1	$0	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		2	$0	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	$0	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		2	$0	PA; QL (150 per 30 days); NDS
HETLIOZ ORAL CAPSULE 20 MG		2	$0	PA; QL (30 per 30 days); NDS
modafinil oral tablet 100 mg	(Provigil)	1	$0	PA; QL (30 per 30 days)
modafinil oral tablet 200 mg	(Provigil)	1	$0	PA; QL (60 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG		2	$0	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML		2	$0	PA; LA; QL (540 per 30 days); NDS
zaleplon oral capsule 10 mg, 5 mg		1	$0	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	$0	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	1	$0	QL (30 per 30 days)

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Vasodilating Agents				
Vasodilating Agents				
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		2	$0	PA; QL (90 per 30 days); NDS
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	1	$0	PA; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	1	$0	PA; QL (30 per 30 days); NDS
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	(Flolan)	1	$0	PA; NDS
OPSUMIT ORAL TABLET 10 MG		2	$0	PA; QL (30 per 30 days); NDS
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	(Revatio)	1	$0	PA; QL (37.5 per 1 day); NDS
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	1	$0	PA; QL (90 per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	1	$0	PA; QL (60 per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	(Cialis)	1	$0	PA; QL (30 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	1	$0	PA; LA; QL (60 per 30 days); NDS
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		2	$0	PA; QL (112 per 28 days); NDS
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	1	$0	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		2	$0	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		2	$0	PA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		2	$0	PA; QL (60 per 30 days); NDS

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
UPTRAVI ORAL TABLET 200 MCG		2	$0	PA; QL (240 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		2	$0	PA; NDS
Vitamins And Minerals				
Vitamins And Minerals				
a thru z advanced formula tab new formula (rx) *		3	$0	
a thru z select tablet new formulation (rx) *		3	$0	
acerola c 500 mg tablet chew 500 mg *	(ascorbic acid (vitamin c))	3	$0	
AMLADEX TABLET 1-5-50 MG *		3	$0	
animal chews tablet *	(pediatric multivitamin)	3	$0	
animal shapes chewable tablet *		3	$0	
AQUADEKS PEDIATRIC LIQUID 400 MCG/ML *		3	$0	
AQUA-E CONCENTRATE 75 UNIT/ML 75 UNIT/ML *		3	$0	
b complex capsule (rx) *	(Vitamins B Complex)	3	$0	
b complex number 1 tablet 0.4 mg *	(vitamin b complex-folic acid)	3	$0	
b complex tablet *	(vitamin b complex)	3	$0	
b-12 500 mcg tablet (rx) 500 mcg *	(cyanocobalamin (vitamin b-12))	3	$0	
b-12 dots 500 mcg tablet 500 mcg *	(cyanocobalamin (vitamin b-12))	3	$0	
balance b-100 tablet 0.4 mg *	(vitamin b complex-folic acid)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*balance b-50 tablet 0.4 mg **	(vitamin b complex-folic acid)	3	$0	
*balance b-50 tablet outer,p/f,gluten/f 0.4 mg **	(vitamin b complex-folic acid)	3	$0	
*balanced b-complex caplet p/f,no-lactose (rx) 400 mcg **		3	$0	
*b-complex plus vitamin c cplt (rx) 400 mcg **		3	$0	
*b-complex plus vitamin c cplt caplet (rx) **		3	$0	
*b-complex with b12 tablet (rx) **	(vitamin b complex)	3	$0	
*b-complex with c tablet (rx) **		3	$0	
*b-complex with vit c caplet p/f,gluten-free (rx) 400 mcg **		3	$0	
*b-complex w-vitamin c caplet caplet,p/f (rx) **		3	$0	
*biotin 5 mg tablet 5 mg **		3	$0	
*biotin 5,000 mcg capsule mx-str (rx) 5 mg **	(Meribin)	3	$0	
*c-500 mg tablet (rx) 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*c-500 mg tablet chewable (rx) 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*calcidol drops 200 mcg/ml (8,000 unit/ml) **	(ergocalciferol (vitamin d2))	3	$0	
*calcium 500-vit d3 600 tablet 500 mg-15 mcg (600 unit) **	(Os-Cal 500 + D3)	3	$0	
*calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit) **	(Calcium 600 + D(3))	3	$0	
*calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg-5 mcg (200 unit) **	(Calcium 600 + D(3))	3	$0	
*calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit) **	(Caltrate with Vitamin D3)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
CALTRATE 600 PLUS D3 TABLET 600 MG-20 MCG (800 UNIT) *	(calcium carbonate-vitamin d3)	3	$0	
*cerovite advanced form tab 18-400 mg-mcg **		3	$0	
*certavite senior tablet 0.4 mg-300 mcg- 250 mcg **		3	$0	
*certavite-antioxidant tablet (rx) 18-400 mg-mcg **		3	$0	
*child chew + iron tab chew *	(pediatric multivitamin-iron)	3	$0	
*child ferrous sulfate 15 mg/ml (rx) 15 mg iron (75 mg)/ml **	(Pediatric Fe-Vite)	3	$0	
*children's chewable oral tablet,chewable *	(pediatric multivitamin)	3	$0	
*cvs b-1 100 mg tablet p/f,gluten-free (rx) 100 mg **	(thiamine hcl (vitamin b1))	3	$0	
*cvs b-complex-vit c caplet caplet (rx) *		3	$0	
*cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg-20 mcg (800 unit) **	(Caltrate with Vitamin D3)	3	$0	
*cvs daily multiple tablet (rx) *	(multivitamin)	3	$0	
*cvs hair, skin and nails cplt (rx) *	(multivitamin with minerals)	3	$0	
*cvs iron 27 mg tablet (rx) 240 mg (27 mg iron) **	(Ferate)	3	$0	
*cvs vit c-rose hip 500 mg chew 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit) **	(Vitamin D3)	3	$0	
*cyanocobalamin 1,000 mcg/ml vl outer 1,000 mcg/ml **	(Dodex)	3	$0	
*d3 dots 2,000 unit tablet p/f (rx) 50 mcg (2,000 unit) **	(cholecalciferol (vitamin d3))	3	$0	
*daily multivit-minerals tab (rx) *	(multivitamin with minerals)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
daily value multivitamin tab *	(multivitamin)	3	$0	
daily vitamin + iron tablet (rx) *	(multivitamin with iron)	3	$0	
daily vitamin formula tablet *	(multivitamin)	3	$0	
daily vitamin formula tablet *	(multivitamin with minerals)	3	$0	
daily vite tablet (rx) *	(multivitamin)	3	$0	
daily vite with iron tablet *	(multivitamin with iron)	3	$0	
daily-vite tablet 400 mcg *	(multivitamin with folic acid)	3	$0	
dekas essential capsule 2,000 unit-2000 unit-1,000 mcg *		3	$0	
DEKAS ESSENTIAL LIQUID 2,000 UNIT- 2,000 MCG/ML *		3	$0	
DEKAS PLUS CHEWABLE TABLET 200 MCG-1,000 MCG-10 MG *		3	$0	
DEKAS PLUS LIQUID 500 MCG/ML *		3	$0	
DEKAS PLUS SOFTGEL 200 MCG-1,000 MCG-10 MG *		3	$0	
dino-life chewable tablet *		3	$0	
dino-life extra c chew tablet *		3	$0	
DRISDOL 1.25 MG (50,000 UNIT) 1,250 MCG (50,000 UNIT) *	(ergocalciferol (vitamin d2))	3	$0	
d-vi-sol 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml) *	(cholecalciferol (vitamin d3))	3	$0	
eldertonic elixir 0.5-0.6-7-0.7 mg *		3	$0	
eql eye health plus lutein tab 300 mcg-200 mg-27 mg-2 mg *		3	$0	
eql one daily men's tablet (rx) *	(multivitamin with minerals)	3	$0	
ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml) *	(Calcidol)	3	$0	
feosol 65 mg tablet (rx) 325 mg (65 mg iron) *	(ferrous sulfate)	3	$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*ferate 27 mg tablet 240 mg (27 mg iron) **	(ferrous gluconate)	3	$0	
*fergon 27 mg tablet 225 mg (27 mg iron) **	(ferrous gluconate)	3	$0	
*ferosul 325 mg tablet (rx) 325 mg (65 mg iron) **	(ferrous sulfate)	3	$0	
*ferretts 325 mg tablet 325 mg (106 mg iron) **		3	$0	
*ferrex 150 capsule outer, u-d 150 mg iron **	(polysaccharide iron complex)	3	$0	
*ferrocite tablet 324 mg (106 mg iron) **	(ferrous fumarate)	3	$0	
*ferrous fumarate 324 mg tab 324 mg (106 mg iron) **	(Ferrocite)	3	$0	
*ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron) **	(Ferate)	3	$0	
*ferrous gluconate 324 mg tab (rx) 324 mg (38 mg iron) **		3	$0	
*ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml **		3	$0	
*ferrous sulf 300 mg/5 ml liq 100's, u-d 300 mg (60 mg iron)/5 ml **		3	$0	
*ferrous sulf ec 324 mg tablet 324 mg (65 mg iron) **		3	$0	
*ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron) **		3	$0	
*ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron) **	(Feosol)	3	$0	
*flintstones extra c tab chew (rx) **	(pediatric multivitamin)	3	$0	
*flintstones tablet chewable **	(pediatric multivitamin)	3	$0	
FLINTSTONES WITH IRON TAB CHEW 18 MG IRON *		3	$0	
*folic acid 1 mg tablet (rx) 1 mg **		3	$0	
*folic acid 400 mcg tablet (rx) 400 mcg **		3	$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
folic acid 5 mg/ml vial mdv 5 mg/ml *		3	$0	
fruit c-500 tablet chewable 500 mg *	(ascorbic acid (vitamin c))	3	$0	
gnp one daily essential tablet (rx) *	(multivitamin)	3	$0	
gnp vit c-rose hip 500 mg capl caplet,natural 500 mg *	(ascorbic acid (vitamin c))	3	$0	
gummi bear multivit tab chew multivit & minerals (rx) *	(pediatric multivitamin)	3	$0	
hair vitamins *	(multivitamin with iron)	3	$0	
hair,skin & nails caplet caplet *	(multivitamin with minerals)	3	$0	
hemocyte tablet 324 mg (106 mg iron) *	(ferrous fumarate)	3	$0	
high potency multivitamin tab 400 mcg *	(multivitamin with folic acid)	3	$0	
high potency multivitamin tab 9 mg iron-400 mcg *		3	$0	
hm super vitamin b complex gluten-free (rx) 400 mcg *		3	$0	
honey bears chewable tablet *		3	$0	
hydroxocobalamin 1,000 mcg/ml 1,000 mcg/ml *		3	$0	
ICAPS MV TABLET (RX) 100-1.66-0.83 MCG-MG-MG *		3	$0	
iferex 150 capsule 150 mg iron *	(polysaccharide iron complex)	3	$0	
iron 27 mg tablet (rx) 236 mg (27 mg iron) *		3	$0	
iron 28 mg tablet 256 mg (28 mg iron) *		3	$0	
little animals child tb chw *	(pediatric multivitamin)	3	$0	
little animals-iron tab chew *	(pediatric multivitamin-iron)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
mega multivit-chelated min tab *	(multivitamin with minerals)	3	$0	
MEPHYTON 5 MG TABLET 5 MG *	(phytonadione (vitamin k1))	3	$0	
milltrium senior multivit tab *		3	$0	
multi-day plus iron tablet 18-400 mg-mcg *		3	$0	
multiple vitamin with iron tab (rx) *	(Daily Vitamin with Iron)	3	$0	
multiple vitamin w-minerals tb *	(multivitamin with minerals)	3	$0	
multiple vitamins tablet one daily *	(multivitamin)	3	$0	
multi-vitamin daily tablet (rx) *	(multivitamin)	3	$0	
multivitamin tablet (rx) *	(Daily Multi-Vitamin)	3	$0	
multivitamin-minerals tablet p/f 7.5 mg iron-400 mcg *		3	$0	
multivitamins tablet (rx) *	(Daily Multi-Vitamin)	3	$0	
myferon 150 capsule 150 mg iron *	(polysaccharide iron complex)	3	$0	
NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY *		3	$0	
nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg *		3	$0	
NEPHRON FA TABLET 66 MG IRON- 1,000 MCG *		3	$0	
niacinamide 500 mg tablet (rx) 500 mg *	(Niacin (niacinamide))	3	$0	
nu-iron 150 capsule 150 mg iron *	(polysaccharide iron complex)	3	$0	
ocutabs tablet (rx) *		3	$0	
omnivex tablet 1-5-50 mg *		3	$0	
onccor tablet 200-10-10 mcg *		3	$0	
oncovite tablet *	(therapeutic multivitamin)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*one daily complete tablet *	(multivitamin with minerals)	3	$0	
*one daily complete tablet 18-0.4 mg *		3	$0	
*one daily essential tablet (rx) *	(multivitamin)	3	$0	
*one daily for women tablet 18-0.4 mg *		3	$0	
*one daily maximum tablet (rx) 18-0.4 mg *		3	$0	
*one daily multivitamin tablet 400 mcg *	(multivitamin with folic acid)	3	$0	
*one daily with minerals tablet (rx) *	(multivitamin with minerals)	3	$0	
*one-a-day essential tablet (rx) *	(multivitamin)	3	$0	
*one-a-day max formula tab *	(multivitamin with minerals)	3	$0	
*one-a-day men's tablet 400-20-300 mcg *		3	$0	
*one-a-day teen advantage tab 9 mg iron-400 mcg *		3	$0	
*one-daily multi-vitamin tab (rx) *	(multivitamin)	3	$0	
*oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit) *	(calcium carbonate-vitamin d3)	3	$0	
*oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit) *	(calcium carbonate-vitamin d3)	3	$0	
*oyster shell calcium-vit d tab p/f,gluten-free (rx) 500 mg-10 mcg (400 unit) *	(calcium carbonate-vitamin d3)	3	$0	
*oystercal-d 500 mg-400 unit tb 500 mg-10 mcg (400 unit) *	(calcium carbonate-vitamin d3)	3	$0	
*pedia tri-vite drop 750 unit-35 mg - 400 unit/ml *	(vit a palmitate-vit c-vit d3)	3	$0	
*pediatric fe-vite 15 mg/ml drp 15 mg iron (75 mg)/ml *	(ferrous sulfate)	3	$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*pediatric tri-vit drops 750 unit-35 mg -400 unit/ml **	(vit a palmitate-vit c-vit d3)	3	$0	
*pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml) **	(D-Vi-Sol)	3	$0	
*pharmacist choice ped tri-vit 750 unit-35 mg -400 unit/ml **	(Pedia Tri-Vite)	3	$0	
*phytonadione 5 mg tablet 5 mg **	(Mephyton)	3	$0	
*poly-iron 150 mg capsule 150 mg iron **	(polysaccharide iron complex)	3	$0	
POLY-VI-SOL 250 MCG-50 MG/ML DRP 250 MCG-50 MG-10 MCG/ML *		3	$0	
POLY-VI-SOL WITH IRON DROPS 11 MG IRON/ML *		3	$0	
*prenatal tablet (rx) 28 mg iron-800 mcg **	(pnv cmb#95-ferrous fumarate-fa)	3	$0	
*prenatal tablet 27 mg iron- 800 mcg **		3	$0	
*prenatal tablet 28 mg iron- 800 mcg **		3	$0	
*prenatal tablet 28 mg iron- 800 mcg **	(Prenatal)	3	$0	
*prenatal vitamins tablet phosphorus free (rx) 28 mg iron- 800 mcg **	(pnv cmb#95-ferrous fumarate-fa)	3	$0	
*prosight tablet 5,000-60-30 unit-mg-unit **		3	$0	
*pub multivitamin 50 plus tab **		3	$0	
*ra balanced b-50 tablet natural,p/f (rx) **	(vitamin b complex)	3	$0	
*ra b-complex tablet p/f (rx) **	(vitamin b complex)	3	$0	
*ra b-complex tablet p/f (rx) **	(B Complex-Vitamin B12)	3	$0	
*ra one daily energy tablet **	(multivitamin with minerals)	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*ra one daily maximum tablet (rx) 18-0.4 mg **		3	$0	
*ra oyster shell 500-vit d3 200 natural,p/f (rx) 500 mg-5 mcg (200 unit) **	(calcium carbonate-vitamin d3)	3	$0	
*ra vitamin a 10,000 unit sftgl p/f,softgel (rx) 10,000 unit **		3	$0	
*ra vitamin c 500 mg tab chew p/f (rx) 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*ra vitamin d3 1,000 unit tab gluten/f,yeast/f (rx) 25 mcg (1,000 unit) **	(cholecalciferol (vitamin d3))	3	$0	
*sm animal shapes w-iron tab chewable (rx) **	(pediatric multivitamin-iron)	3	$0	
*sm b complex with vit c tablet (rx) **		3	$0	
*sm balanced b-50 tablet (otc) **	(vitamin b complex)	3	$0	
*sm multivitamin w-iron tab (rx) **	(Daily Vitamin with Iron)	3	$0	
*sm multivitamins tablet (rx) **	(Daily Multi-Vitamin)	3	$0	
*sm prenatal vitamins tablet (rx) 28 mg iron- 800 mcg **	(pnv cmb#95-ferrous fumarate-fa)	3	$0	
*sm super b complex-c caplet (rx) **	(b-complex with vitamin c)	3	$0	
*sm vitamin c 500 mg tablet 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*sod fer gluc cplx 62.5 mg/5 ml sdv,outer 62.5 mg/5 ml **	(Ferrlecit)	3	$0	
*soothing pureway-c 500 mg tab 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*stress formula tablet (rx) **		3	$0	
*stress formula with iron tab 500 mg-400 mcg- 27 mg iron **		3	$0	
*stress-c tablet **		3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*stress-c with iron tablet 500 mg-400 mcg- 18 mg iron **		3	$0	
*stress-c with zinc tablet 600mg (rx) **		3	$0	
*super b complex tablet p/f (rx) 400 mcg **		3	$0	
*super b-50 complex capsule (rx) **	(vitamin b complex)	3	$0	
*super multivitamin tablet **	(multivitamin)	3	$0	
*super quints b-50 tablets **	(vitamin b complex)	3	$0	
*super thera vite m tablet (rx) **		3	$0	
*tab-a-vite multivit with iron 15 mg iron- 400 mcg **		3	$0	
*tab-a-vite tablet 400 mcg **	(multivitamin with folic acid)	3	$0	
*thera m plus tablet 9 mg iron-400 mcg **		3	$0	
*thera tablet 400 mcg **	(multivitamin with folic acid)	3	$0	
*thera-d 2000 tablet 50 mcg (2,000 unit) **	(cholecalciferol (vitamin d3))	3	$0	
*theradex m tablet 27-0.4 mg **		3	$0	
*thera-m caplet caplet (rx) 27-0.4 mg **		3	$0	
*thera-m tablet w/beta carotene 9 mg iron-400 mcg **		3	$0	
*thera-tabs caplet **	(therapeutic multivitamin)	3	$0	
*therems multivitamin tablet 400 mcg **	(multivitamin with folic acid)	3	$0	
TRI-VI-SOL DROPS 250 MCG-50 MG- 10 MCG/ML *		3	$0	
*vision plus lutein vitamin tab **		3	$0	
*vision vitamins (rx) **		3	$0	
*vit c-rose hips 500 mg caplet caplet,natural 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*vitafol caplet 65-1 mg **		3	$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*vitalets tablet chewable child, orange (rx) **	(pediatric multivitamin-iron)	3	$0	
*vitamin a 8,000 unit capsule (rx) 2,400 mcg **		3	$0	
*vitamin and minerals tablet **		3	$0	
*vitamin b complex capsule (rx) **	(vitamin b complex)	3	$0	
*vitamin b complex tablet n,p/f (rx) 0.4 mg **	(B Complex 1 (with folic acid))	3	$0	
*vitamin b complex-vit c caplet (rx) **		3	$0	
*vitamin b complex-vitamin c tb (rx) 400 mcg **		3	$0	
*vitamin b-1 100 mg tablet (rx) 100 mg **	(thiamine mononitrate (vit b1))	3	$0	
*vitamin b-12 1,000 mcg tablet (rx) 1,000 mcg **	(Vitamin B-12)	3	$0	
*vitamin b-12 100 mcg tablet (rx) 100 mcg **	(Vitamin B-12)	3	$0	
*vitamin b12 500 mcg tablet (rx) 500 mcg **	(cyanocobalamin (vitamin b-12))	3	$0	
*vitamin b-12 500 mcg tablet (rx) 500 mcg **	(cyanocobalamin (vitamin b-12))	3	$0	
*vitamin b-6 100 mg tablet (rx) 100 mg **	(Vitamin B-6)	3	$0	
*vitamin b-6 25 mg tablet (rx) 25 mg **	(pyridoxine (vitamin b6))	3	$0	
*vitamin b-6 50 mg tablet (rx) 50 mg **	(Vitamin B-6)	3	$0	
*vitamin b-complex & c caplet p/f,lactose free 400-500 mcg-mg **		3	$0	
*vitamin c 250 mg tablet (rx) 250 mg **	(Vitamin C)	3	$0	
*vitamin c 250 mg tablet chew p/f (rx) 250 mg **	(ascorbic acid (vitamin c))	3	$0	

Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
*vitamin c 500 mg tablet (rx) 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*vitamin c 500 mg tablet chew p/f (rx) 500 mg **	(ascorbic acid (vitamin c))	3	$0	
*vitamin c 500 mg wafer 500 mg **	(Acerola C-500)	3	$0	
*vitamin d 1,000 unit tablet 25 mcg (1,000 unit) **	(cholecalciferol (vitamin d3))	3	$0	
*vitamin d2 1.25 mg(50,000 unit) softgel 1,250 mcg (50,000 unit) **	(Drisdol)	3	$0	
*vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml) **	(D-Vi-Sol)	3	$0	
*vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit) **	(Vitamin D3)	3	$0	
*vitamin d3 50 mcg (2,000 unit) 50 mcg (2,000 unit) **	(D3-2000)	3	$0	
*vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit) **	(D3 DOTS)	3	$0	
*vitamin k-1 1 mg/0.5 ml ampul suv, outer 1 mg/0.5 ml **	(phytonadione (vitamin k1))	3	$0	
*vitamin k-1 10 mg/ml ampul suv, outer 10 mg/ml **	(phytonadione (vitamin k1))	3	$0	
*vitamins for hair capsule 400-400 mcg **		3	$0	
*vitatrum tablet 18-500-300-250 mg-mcg-mcg-mcg **		3	$0	
*vitrum 50 plus senior tablet 500-300-250 mcg **		3	$0	
*vitrum senior tablet f/f,p/f (rx) **		3	$0	
*xyzbac tablet 1-5-50 mg **		3	$0	
*zyvit tablet 1-5-50 mg **		3	$0	

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