



Your Plan
YOUR WAY

PHP Care Complete FIDA-IDD
(Medicare - Medicaid Plan)

FORMULARIO de 2025 (LISTA DE MEDICAMENTOS CUBIERTOS)

Actualizado el 3/25/2025

Mensaje importante sobre lo que paga por las vacunas: Algunas vacunas se consideran beneficios médicos. Otras vacunas se consideran medicamentos de la Parte D. Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros al 1-855-747-5483, o al 711 si es usuario de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana, o visite www.phpccarares.es.org.

PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) | *Lista de medicamentos cubiertos 2025* (Formulario)

Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también llamada Lista de medicamentos). Le informa sobre cuáles medicamentos con receta, medicamentos de venta libre y artículos están cubiertos por el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). La Lista de medicamentos también le notifica si hay reglas especiales o restricciones en algunos de los medicamentos cubiertos por el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). Los términos clave y sus definiciones se encuentran en el último capítulo del *Manual del participante*.

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A. Renuncia de garantías

Esta es una lista de medicamentos que los participantes pueden obtener en el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan).

- ❖ Partners Health Plan es un plan de atención administrada que tiene contratos con Medicare y con el Departamento de Salud del Estado de New York (Medicaid) para brindar beneficios a sus participantes a través del Plan piloto de ventaja doble completamente integrado para personas con discapacidades de desarrollo e intelectuales (Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities, FIDA-IDD).
- ❖ ATENCIÓN: Si usted habla un idioma que no sea inglés, 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.
- ❖ 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。
- ❖ Puede obtener este documento gratis en otros formatos, como letras grandes, braille o audio. 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.
- ❖ Si desea realizar o modificar una solicitud permanente de idioma o formato preferido, llame a Servicios al Participante del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) al 1-855-747-5483 y al 711 si es usuario de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana y la mantendremos en nuestros archivos para futuros envíos y comunicaciones. Si no recibimos una solicitud de idioma o formato preferido, le proporcionaremos sus materiales en inglés.
- ❖ El estado de New York creó un Programa de defensoría del participante, llamado Independent Consumer Advocacy Network (ICAN), para dar asistencia gratuita y confidencial a los participantes sobre cualquiera de los servicios ofrecidos por el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) Plan. Se puede comunicar con ICAN al teléfono gratuito 1-844-614-8800 (los usuarios de TTY deben llamar al 711 y seguir las indicaciones para llamar al 844-614-8800), o por Internet al icannys.org.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

B. Preguntas frecuentes (FAQ)

Encuentre aquí las respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos*. Puede leer todas las Preguntas frecuentes (Frequently Asked Questions, FAQ) para saber más o buscar preguntas y respuestas.

B1. ¿Qué medicamentos con receta se encuentran en la *Lista de medicamentos cubiertos*? (Para abreviar, llamamos “Lista de medicamentos” a la *Lista de medicamentos cubiertos*)

Los medicamentos de la *Lista de medicamentos cubiertos* que comienza en la página 1 son los medicamentos cubiertos por el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). Estos medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella para trabajar con nosotros y proporcionarle servicios a usted. Nos referimos a estas farmacias como “farmacias de la red”.

- El PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) cubrirá todos los medicamentos de la Lista si:
 - su médico u otro proveedor dice que usted los necesita para mejorar su salud o para seguir sano,
 - el medicamento es medicamento necesario para su afección y
 - usted surte la receta en una farmacia de la red del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan).
- El PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) podría tener pasos adicionales para tener acceso a ciertos tipos de medicamentos (consulte la pregunta B4 más abajo). En algunos casos, es probable que usted tenga que hacer algo antes de obtener un medicamento, por ejemplo, primero probar otros medicamentos.

También puede leer una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en www.phpcares.org o llamar a Servicios al Participante al 1-855-747-5483, o al 711 si es usuario de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

B2. ¿La Lista de medicamentos cambia alguna vez?

Sí, y el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) debe seguir las reglas de Medicare y Medicaid al realizar los cambios. Es posible que agreguemos medicamentos a la Lista de medicamentos o los eliminemos de ella durante el año.

También podríamos cambiar nuestras reglas sobre medicamentos. Por ejemplo, podríamos:

- Decidir si exigir o no una aprobación previa para algún medicamento. (Aprobación previa es el permiso del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) o de su equipo interdisciplinario [Interdisciplinary Team, IDT] antes de que usted pueda obtener un medicamento).
 - Agregar o cambiar la cantidad que puede obtener de un medicamento (llamado límites de cantidad).
-
- Agregar o cambiar restricciones de terapia escalonada de un medicamento. (Terapia escalonada significa que usted debe probar un medicamento antes de que cubramos otro medicamento).

Para obtener más información acerca de estas reglas para los medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que fue cubierto al **principio** del año, generalmente no eliminaremos ni cambiaremos la cobertura de ese medicamento **durante el resto del año** a menos que:

- un medicamento nuevo y más económico que sea igual de eficiente que un medicamento que se encuentra actualmente en la Lista de medicamentos llegue al mercado, **o**
- nos demos cuenta de que un medicamento no es seguro, **o**
- un medicamento sea eliminado del mercado.

Las preguntas B3 y B6 de abajo tienen más información sobre lo que sucederá cuando cambie la Lista de medicamentos.

- Usted siempre puede leer la Lista de medicamentos actualizada del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) en Internet, en www.phpcares.org.
- También puede llamar a Servicios al Participante para revisar la Lista de medicamentos actual al 1-855-747-5483, o al 711 para usuarios de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

B3. ¿Qué sucede si hay un cambio en la Lista de medicamentos?

Algunos cambios a la Lista de medicamentos ocurren **de inmediato**. Por ejemplo:

- **Un medicamento genérico nuevo llega a estar disponible.** A veces, un medicamento genérico nuevo que es igual de eficiente que un medicamento de marca que se encuentra actualmente en la Lista de medicamentos llega al mercado. Cuando eso ocurre, podemos eliminar el medicamento de marca y agregar el nuevo medicamento genérico, pero su costo para el medicamento nuevo será el mismo [*insertar si corresponde, por ejemplo, si la Lista de medicamentos del plan tiene costo compartido diferencial para algunos genéricos: o menor*]. Cuando agregamos el medicamento genérico nuevo, también podemos decidir mantener el medicamento de marca en la lista, pero cambiar sus reglas o

límites de cobertura.

- Es posible que no le notifiemos antes de hacer este cambio, pero le mandaremos información sobre el cambio específico que hemos hecho una vez realizado.
- Usted o su proveedor pueden solicitar una excepción de estos cambios. Le mandaremos una notificación con los pasos que puede tomar para pedir una excepción. Consulte la pregunta B10 para obtener más información sobre excepciones.
- **Un medicamento es retirado del mercado.** Si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) dice que algún medicamento que usted toma no es seguro o el fabricante del medicamento lo retira del mercado, lo quitaremos inmediatamente de la Lista de medicamentos. Si usted está tomando el medicamento, también le enviaremos una carta y lo llamaremos para avisarle que el medicamento que no es seguro fue quitado de la Lista de medicamentos. Si un medicamento que usted toma no es seguro y le enviamos una carta o lo llamamos para informarle sobre esto, comuníquese con el médico que se lo haya recetado para elegir un medicamento alternativo.

Podemos hacer otros cambios que pueden afectar los medicamentos que usted toma.

Le informaremos por adelantado sobre estos cambios a la Lista de medicamentos. Estos cambios pueden ocurrir si:

- La FDA provee una nueva regla o hay una nueva guía clínica sobre un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado **y**
 - Reemplazamos un medicamento de marca que está en la Lista de medicamentos actualmente **o**
 - Cambiamos las reglas de cobertura o los límites para un medicamento de marca.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

Cuando suceden esos cambios:

- Le informaremos al menos 30 días antes de que realicemos el cambio en la Lista de medicamentos, o
- Le informaremos y le proporcionaremos un suministro para 30 días del medicamento luego de que usted solicite un nuevo surtido.

Esto le dará tiempo para hablar con su médico o con otra persona que recete medicamentos. Estos pueden ayudarlo a decidir:

- Si hay un medicamento similar en la Lista de medicamentos que usted puede tomar en su lugar o
- Si pedir una excepción de estos cambios. Para más información sobre las excepciones, consulte la pregunta B10.

B4. ¿La cobertura de medicamentos tiene alguna restricción o límite, o hay que hacer algo en particular para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que usted puede obtener. En algunos casos, usted, su médico u otro proveedor tendrán que hacer algo antes de poder obtener el medicamento. Por ejemplo:

- **Aprobación previa (o autorización previa):** Para algunos medicamentos, usted o su médico u otro proveedor deben obtener una aprobación del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) o de su IDT antes de surtir su receta. El PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) podría no cubrir el medicamento si usted no consigue la aprobación.
- **Límites de cantidad:** A veces, el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) limita la cantidad de un medicamento que usted puede obtener.
- **Terapia escalonada:** A veces, el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) exige que usted siga una terapia escalonada. Esto significa que usted tendrá que probar los medicamentos en un cierto orden para su afección. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si a su médico le parece que el primer medicamento no funciona para usted, entonces cubriremos el segundo.

Puede verificar si su fármaco tiene requisitos o límites adicionales en los cuadros que comienzan en la página 1. También puede visitar nuestro sitio web para obtener más información en www.phpcares.org. Hemos publicado allí documentos que explican nuestras restricciones de aprobación previa y de terapia escalonada. También puede pedirnos que le enviemos una copia.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

Puede pedir una excepción a esos límites. Esto le dará tiempo para hablar con su médico o con otra persona que recete medicamentos. Ellos podrán ayudarlo a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que pedir una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay que hacer algo para obtenerlo?

El cuadro de medicamentos en la página 1 tiene una columna llamada “Acciones necesarias, restricciones o límites en el uso”.

B6. ¿Qué sucederá si el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) cambia sus reglas sobre algunos medicamentos (por ejemplo, autorización [aprobación] previa, límites de cantidad o restricciones de terapia escalonada)?

En algunos casos, le avisaremos por adelantado si agregamos o cambiamos requisitos de aprobación previa, límites de cantidad o restricciones de terapia escalonada a un medicamento. Para más información sobre esta notificación por adelantado y situaciones cuando no le notificaremos por adelantado cuando nuestras reglas sobre los medicamentos en la Lista de medicamentos cambian, consulte la pregunta B3.

B7. ¿Cómo puede encontrar un medicamento en la Lista de medicamentos?

Hay dos maneras de encontrar un medicamento:

- Puede buscar por orden alfabético por el nombre del medicamento o
- Puede buscar por afección médica.

Para buscar **por orden alfabético**, consulte la sección del Índice de medicamentos cubiertos en la página I-1. Luego busque el nombre en la Lista de medicamentos.

Para buscar **por afección médica**, diríjase a la sección llamada “Lista de medicamentos por afección médica” en la página 1. Los medicamentos de esta sección están agrupados en categorías de acuerdo con el tipo de afecciones para las que se usan como tratamiento. Por ejemplo, si usted tiene una afección del corazón, debe buscar en la categoría Inhibidores de enzima convertidora de angiotensina (Angiotensin-Converting Enzyme, ACE). Allí encontrará los medicamentos que traten afecciones del corazón.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

B8. ¿Qué pasará si el medicamento que quiero tomar no está en la Lista de medicamentos?

Si no encuentra su medicamento en la Lista de medicamentos, llame a Servicios al Participante al 1-855-747-5483, o al 711 si es usuario de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana, y pregunte por él. Si se entera de que el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) no cubrirá el medicamento, usted puede hacer una de las siguientes cosas:

- Pida a Servicios al Participante una lista de medicamentos similares al que quiera tomar. Luego, muestre la lista a su médico o a otro proveedor médico. Este podrá recetarle un medicamento de la Lista de medicamentos que sea similar al que usted quiere tomar. **O**
- También puede pedir al plan o a su IDT que haga una excepción para cubrir su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B9. ¿Qué pasa si soy un participante nuevo del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) y no puedo encontrar mi medicamento en la Lista de medicamentos o tengo problemas para obtener mi medicamento?

Podemos ayudarlo. Debemos cubrir un suministro temporario de 30 días de su medicamento, cuando sea necesario, durante los primeros 90 días desde que usted sea participante del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). Esto le dará tiempo para hablar con su médico o con otra persona que recete medicamentos. Ellos podrán ayudarlo a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si tiene que pedir una excepción.

Si le escriben su receta por menos días, le permitiremos resurtir más de una vez por un máximo de 30 días de medicamentos.

Cubriremos un suministro de 30 días de su medicamento si:

- Usted está tomando algún medicamento que no esté en nuestra Lista de medicamentos, **O**
- Las reglas del plan de salud no le permiten obtener la cantidad recetada por su proveedor médico, **O**
- El medicamento requiere aprobación previa del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) o de su IDT, **O**
- Usted toma algún medicamento que forma parte de una restricción de terapia escalonada.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

Si usted está en una institución de atención intermedia (Intermediate Care Facility, ICF) u otra institución de atención a largo plazo (Long-Term Care, LTC) y necesita un medicamento que no está en la Lista de medicamentos, o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarlo. Si usted ha estado en el plan por más de 90 días, vive en una institución de LTC y necesita su suministro de inmediato:

- Le cubriremos un suministro de 31 días del medicamento que necesite (a menos que tenga una receta para menos días), sea o no un nuevo participante del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan).
- Esto es adicional al suministro temporario durante los primeros 90 días de ser participante del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan).
- Si usted ha estado dentro del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) durante más de 90 días y realiza un cambio en su nivel de atención, cubriremos un suministro de hasta 31 días de sus medicamentos con receta.

B10. ¿Puedo pedir una excepción para cubrir mi medicamento?

Sí. Puede pedirle al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) o a su IDT que haga una excepción para cubrir su medicamento si este no está en la Lista de medicamentos.

También puede pedirle al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) o a su IDT un cambio a las reglas de su medicamento.

- Por ejemplo, el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) podría limitar la cantidad que cubriremos de un medicamento. Si su medicamento tiene un límite, usted puede pedirnos a nosotros o a su IDT que cambiemos el límite y que cubramos más.
- Otros ejemplos: Usted puede pedirnos a nosotros o a su IDT que quitemos las restricciones de terapia escalonada o los requisitos de aprobación previa.

B11. ¿Cómo puede pedir una excepción?

Para pedir una excepción, llame a su Administrador de atención. Su Administrador de atención trabajará con usted y su proveedor para ayudarlo a pedir una excepción. Usted también puede leer el Capítulo 9, Sección F del *Manual del participante* para obtener más información sobre excepciones.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

B12. ¿Cuánto tiempo toma obtener una excepción?

Después de que obtengamos una declaración de su proveedor médico que apoya su pedido de una excepción, le daremos una decisión dentro de las 72 horas. Para presentar una excepción, comuníquese con nosotros por correo en: 10181 SCRIPPS GATEWAY COURT, SAN DIEGO, CA 92131; por teléfono llamando al 1-888-648-6759; o por fax al 1-858-790-7100.

Si usted o su proveedor médico piensan que su salud podría deteriorarse si tiene que esperar 72 horas para obtener una decisión, entonces usted puede pedir una excepción acelerada. Esta es una decisión más rápida. Si su proveedor médico apoya su pedido, le daremos una decisión dentro de las 24 horas después de recibir la declaración de apoyo de su proveedor médico.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están hechos con los mismos ingredientes activos que los medicamentos de marca. Generalmente cuestan menos que los medicamentos de marca y no tienen marcas tan conocidas. Los medicamentos genéricos son aprobados por la Administración de Alimentos y Medicamentos (FDA).

El PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son fármacos más complejos que los fármacos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas llamadas biosimilares. Generalmente, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, según las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituirse por medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el Capítulo 5 del Manual del participante.

B15. ¿Qué son los medicamentos de venta libre OTC?

OTC quiere decir “over-the-counter” (“de venta libre”). El PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) cubre algunos medicamentos de venta libre cuando su proveedor escribe una receta para ellos.

Usted puede leer la Lista de medicamentos del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) para ver qué medicamentos de venta libre están cubiertos.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

B16. ¿El PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) cubre algún producto de venta libre que no sea un medicamento?

El PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) cubre algunos productos de venta libre que no son medicamentos cuando su proveedor escribe una receta para ellos.

Algunos ejemplos de productos de venta libre que no son medicamentos incluyen los comprimidos orales de Bufferin Extra-Strength y las cremas tópicas de hidrocortisona.

Puede leer la Lista de medicamentos del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) para ver qué productos de venta libre que no son medicamentos están cubiertos.

B17. ¿Cuánto es mi copago?

Como participante del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan), usted no tiene copagos por medicamentos con receta y de venta libre (OTC), siempre y cuando siga las reglas del PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan).

B18. ¿Qué son los niveles de medicamentos?

Los niveles son grupos de medicamentos de nuestra Lista de medicamentos. A ningún nivel le corresponde un copago.

- Los medicamentos de Nivel 1 son medicamentos genéricos cubiertos por Medicare Parte D.
- Los medicamentos de Nivel 2 son medicamentos de marca cubiertos por Medicare Parte D.
- Los medicamentos de Nivel 3 son medicamentos cubiertos por Medicaid y medicamentos de venta libre cubiertos por Medicaid (tanto genéricos como de marca).



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

C. Resumen de la Lista de medicamentos cubiertos

La siguiente lista de medicamentos cubiertos le da información sobre los medicamentos cubiertos por el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan). Si usted tiene problemas para encontrar su medicamento en la lista, lea el Índice de medicamentos cubiertos que comienza en la página I-1. El índice en orden alfabético nombra todos los medicamentos cubiertos por el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan).

La primera columna de la tabla tiene el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (por ejemplo, PAXIL o LAMISIL) y los medicamentos genéricos están escritos en cursivas minúsculas (por ejemplo, *ibuprofeno*).

La información de la columna titulada “Medidas necesarias, restricciones o límites de uso” le indica si el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) tiene alguna regla para cubrir su medicamento.

Nota: El * junto a un medicamento significa que este no es un “medicamento de la Parte D”. Estos medicamentos tienen reglas diferentes para las apelaciones.

- Una apelación es una manera formal de pedirnos que revisemos alguna decisión de cobertura y que la cambiemos, si le parece que hemos cometido un error. Por ejemplo, el PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) o su IDT podrían decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Medicaid.
- Si usted, su médico u otro proveedor no están de acuerdo con nuestra decisión, usted puede apelar. Para pedir instrucciones sobre cómo apelar:
 - Llame a Servicios al Participante al 1-855-747-5483 y al 711 para usuarios de TTY, de 8:00 a. m. a 8:00 p. m., los siete días de la semana.
 - Comuníquese con ICAN llamando sin costo al 1-844-614-8800 (los usuarios de TTY deben llamar al 711 y luego seguir las indicaciones para llamar al 844-614-8800) o por Internet en icannys.org.
 - Lea el Capítulo 9, Sección F del *Manual del participante* para aprender cómo apelar una decisión.



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

C1. Medicamentos agrupados por afección médica

Los medicamentos de esta sección están agrupados en categorías de acuerdo con el tipo de afecciones para las que se usan como tratamiento. Por ejemplo, si usted tiene una afección del corazón, debe buscar en la categoría Inhibidores de enzima convertidora de angiotensina (ACE). Allí encontrará los medicamentos que traten afecciones del corazón.

Estos son los significados de los códigos usados en la columna “Medidas necesarias, restricciones o límites de uso”:

PA = Autorización (aprobación) previa: usted debe tener aprobación del plan antes de poder obtener este medicamento.

PA NSO = Autorización (aprobación) previa: usted debe tener aprobación del plan antes de poder obtener este medicamento - Solo para nuevos participantes.

PA BvD = Autorización (aprobación) previa: usted debe tener aprobación del plan antes de poder obtener este medicamento - Se aplica la determinación de cobertura de la Parte D frente a la Parte B.

ST = Terapia escalonada: usted debe probar otro medicamento antes de poder obtener este.

QL = Límite de cantidad: límite a la cantidad de medicamento que puede obtener.

NM = No disponible mediante pedido por correo.

* = No es un medicamento de Parte D.

PA-HRM = Los CMS han considerado que este medicamento es potencialmente dañino y, por lo tanto, es un medicamento de alto riesgo para los beneficiarios de Medicare de 65 años o más. Los miembros de 65 años o más deben obtener una autorización previa del plan antes de surtir su receta para este medicamento. Sin autorización previa, es posible que el plan no cubra este fármaco.

NDS = Aquellos medicamentos que están limitados a un suministro de 30 días.

LA = Este medicamento con receta puede estar disponible solo en ciertas farmacias.

Edad: EDAD (Máx. 64 años), la edad es mayor que X



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

<Therapeutic Category> –

Name of drug	Tier level	What the drug will cost you	Necessary actions, restrictions, or limits on use
<i><Therapeutic Class Name 1> – [Optional: <Plain Language Description>]</i>			
<Drug Name 1>	<Tier Level>	\$0	<Util. Mgmt.>
<Drug Name 2>	<Tier Level>	\$0	<Util. Mgmt.>
<i><Therapeutic Class Name 2> – [Optional: <Plain Language Description>]</i>			
<Drug Name 1>	<Tier Level>	\$0	<Util. Mgmt.>
<Drug Name 2>	<Tier Level>	\$0	<Util. Mgmt.>



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

D. Index Índice de medicamentos cubiertos



Si tiene alguna pregunta, llame al PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) 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. **Para obtener más información**, visite www.phpcares.org.

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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			
<i>acetaminophen 120 mg suppos outer *</i> (Feverall)	3	\$0	
<i>acetaminophen 325 mg tablet *</i> (Aminofen)	3	\$0	
<i>acetaminophen 500 mg tablet *</i> (Non-Aspirin Pain Relief)	3	\$0	
<i>acetaminophen 650 mg suppos *</i> (Feverall)	3	\$0	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	\$0	QL (4500 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	\$0	QL (360 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	\$0	QL (180 per 30 days); NDS
<i>aminofen 325 mg tablet *</i> (acetaminophen)	3	\$0	
<i>arthritis pain er 650 mg caplt *</i> (acetaminophen)	3	\$0	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i> (codeine-butalbital-asa-caff)	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS
<i>betatemp 160 mg/5 ml susp *</i> (acetaminophen)	3	\$0	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	1	\$0	QL (4 per 28 days); NDS
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	\$0	QL (5 per 28 days); NDS
<i>child acetaminophen 80 mg chew fruit *</i> (acetaminophen)	3	\$0	
<i>child tylenol 160 mg tab chew *</i> (acetaminophen)	3	\$0	
<i>children's aurophen pain-fever oral suspension 160 mg/5 ml *</i> (acetaminophen)	3	\$0	
<i>children's mapap 80 mg tab chw *</i> (acetaminophen)	3	\$0	
<i>child's mapap 160 mg tab chew *</i> (acetaminophen)	3	\$0	
<i>chld acetaminophen 160 mg/5 ml gluten/f.cherry *</i> (acetaminophen)	3	\$0	
<i>codeine sulfate oral tablet 15 mg, 60 mg</i>	2	\$0	QL (180 per 30 days); NDS
<i>codeine sulfate oral tablet 30 mg</i>	1	\$0	QL (180 per 30 days); NDS
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years); NDS
<i>cvs 8hr arthrit pain er 650 mg *</i> (acetaminophen)	3	\$0	
<i>cvs 8hr muscle aches er 650 mg *</i> (acetaminophen)	3	\$0	
<i>cvs acetaminophen 500 mg/15 ml *</i> (Mapap (acetaminophen))	3	\$0	
<i>cvs arthrit pain rlf er 650 mg *</i> (acetaminophen)	3	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>cvs child pain relief 160 mg *</i>	(acetaminophen)	3	\$0	
<i>cvs child pain rlf 160 mg/5 ml children's *</i>	(acetaminophen)	3	\$0	
<i>cvs tension headache gelcap 500-65 mg *</i>		3	\$0	
<i>endocet oral tablet 10-325 mg</i>	(oxycodone-acetaminophen)	1	\$0	QL (180 per 30 days); NDS
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	(oxycodone-acetaminophen)	1	\$0	QL (360 per 30 days); NDS
<i>endocet oral tablet 7.5-325 mg</i>	(oxycodone-acetaminophen)	1	\$0	QL (240 per 30 days); NDS
<i>eq pain relief 500 mg/15 ml lq *</i>	(acetaminophen)	3	\$0	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		1	\$0	PA; QL (120 per 30 days); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		1	\$0	QL (10 per 30 days); NDS
<i>feverall 120 mg suppository children's, outer *</i>	(acetaminophen)	3	\$0	
<i>feverall 325 mg suppository junior str, outer *</i>	(acetaminophen)	3	\$0	
<i>feverall 650 mg suppository adult, inner *</i>	(acetaminophen)	3	\$0	
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER *		3	\$0	
<i>fioricet oral capsule 50-300-40 mg</i>	(butalbital-acetaminophen-caff)	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>gnp 8hr acetaminophen er 650 mg *</i>	(acetaminophen)	3	\$0	
<i>gnp child pain relief 160 mg *</i>	(acetaminophen)	3	\$0	
<i>gnp infant pain-fever 160 mg/5 w/syringe, grape 160 mg/5 ml *</i>	(acetaminophen)	3	\$0	
<i>hm pain relief er 650 mg cplt *</i>	(acetaminophen)	3	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	1	\$0	QL (2700 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	\$0	QL (180 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	\$0	QL (240 per 30 days); NDS
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	\$0	QL (150 per 30 days); NDS
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	\$0	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	1	\$0	QL (1200 per 30 days); NDS
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	\$0	QL (180 per 30 days); NDS
<i>infant's pain relief oral suspension 160 mg/5 ml *</i> (acetaminophen)	3	\$0	
<i>mapap 500 mg capsule *</i> (acetaminophen)	3	\$0	
<i>mapap 500 mg/15 ml liquid *</i> (acetaminophen)	3	\$0	
<i>methadone oral solution 10 mg/5 ml</i>	1	\$0	QL (600 per 30 days); NDS
<i>methadone oral solution 5 mg/5 ml</i>	1	\$0	QL (1200 per 30 days); NDS
<i>methadone oral tablet 10 mg</i>	1	\$0	QL (120 per 30 days); NDS
<i>methadone oral tablet 5 mg</i>	1	\$0	QL (180 per 30 days); NDS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	\$0	PA; QL (180 per 30 days); NDS
<i>morphine oral solution 10 mg/5 ml</i>	1	\$0	QL (700 per 30 days); NDS
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	\$0	QL (300 per 30 days); NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	1	\$0	QL (60 per 30 days); NDS
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	\$0	QL (90 per 30 days); NDS
<i>m-pap 160 mg/5 ml liquid *</i> (acetaminophen)	3	\$0	
<i>non-aspirin 80 mg tab chew children's *</i> (acetaminophen)	3	\$0	
<i>oxycodone oral capsule 5 mg</i>	1	\$0	QL (180 per 30 days); NDS
<i>oxycodone oral concentrate 20 mg/ml</i>	1	\$0	PA; QL (120 per 30 days); NDS
<i>oxycodone oral solution 5 mg/5 ml</i>	1	\$0	QL (1300 per 30 days); NDS
<i>oxycodone oral tablet 10 mg, 5 mg</i>	1	\$0	QL (180 per 30 days); NDS
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	\$0	QL (120 per 30 days); NDS
<i>oxycodone oral tablet 20 mg</i>	1	\$0	QL (120 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	\$0	QL (180 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	1	\$0	QL (360 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	1	\$0	QL (240 per 30 days); NDS
<i>oxymorphone oral tablet 10 mg</i>	1	\$0	QL (120 per 30 days); NDS
<i>oxymorphone oral tablet 5 mg</i>	1	\$0	QL (180 per 30 days); NDS

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		1	\$0	QL (60 per 30 days); NDS
<i>pain relief adult 500 mg/15 ml *</i>	(acetaminophen)	3	\$0	
<i>pharbetol 325 mg tablet regular strength *</i>	(acetaminophen)	3	\$0	
<i>pharbetol 500 mg tablet extra strength *</i>	(acetaminophen)	3	\$0	
<i>qc acetaminophen 8-hr 650 mg caplet *</i>	(8 Hour Pain Reliever)	3	\$0	
<i>qc non-aspirin 500 mg gelcap gelcap, ex-str *</i>	(acetaminophen)	3	\$0	
<i>ra arthritis pain er 650 mg caplet *</i>	(acetaminophen)	3	\$0	
<i>ra athenol 325 mg tablet *</i>	(acetaminophen)	3	\$0	
<i>ra fever reducer-pain 160 mg/5 infant w/syr,d/f 160 mg/5 ml *</i>	(acetaminophen)	3	\$0	
<i>ra non-aspirin 160 mg/5 ml children's, cherry *</i>	(acetaminophen)	3	\$0	
<i>ra tension headache pain cplt 500-65 mg *</i>		3	\$0	
<i>redutemp 500 mg/15 ml liquid *</i>	(acetaminophen)	3	\$0	
<i>shake that ache 500 mg caplet *</i>	(acetaminophen)	3	\$0	
<i>tencon oral tablet 50-325 mg</i>	(butalbital-acetaminophen)	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>tension headache caplet 500-65 mg *</i>		3	\$0	
<i>tramadol oral tablet 50 mg</i>		1	\$0	QL (240 per 30 days); NDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		1	\$0	QL (300 per 30 days); NDS
<i>zebutal oral capsule 50-325-40 mg</i>	(butalbital-acetaminophen-caff)	1	\$0	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Nonsteroidal Anti-Inflammatory Agents				
<i>addaprin 200 mg tablet *</i>	(ibuprofen)	3	\$0	
<i>aspirin 300 mg suppository *</i>		3	\$0	
<i>aspirin 325 mg tablet *</i>	(Bayer Aspirin)	3	\$0	
<i>aspirin 81 mg chewable tablet *</i>	(St Joseph Aspirin)	3	\$0	
<i>aspirin ec 325 mg tablet *</i>	(Ecotrin)	3	\$0	
<i>aspirin ec 81 mg tablet *</i>	(Bayer Low Dose Aspirin)	3	\$0	
<i>bayer low dose ec 81 mg tab *</i>	(aspirin)	3	\$0	
<i>bayer migraine formula caplet caplet 250-250-65 mg *</i>	(aspirin-acetaminophen-caffeine)	3	\$0	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	1	\$0	QL (60 per 30 days)
<i>child ibuprofen 200 mg/10 ml cup outer 100 mg/5 ml *</i>	(ibuprofen)	3	\$0	
<i>children ibuprofen 100 mg/5 ml *</i>	(ibuprofen)	3	\$0	
<i>children ibuprofen 100 mg/5 ml berry flavor *</i>	(ibuprofen)	3	\$0	
<i>children ibuprofen 100 mg/5 ml gluten-free *</i>	(ibuprofen)	3	\$0	
<i>cvs chld ibuprofen 100 mg/5 ml *</i>	(ibuprofen)	3	\$0	
<i>cvs migraine 250-250-65 mg cpt coated caplet *</i>	(aspirin-acetaminophen-caffeine)	3	\$0	
<i>diclofenac potassium oral tablet 50 mg</i>		1	\$0	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>		1	\$0	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>		1	\$0	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>		1	\$0	QL (120 per 30 days)

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<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	\$0	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	1	\$0	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	1	\$0	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	\$0	PA; QL (100 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i> (Pennsaid)	1	\$0	PA; QL (224 per 28 days); NDS
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	1	\$0	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	1	\$0	
<i>diflunisal oral tablet 500 mg</i>	1	\$0	
<i>ec-naproxen dr 500 mg tablet</i> (naproxen)	1	\$0	
<i>ecotrin ec 325 mg tablet safety coated *</i> (aspirin)	3	\$0	
<i>eq child ibuprofen 100 mg/5 ml berry *</i> (ibuprofen)	3	\$0	
<i>eql child ibuprofen 100 mg/5 ml d/f, berry, child *</i> (ibuprofen)	3	\$0	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	\$0	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	\$0	
<i>etodolac oral tablet 500 mg</i>	1	\$0	
<i>fenopropfen oral tablet 600 mg</i> (Nalfon)	1	\$0	
<i>flurbiprofen oral tablet 100 mg</i>	1	\$0	
<i>ft child ibuprofen 100 mg/5 ml *</i> (ibuprofen)	3	\$0	
<i>gs child ibuprofen 100 mg/5 ml *</i> (ibuprofen)	3	\$0	
<i>hm child ibuprofen 100 mg/5 ml berry *</i> (ibuprofen)	3	\$0	

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<i>ibu oral tablet 400 mg</i>	(ibuprofen)	1	\$0	QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	(ibuprofen)	1	\$0	
<i>ibuprofen 100 mg/5 ml susp (otc) *</i>	(Children's Ibuprofen)	3	\$0	
<i>ibuprofen 200 mg softgel *</i>	(Wal-Profen)	3	\$0	
<i>ibuprofen 200 mg tablet *</i>	(Addaprin)	3	\$0	
<i>ibuprofen 200 mg/10 ml suspension cup u-d (otc) 100 mg/5 ml *</i>	(Children's Ibuprofen)	3	\$0	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	(Children's Ibuprofen)	1	\$0	
<i>ibuprofen oral tablet 400 mg</i>	(IBU)	1	\$0	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	(IBU)	1	\$0	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>		1	\$0	PA; QL (90 per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>		1	\$0	PA-HRM; AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>		1	\$0	
<i>infant ibuprofen 50 mg/1.25 ml berry *</i>	(ibuprofen)	3	\$0	
<i>i-prin 200 mg tablet *</i>	(ibuprofen)	3	\$0	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>		1	\$0	
<i>ketorolac oral tablet 10 mg</i>		1	\$0	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>		1	\$0	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		1	\$0	
<i>nabumetone oral tablet 500 mg, 750 mg</i>		1	\$0	
<i>naproxen oral tablet 250 mg, 375 mg</i>		1	\$0	
<i>naproxen oral tablet 500 mg</i>	(Naprosyn)	1	\$0	

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<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	1	\$0	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> (EC-Naproxen)	1	\$0	
<i>naproxen sodium 220 mg tablet *</i> (Wal-Proxen)	3	\$0	
<i>pain reliever pls 250-250-65 mg *</i> (aspirin-acetaminophen-caffeine)	3	\$0	
<i>piroxicam oral capsule 10 mg</i>	1	\$0	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	1	\$0	
<i>pub children's profen ib susp berry flavor 100 mg/5 ml *</i> (ibuprofen)	3	\$0	
<i>pub children's profenib susp bubble gum flavor 100 mg/5 ml *</i> (ibuprofen)	3	\$0	
<i>qc child ibuprofen 100 mg/5 ml *</i> (ibuprofen)	3	\$0	
<i>ra aspirin 325 mg tablet *</i> (Bayer Aspirin)	3	\$0	
<i>ra aspirin ec 325 mg tablet regular strength *</i> (Ecotrin)	3	\$0	
<i>ra aspirin ec 81 mg tablet *</i> (Bayer Low Dose Aspirin)	3	\$0	
<i>ra child ibuprofen 100 mg/5 ml d/f, berry flavor *</i> (ibuprofen)	3	\$0	
<i>ra naproxen sod 220 mg tablet caplet *</i> (Wal-Proxen)	3	\$0	
<i>ra naproxen sodium 220 mg cap liquidgel *</i> (Aleve)	3	\$0	
<i>sm child ibuprofen 100 mg/5 ml *</i> (ibuprofen)	3	\$0	
<i>st. joseph aspirin 81 mg chew *</i> (aspirin)	3	\$0	
<i>st. joseph aspirin ec 81 mg tb *</i> (aspirin)	3	\$0	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	\$0	
<i>wal-profen 200 mg caplet f/c, caplet *</i> (ibuprofen)	3	\$0	
<i>wal-profen 200 mg softgel softgel *</i> (ibuprofen)	3	\$0	
<i>wal-profen 200 mg tablet f/c *</i> (ibuprofen)	3	\$0	
<i>wal-proxen 220 mg tablet *</i> (naproxen sodium)	3	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Anesthetics				
Local Anesthetics				
<i>anecream 4% cream *</i>	(lidocaine)	3	\$0	
ASPERCREME LIDOCAINE 4% CREAM *	(lidocaine hcl)	3	\$0	
<i>asperceme lidocaine 4% patch outer *</i>	(lidocaine)	3	\$0	
<i>cvs lidocaine hcl 4% cream *</i>	(Asperceme (lidocaine HCl))	3	\$0	
<i>cvs lidocaine pain rlf 4% ptch *</i>	(Asperceme (lidocaine))	3	\$0	
<i>cvs pain relief 4% cream *</i>	(lidocaine hcl)	3	\$0	
<i>cvs sunburn relief cool gel 0.5 % *</i>	(lidocaine-aloe vera)	3	\$0	
<i>dermacinrx lidocan 5% patch outer</i>	(lidocaine)	1	\$0	PA; QL (90 per 30 days)
<i>glydo mucous membrane jelly in applicator 2 %</i>	(lidocaine hcl)	1	\$0	QL (30 per 30 days)
<i>lido king 4% patch *</i>	(lidocaine)	3	\$0	
<i>lidocaine 4% cream *</i>	(Anecream)	3	\$0	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	(Glydo)	1	\$0	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>		1	\$0	PA
<i>lidocaine topical adhesive patch,medicated 5 %</i>	(DermacinRx Lidocan)	1	\$0	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>		1	\$0	PA; QL (240 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	(lidocaine hcl)	1	\$0	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>		1	\$0	PA; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	(lidocaine)	1	\$0	PA; QL (90 per 30 days)
<i>relevea 4% patch *</i>	(lidocaine)	3	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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			
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	\$0	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	\$0	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	1	\$0	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	1	\$0	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	\$0	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	\$0	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>eq nicotine 7 mg/24hr patch clear, step 3 (otc) *</i> (Nicoderm CQ)	3	\$0	
<i>eq nicotine 2 mg lozenge *</i> (Quit 2)	3	\$0	
<i>eq nicotine 4 mg lozenge *</i> (Quit 4)	3	\$0	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	\$0	QL (4 per 30 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	\$0	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	1	\$0	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	1	\$0	QL (4 per 30 days)

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<i>naltrexone oral tablet 50 mg</i>		1	\$0	
<i>nicotine 14 mg/24hr patch step 2 (otc) *</i>	(Nicoderm CQ)	3	\$0	
<i>nicotine 2 mg chewing gum outer *</i>	(Quit 2)	3	\$0	
<i>nicotine 2 mg lozenge mint, 3 quittube *</i>	(Quit 2)	3	\$0	
<i>nicotine 21 mg/24hr patch outer (otc) *</i>	(Nicoderm CQ)	3	\$0	
<i>nicotine 4 mg chewing gum outer *</i>	(Quit 4)	3	\$0	
<i>nicotine 4 mg lozenge mint, 3 quittube *</i>	(Quit 4)	3	\$0	
<i>nicotine 7 mg/24hr patch step 3 (otc) *</i>	(Nicoderm CQ)	3	\$0	
NICOTROL INHALATION CARTRIDGE 10 MG		2	\$0	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML		2	\$0	QL (240 per 180 days)
<i>pub stop smoking aid 2 mg lozg *</i>	(nicotine (polacrilex))	3	\$0	
<i>pub stop smoking aid 4 mg lozg *</i>	(nicotine (polacrilex))	3	\$0	
<i>quit 2 mg chewing gum *</i>	(nicotine (polacrilex))	3	\$0	
<i>quit 2 mg lozenge mint *</i>	(nicotine (polacrilex))	3	\$0	
<i>quit 4 mg chewing gum *</i>	(nicotine (polacrilex))	3	\$0	
<i>quit 4 mg lozenge mint *</i>	(nicotine (polacrilex))	3	\$0	
<i>ra nicotine 2 mg lozenge mint, 4 quittube *</i>	(Quit 2)	3	\$0	
<i>ra nicotine 2 mg mini lozenge mini, mint, 3 quittube *</i>	(Nicorette)	3	\$0	

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<i>nicotine 21 mg/24hr patch step 1 (otc) *</i> (Nicoderm CQ)	3	\$0	
<i>nicotine 4 mg mini lozenge mini,mint,4 quittube *</i> (Nicorette)	3	\$0	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	1	\$0	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	\$0	QL (336 per 365 days)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	1	\$0	
Antianxiety Agents			
Benzodiazepines			
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	\$0	QL (120 per 30 days); NDS
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	\$0	QL (150 per 30 days); NDS
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	1	\$0	QL (120 per 30 days); NDS
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	1	\$0	QL (90 per 30 days); NDS
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	\$0	QL (120 per 30 days); NDS
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	\$0	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	\$0	QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	\$0	QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	\$0	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	\$0	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	\$0	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	1	\$0	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	\$0	QL (1200 per 30 days)

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<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	\$0	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	\$0	QL (120 per 30 days)
<i>estazolam oral tablet 1 mg</i>	1	\$0	QL (60 per 30 days); NDS
<i>estazolam oral tablet 2 mg</i>	1	\$0	QL (30 per 30 days); NDS
<i>flurazepam oral capsule 15 mg</i>	1	\$0	QL (60 per 30 days); NDS
<i>flurazepam oral capsule 30 mg</i>	1	\$0	QL (30 per 30 days); NDS
<i>lorazepam 2 mg/ml oral concent</i> (Lorazepam Intensol)	1	\$0	QL (150 per 30 days); NDS
<i>lorazepam 4 mg/ml vial inner</i> (Ativan)	1	\$0	
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	\$0	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	2	\$0	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	\$0	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (lorazepam)	1	\$0	QL (150 per 30 days); NDS
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	\$0	QL (90 per 30 days); NDS
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	\$0	QL (150 per 30 days); NDS
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	\$0	QL (120 per 30 days); NDS
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril)	1	\$0	QL (30 per 30 days); NDS
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	1	\$0	QL (120 per 30 days); NDS
<i>triazolam oral tablet 0.125 mg</i>	1	\$0	QL (120 per 30 days); NDS

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<i>triazolam oral tablet 0.25 mg</i>	(Halcion)	1	\$0	QL (60 per 30 days); NDS
Antibacterials				
Aminoglycosides				
<i>amikacin injection solution 500 mg/2 ml</i>		1	\$0	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		2	\$0	PA; QL (235.2 per 28 days); NDS
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>		1	\$0	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>		1	\$0	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml</i>		1	\$0	
<i>neomycin oral tablet 500 mg</i>		1	\$0	
<i>streptomycin intramuscular recon soln 1 gram</i>		1	\$0	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		2	\$0	QL (224 per 28 days); NDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	(Tobi)	1	\$0	PA BvD; NDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	(Bethkis)	1	\$0	PA BvD; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>		1	\$0	
Antibacterials, Miscellaneous				
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	(Cleocin HCl)	1	\$0	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	(clindamycin palmitate hcl)	1	\$0	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	(Cleocin)	1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	1	\$0	NDS
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	1	\$0	NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	1	\$0	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	1	\$0	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	\$0	
<i>methenamine hippurate oral tablet 1 gram</i>	1	\$0	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	1	\$0	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	\$0	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	\$0	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	2	\$0	NDS
<i>trimethoprim oral tablet 100 mg</i>	1	\$0	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	\$0	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	1	\$0	QL (56 per 14 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	1	\$0	QL (112 per 14 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	1	\$0	
XIFAXAN ORAL TABLET 200 MG	2	\$0	PA; QL (9 per 30 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
XIFAXAN ORAL TABLET 550 MG	2	\$0	PA; QL (90 per 30 days); NDS
Cephalosporins			
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	\$0	
<i>cefadroxil oral capsule 500 mg</i>	1	\$0	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	\$0	
<i>cefadroxil oral tablet 1 gram</i>	1	\$0	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	\$0	
<i>cefdinir oral capsule 300 mg</i>	1	\$0	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	\$0	
<i>cefixime oral capsule 400 mg</i>	1	\$0	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	\$0	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	\$0	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	\$0	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	\$0	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	1	\$0	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	\$0	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	\$0	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	\$0	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	\$0	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i> (ceftazidime)	1	\$0	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	\$0	NDS
Macrolides			
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	1	\$0	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	\$0	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	\$0	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	\$0	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	

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<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	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
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	1	\$0	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	1	\$0	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	\$0	
Miscellaneous B-Lactam Antibiotics			
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	1	\$0	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	\$0	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	1	\$0	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	\$0	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	\$0	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	\$0	
Penicillins			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	\$0	

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<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	\$0	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	\$0	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	\$0	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	\$0	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	\$0	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	1	\$0	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	\$0	
<i>ampicillin oral capsule 500 mg</i>	1	\$0	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	1	\$0	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (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	

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<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	\$0	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	2	\$0	
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT	2	\$0	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	\$0	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	1	\$0	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	\$0	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	\$0	
Quinolones			
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	\$0	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	\$0	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	\$0	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	\$0	

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<i>levofloxacin oral solution 250 mg/10 ml</i>	1	\$0	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	\$0	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	\$0	
<i>moxifloxacin oral tablet 400 mg</i>	1	\$0	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	(Avelox in NaCl (iso-osmotic)) 1	\$0	
Sulfonamides			
<i>sulfadiazine oral tablet 500 mg</i>	1	\$0	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	(Sulfatrim) 1	\$0	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	(Bactrim) 1	\$0	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	(Bactrim DS) 1	\$0	
Tetracyclines			
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	\$0	
<i>doxy-100 intravenous recon soln 100 mg</i>	(doxycycline hyclate) 1	\$0	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	(Doxy-100) 1	\$0	
<i>doxycycline hyclate oral capsule 100 mg</i>	1	\$0	
<i>doxycycline hyclate oral capsule 50 mg</i>	(Morgidox) 1	\$0	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	\$0	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	(Acticlate) 1	\$0	
<i>doxycycline hyclate oral tablet 50 mg</i>	(Targadox) 1	\$0	

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<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg</i>	1	\$0	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)	1	\$0	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	\$0	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	\$0	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	\$0	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	1	\$0	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	\$0	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	\$0	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	\$0	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	\$0	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	\$0	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	1	\$0	NDS
Anticancer Agents			
Anticancer Agents			
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	1	\$0	PA NSO; QL (120 per 30 days); NDS
<i>adrucil intravenous solution 2.5 gram/50 ml</i> (fluorouracil)	1	\$0	PA BvD

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AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
ALECENSA ORAL CAPSULE 150 MG	2	\$0	PA NSO; QL (240 per 30 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
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	\$0	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML	2	\$0	PA NSO; QL (1.6 per 28 days); NDS
AUGTYRO ORAL CAPSULE 160 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
AUGTYRO ORAL CAPSULE 40 MG	2	\$0	PA NSO; QL (240 per 30 days); NDS
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG	2	\$0	NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
<i>azacitidine injection recon soln 100 mg</i> (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
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i> (Treanda)	1	\$0	PA NSO; NDS
BENDAMUSTINE INTRAVENOUS SOLUTION 25 MG/ML (Bendeka)	2	\$0	PA NSO; NDS

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BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	2	\$0	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	\$0	PA NSO; NDS
<i>bexarotene topical gel 1 %</i> (Targretin)	1	\$0	PA NSO; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	\$0	
BIZENGRIN INTRAVENOUS SOLUTION 375 MG/18.75 ML (20 MG/ML)	2	\$0	PA NSO; QL (75 per 28 days); NDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	\$0	
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	2	\$0	PA NSO
<i>bortezomib injection recon soln 3.5 mg</i> (Velcade)	2	\$0	PA NSO
BORUZU INJECTION SOLUTION 2.5 MG/ML	2	\$0	PA NSO
BOSULIF ORAL CAPSULE 100 MG	2	\$0	PA NSO; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	2	\$0	PA NSO; QL (180 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 (ACALABRUTINIB MAL) ORAL TABLET 100 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS

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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
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	1	\$0	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	\$0	PA BvD
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 60 MG/DAY (20 MG X 3/DAY)	2	\$0	PA NSO; NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	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
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	\$0	PA BvD; NDS
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	2	\$0	PA BvD; NDS
<i>cyclophosphamide intravenous solution 500 mg/ml</i> (Frindovyx)	2	\$0	PA BvD; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	\$0	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	\$0	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	2	\$0	PA NSO; QL (120 per 28 days); NDS
DANZITEN ORAL TABLET 71 MG, 95 MG	2	\$0	PA NSO; QL (112 per 28 days); NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	2	\$0	PA NSO; NDS

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DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	2	\$0	PA NSO; LA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	1	\$0	PA NSO; QL (30 per 30 days); NDS
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	1	\$0	PA NSO; QL (90 per 30 days); NDS
DATROWAY INTRAVENOUS RECON SOLN 100 MG	2	\$0	PA NSO; 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
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	1	\$0	NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Caelyx)	1	\$0	PA BvD; NDS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	2	\$0	PA NSO; NDS
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	\$0	PA NSO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	\$0	PA NSO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	\$0	PA NSO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	\$0	PA NSO
ELREXFIO 44 MG/1.1 ML VIAL INNER, SUV, P/F 40 MG/ML	2	\$0	PA NSO; NDS
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	2	\$0	PA NSO; QL (9.5 per 28 days); NDS
EMCYT ORAL CAPSULE 140 MG	2	\$0	NDS

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EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	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 (28 per 28 days); NDS
ERLEADA ORAL TABLET 240 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	2	\$0	PA NSO; QL (90 per 30 days); NDS
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	1	\$0	PA NSO; QL (60 per 30 days); NDS
<i>erlotinib oral tablet 150 mg</i>	1	\$0	PA NSO; QL (90 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	1	\$0	PA NSO; QL (60 per 30 days); NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	\$0	
<i>etoposide intravenous solution 20 mg/ml</i>	1	\$0	
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	1	\$0	PA NSO; QL (56 per 28 days); NDS
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	1	\$0	PA NSO; QL (28 per 28 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	1	\$0	PA NSO; QL (112 per 28 days); NDS
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	\$0	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	\$0	PA BvD; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	\$0	PA BvD

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>floxuridine injection recon soln 0.5 gram</i>	1	\$0	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	\$0	PA BvD
<i>flutamide oral capsule 125 mg</i> (Eulexin)	1	\$0	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	2	\$0	PA NSO; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	2	\$0	PA NSO; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	2	\$0	PA NSO; QL (21 per 28 days); NDS
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	1	\$0	NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	2	\$0	PA NSO; NDS
GAVRETO ORAL CAPSULE 100 MG	2	\$0	PA NSO; QL (120 per 30 days); NDS
<i>gefitinib oral tablet 250 mg</i> (Iressa)	1	\$0	PA NSO; QL (60 per 30 days); NDS
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	\$0	PA BvD
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	\$0	PA BvD
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	2	\$0	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (lomustine)	2	\$0	NDS
GOMEKLI ORAL CAPSULE 1 MG	2	\$0	PA NSO; QL (224 per 28 days); NDS

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GOMEKLI ORAL CAPSULE 2 MG	2	\$0	PA NSO; QL (112 per 28 days); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	2	\$0	PA NSO; QL (224 per 28 days); NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	2	\$0	PA NSO; QL (5 per 21 days); NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	\$0	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	\$0	
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
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	1	\$0	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	\$0	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	1	\$0	PA NSO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (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 SUSPENSION 70 MG/ML	2	\$0	PA NSO; QL (216 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	\$0	PA NSO; QL (28 per 28 days); NDS

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IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG	2	\$0	PA NSO; NDS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	2	\$0	PA NSO; NDS
IMKELDI ORAL SOLUTION 80 MG/ML	2	\$0	PA NSO; QL (280 per 28 days); 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
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i> (Camptosar)	1	\$0	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	\$0	
ITOVEBI ORAL TABLET 3 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
IWILFIN ORAL TABLET 192 MG	2	\$0	PA NSO; QL (240 per 30 days); NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	2	\$0	PA NSO; QL (90 per 30 days); NDS
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	2	\$0	PA NSO; NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	2	\$0	PA BvD; ST

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KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	\$0	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	2	\$0	PA NSO; NDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	2	\$0	PA NSO; QL (2 per 28 days); NDS
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
KRAZATI ORAL TABLET 200 MG	2	\$0	PA NSO; QL (180 per 30 days); NDS
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	1	\$0	PA NSO; NDS
LAZCLUZE ORAL TABLET 240 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	1	\$0	PA NSO; QL (28 per 28 days); NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	\$0	
LEUKERAN ORAL TABLET 2 MG	2	\$0	NDS
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	2	\$0	PA NSO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	\$0	PA NSO
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
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML)	2	\$0	PA NSO; 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
LUMAKRAS ORAL TABLET 240 MG	2	\$0	PA NSO; QL (120 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	2	\$0	PA NSO; QL (90 per 30 days); NDS
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	2	\$0	PA NSO; NDS

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LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	2	\$0	PA NSO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	\$0	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	\$0	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	2	\$0	PA NSO; 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
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	2	\$0	PA NSO; QL (140 per 28 days); NDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	2	\$0	PA NSO; NDS
MATULANE ORAL CAPSULE 50 MG	2	\$0	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	\$0	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	2	\$0	PA NSO; QL (1260 per 30 days); NDS
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
<i>mercaptopurine oral tablet 50 mg</i>	1	\$0	

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<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	\$0	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	\$0	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	\$0	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	\$0	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	\$0	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	2	\$0	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	2	\$0	PA NSO; QL (180 per 30 days); NDS
<i>nilutamide oral tablet 150 mg</i> (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
ODOMZO ORAL CAPSULE 200 MG	2	\$0	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	\$0	PA NSO; NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
OGSIVEO ORAL TABLET 50 MG	2	\$0	PA NSO; QL (180 per 30 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	2	\$0	PA NSO; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	2	\$0	PA NSO; QL (24 per 28 days); NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS

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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
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	2	\$0	PA NSO; NDS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	2	\$0	PA NSO; NDS
ORSERDU ORAL TABLET 345 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	2	\$0	PA NSO; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	\$0	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	\$0	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	\$0	PA BvD
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i> (Abraxane)	2	\$0	PA BvD; NDS
<i>pazopanib oral tablet 200 mg</i> (Votrient)	1	\$0	PA NSO; QL (120 per 30 days); NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	1	\$0	NDS
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	2	\$0	NDS

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<i>pemetrexed intravenous recon soln</i> 100 mg, 500 mg	1	\$0	NDS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	2	\$0	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
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	\$0	PA NSO; QL (21 per 28 days); NDS
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	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
RETEVMO ORAL TABLET 120 MG, 160 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	2	\$0	PA NSO; QL (180 per 30 days); NDS
RETEVMO ORAL TABLET 80 MG	2	\$0	PA NSO; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 110 MG	2	\$0	PA NSO; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 160 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
REZLIDHIA ORAL CAPSULE 150 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	2	\$0	PA NSO; NDS

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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
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
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	2	\$0	PA NSO; QL (360 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
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG	2	\$0	PA NSO; NDS
SCEMBLIX ORAL TABLET 100 MG	2	\$0	PA NSO; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	2	\$0	PA NSO; QL (300 per 30 days); NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	2	\$0	NDS
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	1	\$0	PA NSO; QL (120 per 30 days); NDS
STIVARGA ORAL TABLET 40 MG	2	\$0	PA NSO; QL (84 per 28 days); NDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	1	\$0	PA NSO; QL (28 per 28 days); NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	\$0	PA NSO; NDS

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TABLOID ORAL TABLET 40 MG (thioguanine)	2	\$0	
TABRECTA ORAL TABLET 150 MG, 200 MG	2	\$0	PA NSO; QL (112 per 28 days); NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	\$0	PA NSO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	2	\$0	PA NSO; QL (900 per 30 days); NDS
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	\$0	PA NSO; LA; QL (30 per 30 days); NDS
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	2	\$0	PA NSO; NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	\$0	
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 HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML	2	\$0	PA NSO; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	2	\$0	PA NSO; NDS
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	2	\$0	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML	2	\$0	PA NSO; NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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
<i>toposar intravenous solution 20 mg/ml</i> (etoposide)	1	\$0	
<i>toremifene oral tablet 60 mg</i> (Fareston)	1	\$0	NDS
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	2	\$0	PA NSO; QL (60 per 30 days); NDS
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (everolimus (antineoplastic))	2	\$0	PA NSO; QL (30 per 30 days); NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	\$0	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	2	\$0	PA NSO
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	\$0	NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	2	\$0	PA NSO; QL (64 per 28 days); 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
TURALIO ORAL CAPSULE 125 MG, 200 MG	2	\$0	PA NSO; QL (120 per 30 days); NDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	2	\$0	PA NSO; NDS
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML	2	\$0	PA NSO; NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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); NDS
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
<i>vinblastine intravenous solution 1 mg/ml</i>	1	\$0	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i> (vincristine)	1	\$0	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	1	\$0	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	\$0	
VITRAKVI ORAL CAPSULE 100 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
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
VORANIGO ORAL TABLET 10 MG, 40 MG	2	\$0	PA NSO; NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG	2	\$0	PA NSO; NDS
WELIREG ORAL TABLET 40 MG	2	\$0	PA NSO; QL (90 per 30 days); NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	\$0	PA NSO; QL (120 per 30 days); NDS
XALKORI ORAL PELLETT 150 MG	2	\$0	PA NSO; QL (180 per 30 days); NDS
XALKORI ORAL PELLETT 20 MG	2	\$0	PA NSO; QL (240 per 30 days); NDS
XALKORI ORAL PELLETT 50 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 (50 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 60MG TWICE WEEK (120 MG/WEEK)	2	\$0	PA NSO; QL (24 per 28 days); NDS
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
YONSA ORAL TABLET 125 MG	2	\$0	PA NSO; QL (120 per 30 days); NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ZEJULA ORAL CAPSULE 100 MG	2	\$0	PA NSO; QL (90 per 30 days); NDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	2	\$0	PA NSO; QL (30 per 30 days); NDS
ZELBORAF ORAL TABLET 240 MG	2	\$0	PA NSO; QL (240 per 30 days); NDS
ZIIHERA INTRAVENOUS RECON SOLN 300 MG	2	\$0	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	2	\$0	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	2	\$0	PA NSO
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
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	2	\$0	PA NSO; NDS
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML	2	\$0	PA NSO; QL (20 per 28 days); NDS
Anticonvulsants			
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG	2	\$0	ST; QL (30 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	2	\$0	ST; 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)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	\$0	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	\$0	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	1	\$0	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	\$0	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	1	\$0	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	\$0	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (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
DIACOMIT ORAL POWDER IN PACKET 500 MG	2	\$0	PA NSO; QL (180 per 30 days); NDS
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	\$0	
DILANTIN ORAL CAPSULE 30 MG	2	\$0	
<i>divalproex oral capsule, delayed release 125 mg</i> (Depakote Sprinkles)	1	\$0	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	\$0	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	\$0	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	\$0	PA NSO; NDS
<i>epilex oral tablet 200 mg</i> (carbamazepine)	1	\$0	

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EPRONTIA ORAL SOLUTION 25 MG/ML	2	\$0	ST
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	\$0	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	\$0	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	\$0	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	\$0	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	2	\$0	PA NSO; NDS
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	\$0	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	\$0	ST; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	2	\$0	ST; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	2	\$0	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	2	\$0	ST; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	\$0	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	\$0	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	\$0	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	\$0	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	\$0	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat)	1	\$0	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	\$0	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	\$0	QL (60 per 30 days)

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	(Subvenite)	1	\$0	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i>	(Lamictal ODT Starter (Blue))	1	\$0	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)- 50 mg (14)-100 mg (7)</i>	(Lamictal ODT Starter (Orange))	1	\$0	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i>	(Lamictal ODT Starter (Green))	1	\$0	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 250 mg, 300 mg, 50 mg</i>	(Lamictal XR)	1	\$0	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	(Lamictal)	1	\$0	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	(Lamictal ODT)	1	\$0	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	(Keppra)	1	\$0	
<i>levetiracetam oral solution 100 mg/ml</i>	(Keppra)	1	\$0	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	(Keppra)	1	\$0	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keppra XR)	1	\$0	
<i>levetiracetam oral tablet for suspension 250 mg</i>	(Spritam)	1	\$0	ST
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		2	\$0	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i>	(Celontin)	1	\$0	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)		2	\$0	QL (10 per 30 days)

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<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	\$0	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	\$0	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	\$0	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	\$0	PA NSO-HRM; AGE (Max 64 Years)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	2	\$0	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	\$0	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	\$0	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	\$0	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	\$0	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	\$0	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	\$0	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	\$0	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	\$0	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	1	\$0	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	\$0	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	\$0	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	1	\$0	ST; NDS
<i>rufinamide oral tablet 200 mg</i> (Banzel)	1	\$0	ST
<i>rufinamide oral tablet 400 mg</i> (Banzel)	1	\$0	ST; NDS

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SEZABY INTRAVENOUS RECON SOLN 100 MG	2	\$0	PA BvD; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	2	\$0	ST
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG (levetiracetam)	2	\$0	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (lamotrigine)	1	\$0	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	\$0	PA NSO; QL (60 per 30 days); NDS
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	\$0	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	\$0	
<i>topiramate oral capsule, sprinkle 50 mg</i>	1	\$0	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	\$0	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	\$0	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	\$0	
<i>valproic acid oral capsule 250 mg</i>	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	QL (10 per 30 days); NDS
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	1	\$0	PA NSO; QL (180 per 30 days); NDS
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	1	\$0	PA NSO; QL (180 per 30 days); NDS
<i>vigadrone oral powder in packet 500 mg</i> (vigabatrin)	1	\$0	PA NSO; QL (180 per 30 days); NDS

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<i>vigadrone oral tablet 500 mg</i> (vigabatrin)	1	\$0	PA NSO; QL (180 per 30 days); NDS
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	1	\$0	PA NSO; QL (180 per 30 days); NDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	\$0	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	2	\$0	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	2	\$0	ST; 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	ST
ZONISADE ORAL SUSPENSION 100 MG/5 ML	2	\$0	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	\$0	
<i>zonisamide oral capsule 50 mg</i>	1	\$0	
ZTALMY ORAL SUSPENSION 50 MG/ML	2	\$0	PA NSO; QL (1080 per 30 days); NDS
Antidementia Agents			
Antidementia Agents			
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	\$0	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	1	\$0	
<i>donepezil oral tablet,disintegrating 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	\$0	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	\$0	QL (30 per 30 days)

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<i>galantamine oral solution 4 mg/ml</i>	1	\$0	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	\$0	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg</i>	1	\$0	ST; QL (30 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 7 mg</i> (Namenda XR)	1	\$0	ST; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	\$0	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	\$0	QL (60 per 30 days)
<i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i> (Namzaric)	1	\$0	ST; QL (30 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 (memantine-donepezil)	2	\$0	ST; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 7-10 MG	2	\$0	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	\$0	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	1	\$0	QL (30 per 30 days)
Antidepressants			
Antidepressants			
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	\$0	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	\$0	

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AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	2	\$0	ST; NDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	\$0	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	\$0	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	\$0	
<i>citalopram oral solution 10 mg/5 ml</i>	1	\$0	
<i>citalopram oral tablet 10 mg</i> (Celexa)	1	\$0	QL (120 per 30 days)
<i>citalopram oral tablet 20 mg, 40 mg</i> (Celexa)	1	\$0	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	1	\$0	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	\$0	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	\$0	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	\$0	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>doxepin oral concentrate 10 mg/ml</i>	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)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	\$0	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	\$0	QL (30 per 30 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	\$0	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (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)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	\$0	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	\$0	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	\$0	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	\$0	
MARPLAN ORAL TABLET 10 MG	2	\$0	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	\$0	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	\$0	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	\$0	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	\$0	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	\$0	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	1	\$0	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	\$0	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	1	\$0	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	\$0	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	\$0	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	\$0	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	\$0	
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	\$0	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	1	\$0	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	\$0	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	\$0	QL (30 per 30 days)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	2	\$0	QL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	\$0	QL (30 per 30 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	1	\$0	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	\$0	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg</i>	1	\$0	QL (30 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	1	\$0	QL (90 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	1	\$0	QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	2	\$0	PA NSO; QL (28 per 14 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	2	\$0	PA NSO; QL (14 per 14 days); NDS
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	\$0	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	2	\$0	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	\$0	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	\$0	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	\$0	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	\$0	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	\$0	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	\$0	QL (30 per 30 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	1	\$0	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	\$0	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	\$0	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	\$0	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	\$0	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	\$0	QL (60 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	1	\$0	PA; QL (112 per 28 days); NDS
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	QL (90 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	\$0	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	\$0	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG (2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	\$0	PA; QL (3 per 28 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	\$0	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	1	\$0	QL (90 per 30 days)
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	1	\$0	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	\$0	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	\$0	QL (240 per 30 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	2	\$0	PA; 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)

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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	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	2	\$0	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG	2	\$0	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	2	\$0	QL (60 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	2	\$0	QL (60 per 30 days)
Insulins			
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	\$0	max \$35 copay per month supply; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	\$0	max \$35 copay per month supply; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	\$0	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	\$0	max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	\$0	max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30FlexPen U-100)	1	\$0	max \$35 copay per month supply; QL (30 per 28 days)

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insuln)	1	\$0	max \$35 copay per month supply; QL (40 per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	1	\$0	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	1	\$0	max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	1	\$0	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine)	2	\$0	max \$35 copay per month supply
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	2	\$0	max \$35 copay per month supply
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		2	\$0	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		2	\$0	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	\$0	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		2	\$0	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	\$0	max \$35 copay per month supply; QL (30 per 28 days)

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NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	\$0	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	2	\$0	max \$35 copay per month supply
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	2	\$0	max \$35 copay per month supply
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	\$0	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine u-300 conc)	2	\$0	max \$35 copay per month supply
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine u-300 conc)	2	\$0	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	2	\$0	max \$35 copay per month supply
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	2	\$0	max \$35 copay per month supply
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	2	\$0	max \$35 copay per month supply
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	\$0	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas			
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	\$0	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	\$0	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	\$0	QL (120 per 30 days)

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<i>glipizide oral tablet 2.5 mg</i>	1	\$0	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	\$0	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	\$0	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	1	\$0	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	\$0	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	\$0	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	\$0	PA-HRM; AGE (Max 64 Years)

Antifungals

Antifungals

ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	\$0	PA BvD
ALEVAZOL 1% OINTMENT *	3	\$0	
<i>amphotericin b injection recon soln 50 mg</i>	1	\$0	PA BvD
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i> (AmBisome)	1	\$0	PA BvD; NDS
<i>antifungal (tolnaftate) topical powder 1 % *</i> (tolnaftate)	3	\$0	
<i>antifungal 1% topical cream *</i> (clotrimazole)	3	\$0	
<i>antifungal 2% powder *</i> (miconazole nitrate)	3	\$0	
<i>athlete's foot 1% cream *</i> (clotrimazole)	3	\$0	
<i>athlete's foot 1% powder spray *</i> (tolnaftate)	3	\$0	
<i>athlete's foot 1% solution *</i> (clotrimazole)	3	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>athlete's foot 2% powder *</i>	(miconazole nitrate)	3	\$0	
<i>athlete's foot 2% powder spray *</i>	(miconazole nitrate)	3	\$0	
<i>baza antifungal 2% cream *</i>	(miconazole nitrate)	3	\$0	
<i>ciclopirox topical cream 0.77 %</i>	(Ciclodan)	1	\$0	QL (180 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>		1	\$0	
<i>ciclopirox topical shampoo 1 %</i>		1	\$0	
<i>ciclopirox topical solution 8 %</i>	(Ciclodan)	1	\$0	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i>	(Loprox (as olamine))	1	\$0	QL (180 per 30 days)
<i>clotrimazole 1% solution (otc) *</i>	(Athlete's Foot (clotrimazole))	3	\$0	
<i>clotrimazole 1% topical cream (otc) *</i>	(Antifungal (clotrimazole))	3	\$0	
<i>clotrimazole 1% topical cream foot care (otc) *</i>	(Antifungal (clotrimazole))	3	\$0	
<i>clotrimazole 1% vaginal cream *</i>	(Clotrimazole-7)	3	\$0	
<i>clotrimazole mucous membrane troche 10 mg</i>		1	\$0	
<i>clotrimazole topical cream 1 %</i>	(Antifungal (clotrimazole))	1	\$0	
<i>clotrimazole topical solution 1 %</i>	(Athlete's Foot (clotrimazole))	1	\$0	
<i>clotrimazole-7 vaginal cream 1 % *</i>	(clotrimazole)	3	\$0	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>		1	\$0	QL (90 per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>		1	\$0	
<i>cvs athlete's foot 1% cream *</i>	(tolnaftate)	3	\$0	
<i>cvs athlete's foot 2% liq spray *</i>	(miconazole nitrate)	3	\$0	
<i>cvs clotrimazole 1% top cream (otc) *</i>	(Antifungal (clotrimazole))	3	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>cvs foot & sneaker spray pwd 1 % *</i>	(tolnaftate)	3	\$0	
<i>dermafungal 2% cream *</i>	(miconazole nitrate)	3	\$0	
<i>desenex 2% powder *</i>	(miconazole nitrate)	3	\$0	
<i>econazole nitrate topical cream 1 %</i>		1	\$0	QL (170 per 30 days)
<i>eq athlete's foot 1% cream *</i>	(clotrimazole)	3	\$0	
<i>eq jock itch 1% cream *</i>	(clotrimazole)	3	\$0	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>		1	\$0	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>		1	\$0	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	(Diflucan)	1	\$0	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	(Diflucan)	1	\$0	
<i>fluconazole oral tablet 150 mg, 50 mg</i>		1	\$0	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	(Ancobon)	1	\$0	NDS
<i>gnp athlete's foot 1% cream *</i>	(clotrimazole)	3	\$0	
GNP MICONAZOLE 2% SPRAY POWDER *	(Athlete's Foot)	3	\$0	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>		1	\$0	
<i>griseofulvin microsize oral tablet 500 mg</i>		1	\$0	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		1	\$0	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	(Fulvicin P/G)	1	\$0	
<i>inzo antifungal 2% cream *</i>	(miconazole nitrate)	3	\$0	
<i>itraconazole oral capsule 100 mg</i>	(Sporanox)	1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	1	\$0	PA; NDS
<i>jock itch relief 1% cream *</i> (clotrimazole)	3	\$0	
<i>ketoconazole oral tablet 200 mg</i>	1	\$0	
<i>ketoconazole topical cream 2 %</i>	1	\$0	QL (180 per 30 days)
<i>ketoconazole topical foam 2 %</i> (Extina)	1	\$0	ST; QL (100 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	\$0	QL (360 per 30 days)
<i>lamisil af defens 1% spray pwd *</i> (tolnaftate)	3	\$0	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	1	\$0	
<i>micatin 2% antifungal cream *</i> (miconazole nitrate)	3	\$0	
<i>miconazole 2% topical cream *</i> (Baza Antifungal)	3	\$0	
<i>miconazole 2% vaginal cream *</i> (Monistat 7)	3	\$0	
<i>miconazole 3 combo pack 3 supp w/9gm cream 200 mg- 2 % (9 gram) *</i> (miconazole nitrate)	3	\$0	
<i>miconazole 7 100 mg vag supp *</i>	3	\$0	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	\$0	
<i>micotrin ac 1% topical cream *</i> (clotrimazole)	3	\$0	
<i>micro-guard 2% powder 12's,antifungal *</i> (miconazole nitrate)	3	\$0	
<i>MONISTAT 7 CREAM 2 % *</i> (miconazole nitrate)	3	\$0	
<i>monistat 7 cream 7 applicators 2 % *</i> (miconazole nitrate)	3	\$0	
<i>mycozyl ac 1% topical cream *</i> (clotrimazole)	3	\$0	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	2	\$0	PA; NDS
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	\$0	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	\$0	

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<i>nystatin oral tablet 500,000 unit</i>	1	\$0	
<i>nystatin topical cream 100,000 unit/gram</i>	1	\$0	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	\$0	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	\$0	QL (60 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	\$0	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	\$0	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	\$0	QL (60 per 30 days)
<i>odor ctrl foot-sneaker 1% powd *</i> (tolnaftate)	3	\$0	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	1	\$0	PA; NDS
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	1	\$0	PA; NDS
<i>pub athletic foot 1% cream *</i> (clotrimazole)	3	\$0	
<i>ra antifungal 1% liquid spray liquid spray *</i> (tolnaftate)	3	\$0	
<i>ra antifungal ringworm 1% crm *</i> (clotrimazole)	3	\$0	
<i>ra clotrimazole 1% top cream *</i> (clotrimazole)	3	\$0	
<i>ra jock itch 1% powder spray powder spray *</i> (tolnaftate)	3	\$0	
<i>ra jock itch cream 1 % *</i> (clotrimazole)	3	\$0	
<i>sm antifungal 1% topical cream *</i> (clotrimazole)	3	\$0	
<i>terbinafine 1% cream *</i> (Antifungal (terbinafine))	3	\$0	
<i>terbinafine hcl oral tablet 250 mg</i>	1	\$0	
TINACTIN 1% LIQUID SPRAY * (tolnaftate)	3	\$0	
<i>tolnaftate 1% cream *</i> (Athlete's Foot (tolnaftate))	3	\$0	
<i>tolnaftate 1% powder *</i> (Tinactin)	3	\$0	

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<i>tolnaftate 1% spray powder *</i>	(Athlete's Foot (tolnaftate))	3	\$0	
<i>trimazole 1% topical cream *</i>	(clotrimazole)	3	\$0	
<i>voriconazole intravenous recon soln 200 mg</i>	(Vfend IV)	1	\$0	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	(Vfend)	1	\$0	PA; NDS
<i>voriconazole oral tablet 200 mg</i>		1	\$0	
<i>voriconazole oral tablet 50 mg</i>	(Vfend)	1	\$0	
<i>votriza-al 1% lotion *</i>		3	\$0	
<i>zeasorb af 2% powder *</i>	(miconazole nitrate)	3	\$0	

Antigout Agents

Antigout Agents, Other

<i>allopurinol oral tablet 100 mg</i>	(Zyloprim)	1	\$0	
<i>allopurinol oral tablet 300 mg</i>		1	\$0	
<i>colchicine oral capsule 0.6 mg</i>	(Mitigare)	1	\$0	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	(Colcrys)	1	\$0	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	(Uloric)	1	\$0	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>		1	\$0	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>		1	\$0	

Antihistamines

Antihistamines

<i>alavert d-12 allergy-sinus tab 5-120 mg *</i>		3	\$0	
<i>aler-caps 25 mg capsule *</i>	(diphenhydramine hcl)	3	\$0	
<i>allerclear d-12hr tablet 5-120 mg *</i>		3	\$0	
<i>allerclear d-24hr er tablet 10-240 mg *</i>	(loratadine-pseudoephedrine)	3	\$0	
<i>allergy 50 mg/20 ml solution 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	

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<i>allergy relief 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>allergy relief 25 mg/10 ml 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>allergy relief-nasal decong tb 10-240 mg *</i>	(loratadine-pseudoephedrine)	3	\$0	
<i>aller-tec 10 mg tablet *</i>	(cetirizine)	3	\$0	
<i>aller-tec d 5-120 mg tablet *</i>	(cetirizine-pseudoephedrine)	3	\$0	
<i>aprodine tablet 2.5-60 mg *</i>	(triprolidine-pseudoephedrine)	3	\$0	
<i>banophen 25 mg capsule *</i>	(diphenhydramine hcl)	3	\$0	
<i>banophen 25 mg tablet *</i>	(diphenhydramine hcl)	3	\$0	
<i>banophen 50 mg capsule *</i>	(diphenhydramine hcl)	3	\$0	
<i>benadryl allergy 25 mg ultratb *</i>	(diphenhydramine hcl)	3	\$0	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>		1	\$0	PA-HRM; AGE (Max 64 Years)
<i>cetirizine hcl 1 mg/ml soln children, grape (otc) *</i>	(Allergy Relief (cetirizine))	3	\$0	
<i>cetirizine hcl 1 mg/ml soln children's (otc) *</i>	(Allergy Relief (cetirizine))	3	\$0	
<i>cetirizine hcl 10 mg tablet indoor & outdoor *</i>	(Aller-Tec)	3	\$0	
<i>cetirizine hcl 5 mg chew tab children's, outer, u-d *</i>	(Children's Cetirizine)	3	\$0	
<i>cetirizine hcl 5 mg tablet indoor & outdoor *</i>	(Allergy Relief (cetirizine))	3	\$0	
<i>cetirizine hcl 5 mg/5 ml solution cup outer *</i>		3	\$0	
<i>cetirizine-pse er 5-120 mg tab *</i>	(Aller-Tec D)	3	\$0	
<i>child all day allergy 1 mg/ml *</i>	(cetirizine)	3	\$0	

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<i>child allergy relief 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>child allergy rlf 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>child cetirizine 10 mg chew tb chewable, allergy *</i>	(cetirizine)	3	\$0	
<i>child cetirizine hcl 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>child loratadine 5 mg/5 ml sol *</i>	(Wal-itin)	3	\$0	
<i>child wal-itin 5 mg/5 ml soln *</i>	(loratadine)	3	\$0	
<i>child wal-zyr 1 mg/ml solution grape *</i>	(cetirizine)	3	\$0	
<i>child's aller-tec 1 mg/ml soln *</i>	(cetirizine)	3	\$0	
<i>child's wal-dryl 12.5 mg/5 ml children, cherry *</i>	(diphenhydramine hcl)	3	\$0	
<i>child's wal-zyr 10 mg chew tab *</i>	(cetirizine)	3	\$0	
CLARITIN 10 MG TABLET (OTC) *	(loratadine)	3	\$0	
<i>clemastine oral tablet 2.68 mg</i>		1	\$0	PA-HRM; AGE (Max 64 Years)
<i>cvs allergy (diphen) 25 mg cap *</i>	(diphenhydramine hcl)	3	\$0	
<i>cvs allergy (fexo) 60 mg tab *</i>	(fexofenadine)	3	\$0	
<i>cvs allergy 50 mg/20 ml liq maximum strength 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>cvs allergy relief 180 mg tab indoor/outdoor *</i>	(fexofenadine)	3	\$0	
<i>cvs allergy relief 5 mg tablet *</i>	(levocetirizine)	3	\$0	
<i>cvs child allergy 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>cvs child allergy relf 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>		1	\$0	PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>		1	\$0	PA-HRM; AGE (Max 64 Years)
<i>diphedryl 12.5 mg/5 ml elixir *</i>	(diphenhydramine hcl)	3	\$0	

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<i>diphenhydramine 12.5 mg/5 ml *</i>	(Allergy)	3	\$0	
<i>diphenhydramine 12.5 mg/5 ml cup inner *</i>	(Allergy)	3	\$0	
<i>diphenhydramine 25 mg tablet *</i>	(Allergy (diphenhydramine))	3	\$0	
<i>diphenhydramine 25 mg/10 ml cup inner 12.5 mg/5 ml *</i>	(Allergy)	3	\$0	
<i>diphenhydramine 50 mg capsule (otc) *</i>	(Banophen)	3	\$0	
<i>eq allergy relief 1 mg/ml soln *</i>	(cetirizine)	3	\$0	
<i>eq child allergy 12.5 mg/5 ml children, cherry *</i>	(diphenhydramine hcl)	3	\$0	
<i>eq child allergy relf 1 mg/ml d/f *</i>	(cetirizine)	3	\$0	
<i>eql aller-ease 180 mg tablet *</i>	(fexofenadine)	3	\$0	
<i>eql child allergy 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>eql chld all day aller 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>fexofenadine hcl 180 mg tablet (otc) *</i>	(Aller-Ease)	3	\$0	
<i>fexofenadine hcl 60 mg tablet (otc) *</i>	(Allergy Relief (fexofenadine))	3	\$0	
<i>fexofenadine hcl 60 mg tablet allergy (otc) *</i>	(Allergy Relief (fexofenadine))	3	\$0	
<i>ft child all day aller 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>ft child allergy 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>ft child allergy rlf 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>geri-dryl 12.5 mg/5 ml liquid *</i>	(diphenhydramine hcl)	3	\$0	
<i>gnp allergy relief 50 mg/20 ml 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>gnp child allergy 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	

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<i>gnp diphedryl 12.5 mg/5 ml elx *</i>	(diphenhydramine hcl)	3	\$0	
<i>gs aller-ease 180 mg tablet *</i>	(fexofenadine)	3	\$0	
<i>gs child all day aller 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>gs child allergy 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>hm child all day aller 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>hm child allergy 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>		1	\$0	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		1	\$0	
<i>levocetirizine 5 mg tablet (otc) *</i>	(Allergy Relief (levocetirizin))	3	\$0	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	(Xyzal)	1	\$0	
<i>levocetirizine oral tablet 5 mg</i>	(Allergy Relief (levocetirizin))	1	\$0	
<i>loradamed 10 mg tablet outer *</i>	(loratadine)	3	\$0	
<i>loratadine-d 12 hour tablet 5-120 mg *</i>		3	\$0	
<i>maxallergy kids 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>m-dryl 12.5 mg/5 ml solution *</i>	(diphenhydramine hcl)	3	\$0	
<i>promethazine oral syrup 6.25 mg/5 ml</i>		1	\$0	PA-HRM; AGE (Max 64 Years)
<i>pub allergy 12.5 mg/5 ml liq cherry flavor *</i>	(diphenhydramine hcl)	3	\$0	
<i>pub children's allergy 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>qc child allergy 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>qc children's allergy 1 mg/ml *</i>	(cetirizine)	3	\$0	

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<i>qc complete allergy 25 mg cap *</i>	(diphenhydramine hcl)	3	\$0	
<i>ra all day allergy 10 mg sftgl *</i>		3	\$0	
<i>ra allergy 25 mg tablet *</i>	(diphenhydramine hcl)	3	\$0	
<i>ra allergy med 25 mg capsule *</i>	(diphenhydramine hcl)	3	\$0	
<i>ra allergy med 25 mg tablet *</i>	(diphenhydramine hcl)	3	\$0	
<i>ra allergy med capsule 25 mg *</i>	(diphenhydramine hcl)	3	\$0	
<i>ra allergy relief 180 mg tab *</i>	(fexofenadine)	3	\$0	
<i>ra allergy relief 25 mg cap *</i>	(diphenhydramine hcl)	3	\$0	
<i>ra child allergy 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>ra child allergy 12.5 mg/5 ml cherry *</i>	(diphenhydramine hcl)	3	\$0	
<i>ra child allergy relf 1 mg/ml *</i>	(cetirizine)	3	\$0	
<i>ra complete allergy 25 mg cplt coated caplet *</i>	(diphenhydramine hcl)	3	\$0	
<i>ra diphedryl 12.5 mg/5 ml elix *</i>	(diphenhydramine hcl)	3	\$0	
<i>sm allergy (fexo) 60 mg tablet *</i>	(fexofenadine)	3	\$0	
<i>sm allergy relief 12.5 mg/5 ml *</i>	(diphenhydramine hcl)	3	\$0	
<i>sm child all day aller 1 mg/ml cherry *</i>	(cetirizine)	3	\$0	
<i>sm child allergy 12.5 mg/5 ml dye-free, bubblegum *</i>	(diphenhydramine hcl)	3	\$0	
<i>sudogest cold and allergy tab 4-60 mg *</i>		3	\$0	
<i>total allergy 25 mg tablet *</i>	(diphenhydramine hcl)	3	\$0	

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wal-act d cold & allergy tab 2.5-60 mg *	(triprolidine-pseudoephedrine)	3	\$0	
wal-dryl allergy 12.5 mg/5 ml *	(diphenhydramine hcl)	3	\$0	
wal-dryl allergy 25 mg capsule *	(diphenhydramine hcl)	3	\$0	
wal-dryl allergy 25 mg minitab minitab, coated *	(diphenhydramine hcl)	3	\$0	
wal-fex allergy 180 mg tablet *	(fexofenadine)	3	\$0	
wal-fex allergy 60 mg tablet *	(fexofenadine)	3	\$0	
wal-finate-d tablet 4-60 mg *		3	\$0	
wal-itin 10 mg tablet non-drowsy *	(loratadine)	3	\$0	
wal-itin 5 mg/5 ml syrup children's, grape *	(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-phed sinus and allergy tab 4-60 mg *		3	\$0	
wal-zyr 10 mg softgel *		3	\$0	
wal-zyr 10 mg tablet *	(cetirizine)	3	\$0	
wal-zyr d tablet 12 hr relief 5-120 mg *	(cetirizine-pseudoephedrine)	3	\$0	
ZYRTEC 10 MG LIQUID GELS *		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 % (37.5mg/5 gram)	(Vandazole)	1	\$0	
terconazole vaginal cream 0.4 %, 0.8 %		1	\$0	

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<i>terconazole vaginal suppository 80 mg</i>	1	\$0	
Antivirals (Skin And Mucous Membrane)			
ABREVA 10% CREAM * (docosanol)	3	\$0	
<i>docosanol 10% cream *</i> (Abreva)	3	\$0	
Antimigraine Agents			
Antimigraine Agents			
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)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	1	\$0	ST; 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)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	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)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	\$0	QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	\$0	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	1	\$0	QL (18 per 30 days)

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>rizatriptan oral tablet, disintegrating 5 mg</i>		1	\$0	QL (18 per 30 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, sub</i>	(Imitrex STATdose Pen)	1	\$0	QL (4 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>		1	\$0	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	(Imitrex)	1	\$0	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	(Imitrex)	1	\$0	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	(Imitrex STATdose Refill)	1	\$0	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	(Imitrex STATdose Pen)	2	\$0	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	(Imitrex STATdose Pen)	1	\$0	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	(Imitrex)	1	\$0	QL (5 per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	(Treximet)	1	\$0	QL (9 per 27 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		2	\$0	PA; QL (16 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	(Zomig)	1	\$0	QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>		1	\$0	QL (12 per 30 days)
Antimycobacterials				
Antimycobacterials				
<i>dapsone oral tablet 100 mg, 25 mg</i>		1	\$0	
<i>ethambutol oral tablet 100 mg, 400 mg</i>		1	\$0	
<i>isoniazid oral solution 50 mg/5 ml</i>		1	\$0	
<i>isoniazid oral tablet 100 mg, 300 mg</i>		1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PRIFTIN ORAL TABLET 150 MG	2	\$0	
<i>pyrazinamide oral tablet 500 mg</i>	1	\$0	
<i>rifabutin oral capsule 150 mg</i>	1	\$0	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	1	\$0	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	\$0	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	\$0	PA; NDS
TRECTOR ORAL TABLET 250 MG	2	\$0	
Antinausea Agents			
Antinausea Agents			
<i>aprepitant oral capsule 125 mg</i>	1	\$0	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	\$0	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	1	\$0	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	1	\$0	PA BvD
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	1	\$0	
<i>cvs motion sickness 25 mg tab *</i> (meclizine)	3	\$0	
<i>dramamine less drowsy 25 mg tb *</i> (meclizine)	3	\$0	
<i>driminate 50 mg tablet *</i> (dimenhydrinate)	3	\$0	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	\$0	PA; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	2	\$0	PA BvD; QL (6 per 28 days)
<i>ft motion sickness 25 mg tab *</i> (meclizine)	3	\$0	
<i>granisetron hcl oral tablet 1 mg</i>	1	\$0	PA BvD
<i>meclizine 12.5 mg caplet (otc) *</i>	3	\$0	
<i>meclizine 12.5 mg caplet caplet (otc) *</i>	3	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>meclizine 25 mg tablet (otc) *</i>	(Dramamine Less Drowsy)	3	\$0	
<i>meclizine oral tablet 12.5 mg</i>		1	\$0	
<i>meclizine oral tablet 25 mg</i>	(Dramamine Less Drowsy)	1	\$0	
<i>medi-meclizine 25 mg tablet outer, f/c *</i>	(meclizine)	3	\$0	
<i>motion sickness rlf 25 mg tab *</i>	(meclizine)	3	\$0	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>		1	\$0	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		1	\$0	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>		1	\$0	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>		1	\$0	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	(Compazine)	1	\$0	
<i>prochlorperazine rectal suppository 25 mg</i>	(Compro)	1	\$0	
<i>promethazine injection solution 25 mg/ml</i>	(Phenergan)	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>		1	\$0	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	(Promethegan)	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	(promethazine)	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	(Transderm-Scop)	1	\$0	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
<i>sm motion sickness 25 mg tab *</i>	(meclizine)	3	\$0	
<i>travel-ease 25 mg tablet *</i>	(meclizine)	3	\$0	
<i>verticalm 25 mg tablet *</i>	(meclizine)	3	\$0	
<i>wal-dram-2 25 mg tablet *</i>	(meclizine)	3	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Antiparasite Agents			
Antiparasite Agents			
<i>albendazole oral tablet 200 mg</i>	1	\$0	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	1	\$0	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	\$0	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	\$0	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	\$0	
COARTEM ORAL TABLET 20-120 MG	2	\$0	
<i>hydroxychloroquine oral tablet 100 mg</i>	1	\$0	QL (180 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	\$0	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	1	\$0	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	1	\$0	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	2	\$0	PA; QL (84 per 28 days); NDS
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	\$0	
<i>mefloquine oral tablet 250 mg</i>	1	\$0	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	1	\$0	QL (60 per 30 days); NDS
<i>paromomycin oral capsule 250 mg</i> (Humatin)	1	\$0	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	1	\$0	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	1	\$0	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	1	\$0	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	2	\$0	

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<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	1	\$0	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	\$0	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	\$0	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
<i>amantadine hcl oral capsule 100 mg</i>	1	\$0	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	\$0	
<i>amantadine hcl oral tablet 100 mg</i>	1	\$0	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	1	\$0	PA; QL (60 per 30 days); NDS
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>bromocriptine oral capsule 5 mg</i>	1	\$0	
<i>bromocriptine oral tablet 2.5 mg</i>	1	\$0	
<i>cabergoline oral tablet 0.5 mg</i>	1	\$0	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	1	\$0	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	\$0	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	\$0	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	\$0	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	\$0	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	\$0	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	\$0	

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<i>entacapone oral tablet 200 mg</i>	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	ST; QL (30 per 30 days)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	2	\$0	PA; QL (30 per 30 days); NDS
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, 322 MG/DAY(129 MG X1-193MG X1)	2	\$0	ST
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	\$0	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	\$0	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	\$0	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	\$0	
<i>selegiline hcl oral capsule 5 mg</i>	1	\$0	
<i>selegiline hcl oral tablet 5 mg</i>	1	\$0	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	\$0	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	\$0	

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VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	2	\$0	PA; QL (560 per 28 days); NDS
Antipsychotic Agents			
Antipsychotic Agents			
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	\$0	QL (2.4 per 42 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	\$0	QL (3.2 per 42 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	2	\$0	QL (1 per 26 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	\$0	QL (1 per 26 days); NDS
<i>aripiprazole oral solution 1 mg/ml</i>	1	\$0	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	\$0	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	1	\$0	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	1	\$0	ST; QL (60 per 30 days)
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 14 days); NDS

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ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	\$0	QL (1.6 per 14 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	\$0	QL (2.4 per 14 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	\$0	QL (3.2 per 14 days); NDS
<i>asenapine maleate sublingual tablet</i> (Saphris) 10 mg, 2.5 mg, 5 mg	1	\$0	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	2	\$0	ST; QL (30 per 30 days); NDS
<i>chlorpromazine injection solution</i> 25 mg/ml	1	\$0	
<i>chlorpromazine oral concentrate</i> 100 mg/ml, 30 mg/ml	1	\$0	
<i>chlorpromazine oral tablet</i> 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	\$0	
<i>clozapine oral tablet</i> 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	1	\$0	
<i>clozapine oral tablet,disintegrating</i> 100 mg, 12.5 mg, 25 mg	1	\$0	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating</i> 150 mg	1	\$0	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating</i> 200 mg	1	\$0	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	2	\$0	ST; QL (60 per 30 days); NDS
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	2	\$0	ST; NDS
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	\$0	QL (0.75 per 21 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	2	\$0	QL (1 per 21 days); NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	\$0	QL (1.5 per 21 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	2	\$0	QL (2.25 per 21 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	\$0	QL (0.25 per 21 days); NDS
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	\$0	QL (0.5 per 21 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
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	\$0	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	\$0	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	\$0	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	\$0	
<i>fluphenazine hcl oral tablet 1 mg</i>	1	\$0	
<i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	\$0	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	1	\$0	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	\$0	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	\$0	

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<i>haloperidol lactate oral concentrate</i> <i>2 mg/ml</i>	1	\$0	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	\$0	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	\$0	QL (3.5 per 166 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	\$0	QL (5 per 166 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	\$0	QL (0.75 per 21 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	\$0	QL (1 per 21 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	\$0	QL (1.5 per 21 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	\$0	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	\$0	QL (0.5 per 21 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	\$0	QL (0.88 per 70 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	\$0	QL (1.32 per 70 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	\$0	QL (1.75 per 70 days); NDS

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INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	\$0	QL (2.63 per 70 days); NDS
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	\$0	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	1	\$0	QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	1	\$0	QL (60 per 30 days)
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
<i>molindone oral tablet 10 mg</i>	1	\$0	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	1	\$0	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	1	\$0	QL (120 per 30 days); NDS
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
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	1	\$0	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	\$0	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	\$0	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	\$0	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	1	\$0	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	1	\$0	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	2	\$0	QL (1 per 30 days); NDS
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	\$0	
<i>prochlorperazine 10 mg/2 ml vial outer 10 mg/2 ml (5 mg/ml)</i>	1	\$0	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	\$0	
<i>quetiapine oral tablet 150 mg</i>	1	\$0	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	1	\$0	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	\$0	ST; QL (30 per 30 days); NDS
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	1	\$0	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml</i> (Rykindo)	1	\$0	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	1	\$0	QL (2 per 28 days); NDS
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	\$0	
<i>risperidone oral tablet 0.25 mg</i>	1	\$0	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	\$0	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	\$0	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	2	\$0	QL (2 per 28 days); NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	\$0	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	\$0	
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	2	\$0	QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	2	\$0	QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	2	\$0	QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	2	\$0	QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	2	\$0	QL (0.7 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	2	\$0	QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	2	\$0	QL (0.21 per 28 days); NDS
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

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VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	\$0	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	\$0	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	1	\$0	QL (6 per 28 days)
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			
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	1	\$0	
<i>abacavir oral tablet 300 mg</i>	1	\$0	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	\$0	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	2	\$0	QL (24 per 365 days); NDS
APTIVUS ORAL CAPSULE 250 MG	2	\$0	NDS
<i>atazanavir oral capsule 150 mg</i>	1	\$0	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	1	\$0	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	\$0	QL (30 per 30 days); NDS

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CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	2	\$0	NDS
<i>cabotegravir intramuscular suspension, extended release 400 mg/2 ml (200 mg/ml)</i>	2	\$0	QL (24 per 365 days); NDS
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (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
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	1	\$0	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	2	\$0	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	\$0	NDS
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	\$0	
DOVATO ORAL TABLET 50-300 MG	2	\$0	NDS
EDURANT ORAL TABLET 25 MG	2	\$0	NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	\$0	
<i>efavirenz oral tablet 600 mg</i>	1	\$0	
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i>	1	\$0	NDS
<i>efavirenz-lamivuv-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo)	1	\$0	NDS
<i>efavirenz-lamivuv-tenofof disop oral tablet 600-300-300 mg</i> (Symfi)	1	\$0	NDS

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<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	1	\$0	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	1	\$0	NDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	1	\$0	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	\$0	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	\$0	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	1	\$0	NDS
EVOTAZ ORAL TABLET 300-150 MG	2	\$0	NDS
<i>fosamprenavir oral tablet 700 mg</i>	1	\$0	NDS
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	
ISENTRESS HD ORAL TABLET 600 MG	2	\$0	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	\$0	NDS
ISENTRESS ORAL TABLET 400 MG	2	\$0	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	2	\$0	NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	\$0	
JULUCA ORAL TABLET 50-25 MG	2	\$0	NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	\$0	
<i>lamivudine oral tablet 100 mg</i>	1	\$0	

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<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	1	\$0	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	\$0	
LEXIVA ORAL SUSPENSION 50 MG/ML	2	\$0	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	\$0	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	1	\$0	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	1	\$0	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	1	\$0	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	\$0	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	\$0	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	\$0	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	\$0	QL (30 per 30 days)
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, 75 MG	2	\$0	NDS

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RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	\$0	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	\$0	NDS
<i>rilpivirine intramuscular suspension, extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)</i>	2	\$0	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	\$0	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	\$0	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	2	\$0	NDS
SELZENTRY ORAL TABLET 25 MG	2	\$0	
SELZENTRY ORAL TABLET 75 MG	2	\$0	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	\$0	
STRIBILD ORAL TABLET 150-150-200-300 MG	2	\$0	NDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	2	\$0	NDS
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	2	\$0	PA BvD; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	\$0	NDS
TEMIXYS ORAL TABLET 300-300 MG	2	\$0	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	\$0	
TIVICAY ORAL TABLET 10 MG	2	\$0	
TIVICAY ORAL TABLET 25 MG, 50 MG	2	\$0	NDS

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TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	\$0	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	2	\$0	QL (30 per 30 days); NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	\$0	
TRIZIVIR ORAL TABLET 300-150-300 MG	2	\$0	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	2	\$0	NDS
VEMLIDY ORAL TABLET 25 MG	2	\$0	ST; 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	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	\$0	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	\$0	
<i>zidovudine oral tablet 300 mg</i>	1	\$0	
Antivirals, Miscellaneous			
LIVTENCITY ORAL TABLET 200 MG	2	\$0	PA; NDS
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	\$0	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	1	\$0	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	1	\$0	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	\$0	QL (540 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	\$0	QL (20 per 5 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	\$0	QL (30 per 5 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	2	\$0	PA; QL (120 per 30 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)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	\$0	
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

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Interferons			
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	\$0	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	\$0	PA; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	\$0	PA; NDS
Nucleosides And Nucleotides			
<i>acyclovir oral capsule 200 mg</i>	1	\$0	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	\$0	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	\$0	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	\$0	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	1	\$0	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	\$0	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	\$0	
<i>lagevrio (eua) oral capsule 200 mg</i>	2	\$0	QL (40 per 5 days)
<i>ribavirin oral capsule 200 mg</i>	1	\$0	
<i>ribavirin oral tablet 200 mg</i>	1	\$0	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	\$0	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	1	\$0	NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	\$0	
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	1	\$0	QL (60 per 30 days)

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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)
<i>enoxaparin subcutaneous syringe</i> <i>100 mg/ml, 150 mg/ml</i> (Lovenox)	1	\$0	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe</i> <i>120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	1	\$0	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30</i> <i>mg/0.3 ml</i> (Lovenox)	1	\$0	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40</i> <i>mg/0.4 ml</i> (Lovenox)	1	\$0	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60</i> <i>mg/0.6 ml</i> (Lovenox)	1	\$0	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe</i> <i>10 mg/0.8 ml</i> (Arixtra)	1	\$0	QL (24 per 30 days); NDS
<i>fondaparinux subcutaneous syringe</i> <i>2.5 mg/0.5 ml</i> (Arixtra)	1	\$0	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> <i>5 mg/0.4 ml</i> (Arixtra)	1	\$0	QL (12 per 30 days); NDS
<i>fondaparinux subcutaneous syringe</i> <i>7.5 mg/0.6 ml</i> (Arixtra)	1	\$0	QL (18 per 30 days); NDS
<i>heparin (porcine) injection solution</i> <i>1,000 unit/ml, 10,000 unit/ml,</i> <i>20,000 unit/ml, 5,000 unit/ml</i>	1	\$0	
<i>jantoven oral tablet 1 mg, 10 mg, 2</i> <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i> (warfarin)	1	\$0	
<i>warfarin oral tablet 1 mg, 10 mg, 2</i> <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i> (Jantoven)	1	\$0	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	\$0	

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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			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	2	\$0	PA; QL (60 per 30 days); NDS
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	\$0	PA; 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
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 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	PA; NDS
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 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

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	\$0	PA; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG	2	\$0	PA; QL (90 per 30 days); NDS
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
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)
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	2	\$0	PA; NDS
STIMUFEND 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
Hematologic Agents, Miscellaneous			
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	\$0	
<i>anagrelide oral capsule 1 mg</i>	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	
TAVALISSE ORAL TABLET 100 MG, 150 MG	2	\$0	PA; QL (60 per 30 days); NDS

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<i>tranexamic acid oral tablet 650 mg</i>	1	\$0	
Platelet-Aggregation Inhibitors			
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	\$0	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	\$0	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	\$0	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	\$0	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	\$0	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	1	\$0	QL (30 per 30 days)
Caloric Agents			
Caloric Agents			
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	\$0	PA BvD
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

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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
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
<i>cvs glucose 4 gram tablet chew (rx)</i> * (Dex4 Glucose)	3	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>cvs glucose 4 gram tablet chew orange, gluten-free (rx) *</i>	(Dex4 Glucose)	3	\$0	
<i>dex4 glucose 4 gm tablet chew grape flavor (rx) 4 gram *</i>	(glucose)	3	\$0	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>		1	\$0	
<i>glucose 3.75 gram tablet chew *</i>	(TRUEplus Glucose)	3	\$0	
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %		2	\$0	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION		2	\$0	PA BvD
<i>ra trueplus glucose 4 g tb chw 4 gram *</i>	(glucose)	3	\$0	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		2	\$0	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		2	\$0	PA BvD
<i>trueplus glucose 3.75 g tb chw 3.75 gram *</i>	(glucose)	3	\$0	

Cardiovascular Agents

Alpha-Adrenergic Agents

<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		1	\$0	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	(Catapres-TTS-1)	1	\$0	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i>	(Catapres-TTS-2)	1	\$0	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	(Catapres-TTS-3)	1	\$0	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	(Cardura)	1	\$0	

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<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	1	\$0	PA; QL (180 per 30 days); NDS
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	\$0	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>phenylephrine 10 mg tablet *</i> (Nasal Decongestant (PE))	3	\$0	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	\$0	
<i>ra nasal decong pe 10 mg tab pseudoephedrine free *</i> (phenylephrine hcl)	3	\$0	
<i>ra sinus pres-cng rlf pe 10 mg *</i> (phenylephrine hcl)	3	\$0	
<i>wal-phed pe 10 mg tablet non-drowsy *</i> (phenylephrine hcl)	3	\$0	
Angiotensin II Receptor Antagonists			
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	1	\$0	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	\$0	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	2	\$0	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	\$0	QL (240 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	\$0	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	\$0	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	\$0	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	\$0	

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

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	(Vasotec)	1	\$0	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	(Vaseretic)	1	\$0	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		1	\$0	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>		1	\$0	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>		1	\$0	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	(Zestril)	1	\$0	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	(Zestoretic)	1	\$0	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>		1	\$0	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		1	\$0	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	(Accupril)	1	\$0	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	(Accuretic)	1	\$0	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	(Altace)	1	\$0	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		1	\$0	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>		1	\$0	
Antiarrhythmic Agents				
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	(Pacerone)	1	\$0	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	(Norpace)	1	\$0	PA-HRM; AGE (Max 64 Years)

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<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	\$0	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	\$0	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	\$0	
MULTAQ ORAL TABLET 400 MG	2	\$0	
<i>pacерone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	1	\$0	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	\$0	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	\$0	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	\$0	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	\$0	
Beta-Adrenergic Blocking Agents			
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	\$0	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	\$0	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	\$0	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	\$0	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	\$0	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	\$0	

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<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	\$0	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	\$0	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	\$0	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	\$0	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	\$0	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	\$0	
<i>nadolol oral tablet 20 mg, 40 mg</i>	1	\$0	
<i>nadolol oral tablet 80 mg</i> (Corgard)	1	\$0	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	1	\$0	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	\$0	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	\$0	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	\$0	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (sotalol)	1	\$0	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	\$0	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	\$0	
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	\$0	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	\$0	

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Calcium-Channel Blocking Agents			
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	\$0	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	\$0	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	1	\$0	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	\$0	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	\$0	
<i>diltiazem hcl oral tablet 90 mg</i>	1	\$0	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	1	\$0	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	\$0	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	\$0	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	\$0	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	\$0	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	\$0	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	1	\$0	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	2	\$0	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	\$0	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	\$0	
Cardiovascular Agents, Miscellaneous			
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	\$0	QL (600 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	1	\$0	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	\$0	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	\$0	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	2	\$0	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	\$0	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	2	\$0	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	1	\$0	QL (4 per 30 days)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	1	\$0	PA; QL (18 per 30 days); NDS
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	2	\$0	QL (60 per 30 days)
<i>metyrosine oral capsule 250 mg</i> (Demser)	1	\$0	NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	1	\$0	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	1	\$0	QL (120 per 30 days)

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<i>sajazir subcutaneous syringe 30 mg/3 ml</i> (icatibant)	1	\$0	PA; QL (18 per 30 days); NDS
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	\$0	QL (4 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	\$0	PA; QL (30 per 30 days)
Dihydropyridines			
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	\$0	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	\$0	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	\$0	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	1	\$0	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	\$0	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	1	\$0	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	\$0	
KATERZIA ORAL SUSPENSION 1 MG/ML	2	\$0	ST; QL (300 per 30 days)
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	\$0	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	\$0	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	\$0	
Diuretics			
<i>amiloride oral tablet 5 mg</i>	1	\$0	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	\$0	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	\$0	
<i>furosemide injection solution 10 mg/ml</i>	1	\$0	
<i>furosemide injection syringe 10 mg/ml</i>	1	\$0	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	\$0	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	\$0	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	\$0	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	\$0	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	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
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	\$0	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	\$0	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	\$0	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	\$0	
Dyslipidemics			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	1	\$0	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	1	\$0	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	\$0	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	\$0	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	1	\$0	
<i>cholestyramine light oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	\$0	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	1	\$0	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	1	\$0	
<i>colestipol oral packet 5 gram</i>	1	\$0	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	\$0	
<i>endur-acin er 500 mg tablet *</i> (niacin)	3	\$0	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	2	\$0	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	\$0	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	1	\$0	QL (30 per 30 days)

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<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	1	\$0	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	1	\$0	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	1	\$0	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	\$0	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	\$0	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	1	\$0	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	\$0	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	1	\$0	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	\$0	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	1	\$0	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	\$0	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	1	\$0	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	1	\$0	QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	2	\$0	PA; QL (28 per 28 days); NDS
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	2	\$0	PA; QL (56 per 28 days); NDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	\$0	
NEXLETOL ORAL TABLET 180 MG	2	\$0	ST; QL (30 per 30 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
NEXLIZET ORAL TABLET 180-10 MG	2	\$0	ST; QL (30 per 30 days)
<i>niacin 500 mg capsule sa (rx) *</i>	3	\$0	
<i>niacin 500 mg tablet (rx) *</i> (Niacor)	3	\$0	
<i>niacin oral tablet 500 mg</i> (Niacor)	1	\$0	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	\$0	
<i>niacin tr 500 mg tablet (rx) *</i> (Endur-Acin)	3	\$0	
<i>niacor oral tablet 500 mg</i> (niacin)	1	\$0	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	\$0	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	1	\$0	QL (30 per 30 days)
<i>plain niacin 500 mg tablet (rx) *</i> (Niacor)	3	\$0	
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	\$0	
<i>pravastatin oral tablet 20 mg, 40 mg</i>	1	\$0	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	\$0	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	\$0	ST; QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	\$0	ST; QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	\$0	ST; QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	\$0	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	\$0	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	\$0	QL (30 per 30 days)
<i>true vitamin b3 250 mg tablet *</i>	3	\$0	
<i>true vitamin b3 50 mg tablet *</i>	3	\$0	

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Renin-Angiotensin-Aldosterone System Inhibitors			
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	1	\$0	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	\$0	
KERENDIA ORAL TABLET 10 MG, 20 MG	2	\$0	PA; QL (30 per 30 days)
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	1	\$0	ST; QL (600 per 30 days)
Vasodilators			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	\$0	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	1	\$0	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	1	\$0	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	\$0	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	\$0	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	1	\$0	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (nitroglycerin)	1	\$0	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	\$0	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	\$0	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	\$0	
Central Nervous System Agents			
Central Nervous System Agents			
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	1	\$0	QL (60 per 30 days)

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<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	1	\$0	QL (30 per 30 days)
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
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	2	\$0	PA; QL (90 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 24 MG	2	\$0	PA; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 36 MG, 42 MG, 48 MG	2	\$0	PA; QL (30 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	2	\$0	PA; QL (210 per 30 days); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG, 6 MG (14)-12 MG (14)-24 MG (14)	2	\$0	PA; 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
AVONEX PEN 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
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	\$0	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	1	\$0	PA; QL (60 per 30 days)

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>dexamethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Focalin)	1	\$0	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	(Dexedrine Spansule)	1	\$0	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg, 5 mg</i>		1	\$0	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	(Zenzedi)	1	\$0	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	(Zenzedi)	1	\$0	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	(Zenzedi)	1	\$0	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	(Adderall XR)	1	\$0	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	(Adderall XR)	1	\$0	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	(Adderall)	1	\$0	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	(Tecfidera)	1	\$0	PA; QL (14 per 7 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	(Tecfidera)	1	\$0	PA; NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	(Tecfidera)	1	\$0	PA; QL (60 per 30 days); NDS
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML		2	\$0	PA; NDS
<i>fingolimod oral capsule 0.5 mg</i>	(Gilenya)	1	\$0	PA; QL (30 per 30 days); NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	2	\$0	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	2	\$0	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	2	\$0	PA; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	2	\$0	PA; QL (12 per 28 days); NDS
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	\$0	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	2	\$0	PA; NDS
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	2	\$0	PA; QL (30 per 30 days); NDS
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	2	\$0	PA; QL (30 per 30 days); NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	2	\$0	PA; QL (1.2 per 28 days); NDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	\$0	
<i>lithium carbonate oral tablet 300 mg</i>	1	\$0	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	\$0	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	\$0	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	\$0	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	1	\$0	QL (90 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	1	\$0	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	1	\$0	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	1	\$0	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	1	\$0	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	1	\$0	QL (30 per 30 days)

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<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	\$0	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	\$0	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	\$0	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	1	\$0	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 54 mg (bx rating)</i>	1	\$0	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	1	\$0	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	1	\$0	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg (bx rating)</i>	1	\$0	QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	1	\$0	QL (30 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	2	\$0	PA; QL (20 per 180 days); NDS
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	2	\$0	PA; QL (23 per 180 days); NDS
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
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	\$0	PA; QL (1 per 28 days); NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	\$0	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	1	\$0	
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	
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	1	\$0	PA; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (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

<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	1	\$0	
<i>after pill 1.5 mg tablet *</i> (levonorgestrel)	3	\$0	
<i>aftera 1.5 mg tablet *</i> (levonorgestrel)	3	\$0	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	1	\$0	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	1	\$0	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	\$0	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	1	\$0	QL (91 per 84 days)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i> (levonorgestrel-ethinyl estrad)	1	\$0	
<i>apri oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	1	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		1	\$0	
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estradiol)	1	\$0	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone acetate estradiol)	1	\$0	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone acetate estradiol)	1	\$0	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	\$0	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		1	\$0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		1	\$0	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	\$0	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	\$0	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	\$0	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	\$0	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	\$0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	\$0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	\$0	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	1	\$0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	1	\$0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	1	\$0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Syeda)	1	\$0	
<i>econtra one-step 1.5 mg tablet outer *</i>	(levonorgestrel)	3	\$0	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	\$0	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	\$0	QL (1 per 28 days)

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	\$0	
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	\$0	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	\$0	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	\$0	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	1	\$0	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	1	\$0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	1	\$0	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	

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<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	1	\$0	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	
<i>her style 1.5 mg tablet *</i>	(levonorgestrel)	3	\$0	
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	\$0	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	\$0	
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	\$0	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	\$0	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	\$0	QL (91 per 84 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	\$0	
<i>julie 1.5 mg tablet *</i>	(levonorgestrel)	3	\$0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	\$0	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	\$0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	\$0	

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<i>kariva</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	\$0	
<i>kelnor</i> 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diaceth estradiol)	1	\$0	
<i>kelnor</i> 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diaceth estradiol)	1	\$0	
<i>kurvelo</i> (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	\$0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		2	\$0	
<i>l norgest/e.estradiol-e.estradiol</i> oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	1	\$0	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol</i> oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rivelsa)	1	\$0	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	\$0	QL (91 per 84 days)
<i>larin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone aceth estradiol)	1	\$0	
<i>larin</i> 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone aceth estradiol)	1	\$0	
<i>larin</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	\$0	
<i>larin</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	\$0	
<i>larin</i> fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	\$0	
<i>larissia</i> oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>lessina</i> oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	\$0	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Balcoltra)	1	\$0	
<i>levonorgestrel 1.5 mg tablet (otc) *</i>	(After Pill)	3	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	1	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	1	\$0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	1	\$0	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	1	\$0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		2	\$0	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	\$0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	\$0	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	\$0	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	\$0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	\$0	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		2	\$0	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>my choice 1.5 mg tablet *</i>	(levonorgestrel)	3	\$0	
<i>my way 1.5 mg tablet (otc) *</i>	(levonorgestrel)	3	\$0	
<i>new day 1.5 mg tablet *</i>	(levonorgestrel)	3	\$0	
NEXPLANON SUBDERMAL IMPLANT 68 MG		2	\$0	
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	\$0	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	1	\$0	QL (3 per 28 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	1	\$0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	1	\$0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Gemmyly)	1	\$0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	\$0	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	1	\$0	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	1	\$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	1	\$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	1	\$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	1	\$0	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		1	\$0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	\$0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	\$0	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	\$0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1	\$0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>opcicon one-step 1.5 mg tablet *</i>	(levonorgestrel)	3	\$0	

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<i>option 2 1.5 mg tablet *</i>	(levonorgestrel)	3	\$0	
<i>philith oral tablet 0.4-35 mg-mcg</i>		1	\$0	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	\$0	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>		1	\$0	
<i>pirmella oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	1	\$0	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	1	\$0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	1	\$0	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	1	\$0	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	\$0	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	1	\$0	QL (91 per 84 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		2	\$0	
SLYND ORAL TABLET 4 MG (28)		2	\$0	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>take action 1.5 mg tablet *</i>	(levonorgestrel)	3	\$0	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	1	\$0	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	1	\$0	

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<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	1	\$0	
<i>valtya oral tablet 1-50 mg-mcg</i>	(ethynodiol diaceth estradiol)	1	\$0	
VCF CONTRACEPTIVE FILM 28 % *		3	\$0	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		1	\$0	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	1	\$0	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	1	\$0	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	\$0	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	1	\$0	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		1	\$0	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	1	\$0	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	1	\$0	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	1	\$0	QL (3 per 28 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diaceth estradiol)	1	\$0	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	1	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Cough And Cold Products				
Cough And Cold Products				
<i>adult wal-tussin dm max liq cherry menthol 10-200 mg/5 ml *</i>	(dextromethorphan-guaifenesin)	3	\$0	
<i>benzonatate 100 mg capsule *</i>		3	\$0	
<i>benzonatate 150 mg capsule *</i>		3	\$0	
<i>benzonatate 200 mg capsule *</i>		3	\$0	
<i>chest cong rlf pe 400-10 mg tb 10-400 mg *</i>	(phenylephrine-guaifenesin)	3	\$0	
<i>chest congest rlf 400 mg tab *</i>	(guaifenesin)	3	\$0	
<i>chest congestion relief dm syr 10-100 mg/5 ml *</i>	(dextromethorphan-guaifenesin)	3	\$0	
<i>chest congestion relief soln 100 mg/5 ml *</i>	(guaifenesin)	3	\$0	
<i>chest congst-cough relief tab 20-400 mg *</i>	(dextromethorphan-guaifenesin)	3	\$0	
<i>cvs chest congest relief dm tb 20-400 mg *</i>	(dextromethorphan-guaifenesin)	3	\$0	
<i>cvs chest congestion rlf tab 400 mg *</i>	(guaifenesin)	3	\$0	
<i>cvs child chest congest-cough 5-100 mg/5 ml *</i>	(dextromethorphan-guaifenesin)	3	\$0	
<i>cvs mucus er 1,200 mg tablet *</i>	(guaifenesin)	3	\$0	
<i>cvs tussin 100 mg/5 ml liquid *</i>	(guaifenesin)	3	\$0	
<i>day multi-symp flu-severe cold 10-20-500 mg *</i>		3	\$0	
<i>DELSYM 30 MG/5 ML SUSPENSION FOR ADULT *</i>	(dextromethorphan polistirex)	3	\$0	
<i>dextromethorphan er 30 mg/5 ml *</i>	(Delsym 12 hour)	3	\$0	
<i>diabetic tussin dm max-str liq 10-200 mg/5 ml *</i>	(dextromethorphan-guaifenesin)	3	\$0	
<i>dimaphen dm elixir grape,gluten-f 1-2.5-5 mg/5 ml *</i>		3	\$0	
<i>expectorant 100 mg/5 ml syrup *</i>	(guaifenesin)	3	\$0	
<i>expectorant 200 mg tablet *</i>	(guaifenesin)	3	\$0	

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<i>gnp tussin dm clear syrup d/f 10-100 mg/5 ml *</i> (dextromethorphan -guaifenesin)	3	\$0	
<i>guaifenesin 200 mg tablet (otc) *</i> (Expectorant)	3	\$0	
MUCINEX DM ER 1,200-60 MG TAB BI-LAYER, MAX-STR 60-1,200 MG * (dextromethorphan -guaifenesin)	3	\$0	
MUCINEX ER 600 MG TABLET * (guaifenesin)	3	\$0	
<i>mucus relief er 600 mg tablet *</i> (guaifenesin)	3	\$0	
<i>mucus rlf dm er 600-30 mg tab outer 30-600 mg *</i> (dextromethorphan -guaifenesin)	3	\$0	
<i>neo-tuss liquid 30-200 mg/5 ml *</i>	3	\$0	
<i>pseudoephedrine 30 mg tablet *</i> (Sudogest)	3	\$0	
<i>pseudoephedrine er 120 mg tab *</i> (Sinus 12 Hour)	3	\$0	
<i>ra anti-tussive dm syrup 10-100 mg/5 ml *</i> (dextromethorphan -guaifenesin)	3	\$0	
<i>ra sinus congestion 12hr 120 mg *</i> (pseudoephedrine hcl)	3	\$0	
<i>ra suphedrine 12hr 120 mg cplt caplet,mx-str *</i> (pseudoephedrine hcl)	3	\$0	
<i>ra tussin cough liquid d/f 10-100 mg/5 ml *</i> (dextromethorphan -guaifenesin)	3	\$0	
<i>ra tussin dm max liquid 10-200 mg/5 ml *</i> (dextromethorphan -guaifenesin)	3	\$0	
<i>ra tussin dm syrup 10-100 mg/5 ml *</i> (dextromethorphan -guaifenesin)	3	\$0	
<i>refenesen 400 mg tablet *</i> (guaifenesin)	3	\$0	
<i>robafen cf liquid multi-cld symptm 5-10-100 mg/5 ml *</i>	3	\$0	
<i>robitussin cough-chest dm liq 5-100 mg/5 ml *</i> (dextromethorphan -guaifenesin)	3	\$0	
<i>robitussin cough-cold cf liq 2.5-5-50 mg/5 ml *</i>	3	\$0	
ROBITUSSIN SEVERE COUGH-SORE THROAT LIQUID 325-10 MG/10 ML *	3	\$0	

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<i>scot-tussin expectorant liquid 100 mg/5 ml *</i>	(guaifenesin)	3	\$0	
<i>sudogest 12 hour 120 mg caplet *</i>	(pseudoephedrine hcl)	3	\$0	
<i>sudogest 30 mg tablet boxed *</i>	(pseudoephedrine hcl)	3	\$0	
<i>suphedrin liquid 15 mg/5 ml *</i>		3	\$0	
THERAFLU FLU RELIEF DAYTIME PK 1,000-30 MG *		3	\$0	
THERAFLU MS SEVERE COLD PCKT 10-20-500 MG *		3	\$0	
THERAFLU SVR COLD DAY(DM) PKT 500-20 MG, 650-20 MG *		3	\$0	
<i>theraflu-d flu relief day liq 60-30-1,000 mg/30 ml *</i>		3	\$0	
THERAFLU-D FLU RELIEF NIGHT LQ 4-60-30-1000 MG/30 ML *		3	\$0	
VANATAB DM CAPLET 5-9-198 MG *		3	\$0	
<i>wal-phed 30 mg tablet maxium strength *</i>	(pseudoephedrine hcl)	3	\$0	
<i>wal-phed 30 mg tablet non-drowsy *</i>	(pseudoephedrine hcl)	3	\$0	
<i>wal-phed d er 120 mg tablet *</i>	(pseudoephedrine hcl)	3	\$0	
<i>wal-tussin dm clear syrup 10-100 mg/5 ml *</i>	(dextromethorphan -guaifenesin)	3	\$0	
<i>wal-tussin syrup 100 mg/5 ml *</i>	(guaifenesin)	3	\$0	
Dental And Oral Agents				
Dental And Oral Agents				
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	1	\$0	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	1	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>denta 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	\$0	
<i>dentagel dental gel 1.1 %</i>	(fluoride (sodium))	1	\$0	
<i>periogard mucous membrane mouthwash 0.12 %</i>	(chlorhexidine gluconate)	1	\$0	
PHOS-FLUR ORAL RINSE 6'S,10ML DOSAGE CUP 0.02 % (0.044 % SOD. FLUORIDE) *		3	\$0	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	1	\$0	
<i>sf 5000 plus dental cream 1.1 %</i>	(fluoride (sodium))	1	\$0	
<i>sodium fluoride dental solution 0.2 %</i>	(PreviDent)	1	\$0	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	1	\$0	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Kourzeq)	1	\$0	

Dermatological Agents

Dermatological Agents, Other

<i>a and d ointment *</i>	(vits a and d-white pet-lanolin)	3	\$0	
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	(isotretinoin)	1	\$0	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		1	\$0	
<i>acne foaming 10% wash *</i>	(benzoyl peroxide)	3	\$0	
<i>acne medication 10% gel *</i>	(benzoyl peroxide)	3	\$0	
<i>acne medication 5% gel *</i>	(benzoyl peroxide)	3	\$0	
<i>acneclear gel 10 % *</i>	(benzoyl peroxide)	3	\$0	
<i>acyclovir topical cream 5 %</i>	(Zovirax)	1	\$0	QL (5 per 4 days)
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	1	\$0	QL (30 per 30 days)
<i>ameriphor moist ointment *</i>		3	\$0	
<i>amlactin 12% lotion (rx) *</i>	(ammonium lactate)	3	\$0	
<i>ammonium lactate 12% cream (otc) *</i>		3	\$0	

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<i>ammonium lactate 12% cream fragrance free (otc) *</i>	3	\$0	
<i>ammonium lactate 12% lotion (otc) *</i> (AmLactin)	3	\$0	
<i>ammonium lactate 12% lotion fragrance free (rx) *</i> (AmLactin)	3	\$0	
<i>ammonium lactate topical cream 12 %</i>	1	\$0	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	\$0	
AQUAPHOR 41% HEALING OINTMENT *	3	\$0	
<i>aquaphor baby diaper rash 40% *</i> (zinc oxide)	3	\$0	
<i>aquaphor topical ointment *</i>	3	\$0	
<i>arthritis pain relief 0.1% crm high potency str *</i> (capsaicin)	3	\$0	
<i>arthritis pain rlf 0.075% crm *</i> (capsaicin)	3	\$0	
<i>astringent solution powder pkt 952-1,347 mg *</i>	3	\$0	
<i>aveeno baby cream 1 % *</i>	3	\$0	
AVEENO ECZEMA THERAPY 1% CREAM *	3	\$0	
<i>balmex adult care 11.3% cream *</i>	3	\$0	
<i>balmex cmplt protect 11.3% crm *</i>	3	\$0	
<i>benzoyl peroxide 10% gel (otc) *</i> (Acne Medication)	3	\$0	
<i>benzoyl peroxide 10% gel max-str, aqueous (otc) *</i> (Acne Medication)	3	\$0	
<i>benzoyl peroxide 10% wash (otc) *</i> (Acne Control(benzoyl peroxide))	3	\$0	
<i>benzoyl peroxide 5% wash (otc) *</i> (Advanced Exfoliating Cleanser)	3	\$0	
BETADINE 5% SPRAY *	3	\$0	

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<i>biofreeze 5% overnight patch inner *</i>		3	\$0	
<i>bp 10% gel *</i>	(benzoyl peroxide)	3	\$0	
BP WASH 10% LIQUID *	(benzoyl peroxide)	3	\$0	
<i>calcipotriene scalp solution 0.005 %</i>		1	\$0	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>		1	\$0	QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>		1	\$0	QL (120 per 30 days)
CALDESENE MEDICATED 15-81% PWD *		3	\$0	
CALMOSEPTINE OINTMENT 0.44-20.6 % *	(menthol-zinc oxide)	3	\$0	
<i>capsaicin 0.1% cream *</i>	(Arthritis Pain Relief(capsaic))	3	\$0	
CAPZASIN 0.15% LIQUID *	(capsaicin)	3	\$0	
CASTELLANI PAINT 1.5% COLORLESS, MODIFIED *		3	\$0	
<i>cutter lemon eucalyptus spray 30 % *</i>		3	\$0	
<i>cvs acne control 10 % cleanser *</i>	(benzoyl peroxide)	3	\$0	
<i>cvs acne treatment 10% gel *</i>	(benzoyl peroxide)	3	\$0	
<i>cvs adv exfoliating 5% cleansr *</i>	(benzoyl peroxide)	3	\$0	
<i>cvs advanced healing 41% oint *</i>		3	\$0	
<i>cvs capsaicin 0.1% cream *</i>	(Arthritis Pain Relief(capsaic))	3	\$0	
<i>cvs diaper cream 1-10 % *</i>		3	\$0	
<i>cvs diaper rash 40% ointment *</i>	(zinc oxide)	3	\$0	
<i>cvs eczema relief 1% cream *</i>		3	\$0	
<i>cvs foaming acne face 10% wash *</i>	(benzoyl peroxide)	3	\$0	
CVS PETROLEUM JELLY *	(Lip Treatment)	3	\$0	
<i>cvs skin treatment body lotion 12 % *</i>	(ammonium lactate)	3	\$0	
<i>cvs wound wash saline spray 0.9 % *</i>		3	\$0	
DAKIN'S 0.125% SOLUTION *		3	\$0	

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<i>dakin's 0.25% solution *</i>	3	\$0	
<i>daylogic acne foaming 10% wash *</i> (benzoyl peroxide)	3	\$0	
<i>daylogic acne treatmnt 10% gel *</i> (benzoyl peroxide)	3	\$0	
<i>daylogic advanced healing oint 41 % *</i>	3	\$0	
<i>dermaphor ointment *</i>	3	\$0	
DESITIN 40% PASTE *	3	\$0	
DESITIN DAILY DEFENSE 13% CRM *	3	\$0	
<i>dhs sal 3% shampoo *</i>	3	\$0	
DHS TAR 0.5% SHAMPOO *	3	\$0	
<i>diaper rash 13% cream *</i>	3	\$0	
<i>diaper rash 40% ointment *</i> (zinc oxide)	3	\$0	
<i>diaper rash 40% paste *</i>	3	\$0	
DOMEBORO POWDER PACKET 952-1,347 MG *	3	\$0	
<i>dry skin treatment 41 % *</i>	3	\$0	
<i>eq first aid antiseptic soln 10 % *</i> (povidone-iodine)	3	\$0	
<i>eucerin eczema relief 1% cream *</i>	3	\$0	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	2	\$0	NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	\$0	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	\$0	
<i>gnp saline wound wash spray 0.9 % *</i>	3	\$0	
<i>gs diaper rash 40% paste *</i> (zinc oxide)	3	\$0	
<i>h-chlor 12 0.125% solution *</i>	3	\$0	
<i>hemorrhoidal ointment 0.25-14-74.9 % *</i>	3	\$0	
<i>hysept 0.25% solution *</i>	3	\$0	
<i>icy hot medicated patch extra strength 5 % *</i>	3	\$0	
<i>imiquimod topical cream in packet 5 %</i>	1	\$0	QL (24 per 30 days)

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ISOPROPYL ALCOHOL TOPICAL SWAB 70 %	1	\$0	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	2	\$0	QL (5 per 5 days)
<i>lintera 10% wash *</i> (benzoyl peroxide)	3	\$0	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	\$0	NDS
NATRAPEL 20% SPRAY *	3	\$0	
<i>neutrogena t-sal 3% shampoo *</i>	3	\$0	
<i>nizoral psoriasis 3% shampoo *</i>	3	\$0	
<i>panoxyl 10% acne foaming wash *</i> (benzoyl peroxide)	3	\$0	
PANRETIN TOPICAL GEL 0.1 %	2	\$0	QL (60 per 28 days); NDS
<i>penciclovir topical cream 1 %</i> (Denavir)	1	\$0	
<i>periguard ointment *</i>	3	\$0	
<i>persa-gel 10% 12's, max-strength *</i> (benzoyl peroxide)	3	\$0	
<i>petrolatum base ointment *</i>	3	\$0	
PETROLATUM JELLY WHITE (RX) 100 % *	3	\$0	
PETROLEUM JELLY LIP TREATMENT * (white petrolatum)	3	\$0	
<i>podofilox topical solution 0.5 %</i>	1	\$0	
<i>povidone-iodine 10% solution *</i>	3	\$0	
<i>povidone-iodine 10% solution *</i> (Antiseptic)	3	\$0	
<i>protective ointment w/vitamins a&d *</i> (white petrolatum)	3	\$0	
<i>ra antiseptic 10% solution *</i> (povidone-iodine)	3	\$0	
<i>ra vitamin a and d ointment *</i> (A and D (lanolin-petrolatum))	3	\$0	
<i>ra zinc oxide ointment *</i>	3	\$0	
REG GRANEX TOPICAL GEL 0.01 %	2	\$0	PA; QL (30 per 30 days); NDS
<i>repel lemon eucalyptus 30% spr *</i>	3	\$0	
<i>safe wash soln 0.9 % *</i> (sodium chloride)	3	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	\$0	QL (180 per 30 days)
<i>selsun blue deep clean shampoo 3 %</i> *	3	\$0	
<i>thera-gel 0.5% shampoo *</i>	3	\$0	
<i>therapeutic t+plus shampoo 3 % *</i>	3	\$0	
<i>t-plus 0.5% therapeutic shmpoo *</i>	3	\$0	
VALCHLOR TOPICAL GEL 0.016 %	2	\$0	PA NSO; NDS
VASELINE PETROLEUM JELLY 12'S * (white petrolatum)	3	\$0	
VASELINE WHITE PETROLEUM JELLY * (white petrolatum)	3	\$0	
WHITE PETROLEUM JELLY * (Lip Treatment)	3	\$0	
WHITE PETROLEUM JELLY 144'S * (white petrolatum)	3	\$0	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	1	\$0	
<i>zinc oxide 20% ointment (otc) *</i> (Endit (zinc oxide))	3	\$0	
<i>zostrix hp 0.1% cream *</i> (capsaicin)	3	\$0	
<i>zostrix hp 0.1% foot cream *</i> (capsaicin)	3	\$0	
Dermatological Antibacterials			
<i>bacitracin 500 unit/gm ointmnt 500 unit/gram *</i> (Bacitraycin Plus)	3	\$0	
<i>bacitracin zn 500 unit/gm oint 500 unit/gram *</i> (Antibiotic (bacitracin zinc))	3	\$0	
<i>bacitraycin plus 500 unit/gm 500 unit/gram *</i> (bacitracin)	3	\$0	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	1	\$0	QL (100 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	\$0	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	1	\$0	

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<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	(Neuac)	1	\$0	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>		1	\$0	
<i>ery pads topical swab 2 %</i>	(erythromycin with ethanol)	1	\$0	
<i>erythromycin with ethanol topical gel 2 %</i>	(Erygel)	1	\$0	
<i>erythromycin with ethanol topical solution 2 %</i>		1	\$0	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	(Benzamycin)	1	\$0	
<i>gentamicin topical cream 0.1 %</i>		1	\$0	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>		1	\$0	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	(Rosadan)	1	\$0	
<i>metronidazole topical gel 0.75 %</i>	(Rosadan)	1	\$0	
<i>metronidazole topical gel 1 %</i>	(Metrogel)	1	\$0	
<i>metronidazole topical lotion 0.75 %</i>	(MetroLotion)	1	\$0	
<i>mupirocin topical ointment 2 %</i>	(Centany)	1	\$0	QL (220 per 30 days)
<i>neuac topical gel 1.2 %(1 % base) - 5 %</i>	(clindamycin-benzoyl peroxide)	1	\$0	
<i>rosadan topical cream 0.75 %</i>	(metronidazole)	1	\$0	
<i>selenium sulfide topical lotion 2.5 %</i>		1	\$0	
<i>silver sulfadiazine topical cream 1 %</i>	(SSD)	1	\$0	
<i>ssd topical cream 1 %</i>	(silver sulfadiazine)	2	\$0	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	1	\$0	
<i>triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram *</i>	(neomycin-bacitraczn-polymyxnb)	3	\$0	
Dermatological Anti-Inflammatory Agents				
<i>ala-cort topical cream 1 %</i>	(hydrocortisone)	1	\$0	

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<i>ala-scalp topical lotion 2 %</i> (hydrocortisone)	1	\$0	
<i>alclometasone topical cream 0.05 %</i>	1	\$0	
<i>alclometasone topical ointment 0.05 %</i>	1	\$0	
<i>aquanil hc 1% lotion *</i> (hydrocortisone)	3	\$0	
<i>aquaphor itch relief 1% oint *</i> (hydrocortisone)	3	\$0	
<i>beta hc 1% lotion *</i> (hydrocortisone)	3	\$0	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	\$0	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	\$0	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	\$0	
<i>betamethasone valerate topical cream 0.1 %</i>	1	\$0	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	1	\$0	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	\$0	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	\$0	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	\$0	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	\$0	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	\$0	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	1	\$0	
<i>clobetasol scalp solution 0.05 %</i>	1	\$0	
<i>clobetasol topical cream 0.05 %</i>	1	\$0	
<i>clobetasol topical foam 0.05 %</i> (Olux)	1	\$0	
<i>clobetasol topical gel 0.05 %</i>	1	\$0	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	1	\$0	
<i>clobetasol topical ointment 0.05 %</i>	1	\$0	

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<i>clobetasol topical shampoo 0.05 %</i>	(Clobex)	1	\$0	
<i>clobetasol-emollient topical cream 0.05 %</i>		1	\$0	
<i>clobetasol-emollient topical foam 0.05 %</i>	(Olux-E)	1	\$0	
<i>cortaid topical cream 1 % *</i>	(hydrocortisone)	3	\$0	
<i>cortizone-10 1% ointment *</i>	(hydrocortisone)	3	\$0	
<i>cortizone-10 with aloe 1% crm *</i>	(hydrocortisone-aloe vera)	3	\$0	
<i>cvs cortisone 1% cream *</i>	(hydrocortisone)	3	\$0	
<i>cvs cortisone with aloe 1% crm *</i>	(hydrocortisone-aloe vera)	3	\$0	
<i>desonide topical cream 0.05 %</i>	(DesOwen)	1	\$0	
<i>desonide topical lotion 0.05 %</i>		1	\$0	
<i>desonide topical ointment 0.05 %</i>		1	\$0	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	(Topicort)	1	\$0	QL (120 per 30 days)
<i>desoximetasone topical gel 0.05 %</i>	(Topicort)	1	\$0	QL (120 per 30 days)
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	(Topicort)	1	\$0	
<i>diflorasone topical ointment 0.05 %</i>		1	\$0	QL (180 per 30 days)
<i>eq hydrocortisone 1% cream (otc) *</i>	(Ala-Cort)	3	\$0	
<i>eq hydrocortisone-aloe 1% crm *</i>	(Anti-Itch(hydrocortisone)-Aloe)	3	\$0	
EUCRISA TOPICAL OINTMENT 2 %		2	\$0	
<i>fluocinolone topical cream 0.01 %</i>		1	\$0	
<i>fluocinolone topical cream 0.025 %</i>	(Synalar)	1	\$0	
<i>fluocinolone topical ointment 0.025 %</i>	(Synalar)	1	\$0	
<i>fluocinonide topical cream 0.05 %</i>		1	\$0	
<i>fluocinonide topical cream 0.1 %</i>	(Vanos)	1	\$0	
<i>fluocinonide topical gel 0.05 %</i>		1	\$0	

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<i>fluocinonide topical ointment 0.05 %</i>	1	\$0	
<i>fluocinonide topical solution 0.05 %</i>	1	\$0	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	1	\$0	
<i>fluticasone propionate topical cream 0.05 %</i>	1	\$0	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	\$0	
<i>ft itch relief 1% ointment *</i> (hydrocortisone)	3	\$0	
<i>ft itch rlf with aloe 1% cream *</i> (hydrocortisone-aloe vera)	3	\$0	
<i>gs anti-itch 1% cream *</i> (hydrocortisone)	3	\$0	
<i>halobetasol propionate topical cream 0.05 %</i>	1	\$0	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	\$0	
<i>hm hydrocortisone 1% cream (otc) *</i> (Ala-Cort)	3	\$0	
<i>hydrocortisone 0.5% ointment *</i>	3	\$0	
<i>hydrocortisone 1% cream (otc) *</i> (Ala-Cort)	3	\$0	
<i>hydrocortisone 1% cream *</i> (Vanicream HC)	3	\$0	
<i>hydrocortisone 1% cream anti-itch (otc) *</i> (Ala-Cort)	3	\$0	
<i>hydrocortisone 1% cream maximum strength (otc) *</i> (Ala-Cort)	3	\$0	
<i>hydrocortisone 1% lotion (otc) *</i> (Aquanil HC)	3	\$0	
<i>hydrocortisone 1% ointment *</i>	3	\$0	
<i>hydrocortisone 1% ointment maximum strength (otc) *</i> (Anti-Itch (HC))	3	\$0	
<i>hydrocortisone 2.5% cream</i>	1	\$0	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	\$0	QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	1	\$0	QL (236 per 30 days)

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<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	\$0	QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	\$0	QL (120 per 30 days)
HYDROCORTISONE LOTION CMPLT KT 2 %	1	\$0	
<i>hydrocortisone plus 1% cream max-str,w/aloe *</i>	(hydrocortisone-aloe vera)	3	\$0
<i>hydrocortisone topical cream 1 %</i>	(Ala-Cort)	1	\$0
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	(Procto-Med HC)	1	\$0
HYDROCORTISONE TOPICAL LOTION 2 %	(Ala-Scalp)	1	\$0
<i>hydrocortisone topical lotion 2.5 %</i>		1	\$0
<i>hydrocortisone topical ointment 1 %</i>	(Anti-Itch (HC))	1	\$0
<i>hydrocortisone topical ointment 2.5 %</i>		1	\$0
<i>hydrocortisone valerate topical cream 0.2 %</i>		1	\$0
<i>hydrocortisone valerate topical ointment 0.2 %</i>		1	\$0
<i>hydrocortisone-aloe 1% cream *</i>	(Anti-Itch(hydrocortisone)-Aloe)	3	\$0
<i>mometasone topical cream 0.1 %</i>		1	\$0
<i>mometasone topical ointment 0.1 %</i>		1	\$0
<i>mometasone topical solution 0.1 %</i>		1	\$0
<i>monistat care 1% cream *</i>	(hydrocortisone)	3	\$0
<i>pimecrolimus topical cream 1 %</i>	(Elidel)	1	\$0
<i>preparation h hc 1% cream *</i>	(hydrocortisone)	3	\$0
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	\$0
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	\$0

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<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	\$0	
<i>pub hydrocream 1% *</i>	(hydrocortisone)	3	\$0	
<i>qc anti-itch with aloe 1% crm *</i>	(hydrocortisone-aloe vera)	3	\$0	
<i>ra anti-itch 1% cream maximum strength *</i>	(hydrocortisone)	3	\$0	
<i>ra anti-itch 1% ointment maximum strength *</i>	(hydrocortisone)	3	\$0	
<i>sm hydrocortisone 1% ointment maximum strength (otc) *</i>	(Anti-Itch (HC))	3	\$0	
<i>sm hydrocortisone plus 1% crm *</i>	(hydrocortisone-aloe vera)	3	\$0	
<i>sm hydrocortisone-aloe 1% crm *</i>	(Anti-Itch(hydrocortisone)-Aloe)	3	\$0	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>		1	\$0	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>		1	\$0	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	(Triderm)	1	\$0	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		1	\$0	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		1	\$0	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	(Trianex)	1	\$0	
<i>vanicream hc 1% cream *</i>	(hydrocortisone acetate)	3	\$0	
Dermatological Retinoids				
<i>adapalene topical cream 0.1 %</i>	(Differin)	1	\$0	
ALTRENO TOPICAL LOTION 0.05 %		2	\$0	PA

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<i>tazarotene topical cream 0.05 %, 0.1 %</i>	(Tazorac)	1	\$0	
<i>tretinoin topical cream 0.025 %</i>	(Avita)	1	\$0	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	1	\$0	PA
<i>tretinoin topical gel 0.01 %</i>	(Retin-A)	1	\$0	PA
<i>tretinoin topical gel 0.025 %</i>	(Avita)	1	\$0	PA
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	1	\$0	PA
Scabicides And Pediculicides				
<i>cvs lice killing shampoo maximum strength 0.33-4 % *</i>		3	\$0	
<i>gnp lice treatment shampoo 1 nit comb included 0.33-4 % *</i>		3	\$0	
<i>gs lice killing shampoo w/nit comb 0.33-4 % *</i>		3	\$0	
<i>lice treatment 1% creme rinse 1 nit removal comb *</i>	(permethrin)	3	\$0	
<i>malathion topical lotion 0.5 %</i>	(Ovide)	1	\$0	
<i>permethrin topical cream 5 %</i>	(Elimite)	1	\$0	QL (60 per 30 days)
Devices				
Devices				
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST

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1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe- needle u-100)	1	\$0	PA; ST
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	(insulin syringe- needle u-100)	1	\$0	PA; ST
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST

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ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
ALCOHOL 70% SWABS	(Alcohol Pads)	1	\$0	PA; ST
ALCOHOL PREP SWABS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	\$0	PA; ST
AQ INSULIN SYR 1 ML 31G 8MM (RX) 1 ML 31 GAUGE X 5/16	(Advocate Syringes)	1	\$0	PA; ST
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	\$0	PA; ST
ASSURE ID DUO-SHIELD 30GX3/16" 30 GAUGE X 3/16"		1	\$0	PA; ST
ASSURE ID DUO-SHIELD 30GX5/16" 30 GAUGE X 5/16"		1	\$0	PA; ST
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		1	\$0	PA; ST
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"		1	\$0	PA; ST
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"		1	\$0	PA; ST
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	\$0	PA; ST
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"		1	\$0	PA; ST

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

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	(insulin syringe- needle u-100)	1	\$0	PA; ST
BD INSULIN SYR UF 1 ML 8MMX31G 1 ML 31 GAUGE X 5/16	(insulin syringe- needle u-100)	1	\$0	PA; ST
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	(insulin syringe needleless)	1	\$0	PA; ST
BD LUER-LOK SYRINGE 1 ML	(Easy Touch Luer Lock Insulin)	1	\$0	PA; ST
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"		1	\$0	PA; ST
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"		1	\$0	PA; ST
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"		1	\$0	PA; ST
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"		1	\$0	PA; ST
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"		1	\$0	PA; ST
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	(insulin syringe- needle u-100)	1	\$0	PA; ST
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"		1	\$0	PA; ST
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"		1	\$0	PA; ST

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BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"		1	\$0	PA; ST
BD SINGLE USE SWAB (alcohol swabs)		1	\$0	PA; ST
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	\$0	PA; ST
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe- needle u-100)	1	\$0	PA; ST
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	(insulin syringe- needle u-100)	1	\$0	PA; ST
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe- needle u-100)	1	\$0	PA; ST
BORDERED GAUZE 2"X2" 2 X 2 "	(gauze bandage)	1	\$0	PA; ST
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST

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CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
CARETOUCH ALCOHOL 70% PREP PAD	(alcohol swabs)	1	\$0	PA; ST
CARETOUCH PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"		1	\$0	PA; ST
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16"		1	\$0	PA; ST

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CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	\$0	PA; ST
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	\$0	PA; ST
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
COMFEEL PLUS CLEAR DRESSING 6 X 8 " *	(hydrocolloid dressing)	3	\$0	
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST

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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	PA; ST
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 5MM 31G MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE, MINI, HRI 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"		1	\$0	PA; ST
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	\$0	PA; ST
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic, safety)	1	\$0	PA; ST

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COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	\$0	PA; ST
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
COMFORT POINT PEN NDL 31GX1/3" 31 GAUGE X 1/3"		1	\$0	PA; ST
COMFORT POINT PEN NDL 31GX1/6" 31 GAUGE X 1/6"		1	\$0	PA; ST
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST

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COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
CURAD GAUZE PADS 2" X 2" 2 X 2 "	(gauze bandage)	1	\$0	PA; ST
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	(alcohol swabs)	1	\$0	PA; ST
CURITY GAUZE SPONGES (12 PLY)-200/BAG 2 X 2 "		1	\$0	PA; ST
CURITY GUAZE PADS 1'S(12 PLY) 2 X 2 "	(gauze bandage)	1	\$0	PA; ST
CUTINOVA HYDRO 6"X8" DRESSING 6 X 8 " *	(hydrocolloid dressing)	3	\$0	
DERMACEA 2"X2" GAUZE 12 PLY, USP TYPE VII 2 X 2 "	(gauze bandage)	1	\$0	PA; ST
DERMACEA GAUZE 2"X2" SPONGE 8 PLY 2 X 2 "		1	\$0	PA; ST
DERMACEA NON-WOVEN 2"X2" SPNGE 2 X 2 "		1	\$0	PA; ST
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"		1	\$0	PA; ST
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"		1	\$0	PA; ST

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DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	\$0	PA; ST
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	\$0	PA; ST
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	1	\$0	PA; ST
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	1	\$0	PA; ST
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	1	\$0	PA; ST
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	1	\$0	PA; ST
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	1	\$0	PA; ST
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	\$0	PA; ST
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	1	\$0	PA; ST
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	\$0	PA; ST
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	\$0	PA; ST
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	1	\$0	PA; ST

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DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"		1	\$0	PA; ST
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	(insulin syringe- needle u-100)	1	\$0	PA; ST
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe- needle u-100)	1	\$0	PA; ST
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe- needle u-100)	1	\$0	PA; ST
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"		1	\$0	PA; ST
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"		1	\$0	PA; ST
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
DROPSAFE ALCOHOL 70% PREP PADS	(alcohol swabs)	1	\$0	PA; ST

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DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	1	\$0	PA; ST
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	1	\$0	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	1	\$0	PA; ST
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	1	\$0	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	1	\$0	PA; ST
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	1	\$0	PA; ST
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	1	\$0	PA; ST
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	1	\$0	PA; ST
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	\$0	PA; ST
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	1	\$0	PA; ST
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 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" (insulin syringe-needle u-100)	1	\$0	PA; ST
DUODERM CGF 2.5"X2.5" DRESSING 2 1/2 X 2 1/2 " *	3	\$0	
DUODERM CGF 6"X8" DRESSING REF#187643 6 X 8 " * (hydrocolloid dressing)	3	\$0	
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	\$0	PA; ST
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	\$0	PA; ST

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	\$0	PA; ST
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"		1	\$0	PA; ST
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"		1	\$0	PA; ST
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"		1	\$0	PA; ST
EASY COMFORT ALCOHOL 70% PAD	(alcohol swabs)	1	\$0	PA; ST
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST

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EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"		1	\$0	PA; ST
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST

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EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	1	\$0	PA; ST
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	1	\$0	PA; ST
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	\$0	PA; ST
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	\$0	PA; ST
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	1	\$0	PA; ST
EASY TOUCH FLIPLOK 1 ML 27GX0.5 1 ML 27 GAUGE X 1/2"	1	\$0	PA; ST
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	1	\$0	PA; ST
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	1	\$0	PA; ST
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	1	\$0	PA; ST
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	1	\$0	PA; ST
EASY TOUCH INSULIN SYR 1 ML 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	\$0	PA; ST
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	1	\$0	PA; ST
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	1	\$0	PA; ST
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	1	\$0	PA; ST
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	\$0	PA; ST

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EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	1	\$0	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	\$0	PA; ST
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	1	\$0	PA; ST
EASY TOUCH LUER LOK INSUL (insulin syringe 1 ML needleless)	1	\$0	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, 29GX1/2" 29 GAUGE X 1/2" diabetic)	1	\$0	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, 30GX5/16 30 GAUGE X 5/16" diabetic)	1	\$0	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, 31GX1/4" 31 GAUGE X 1/4" diabetic)	1	\$0	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, 31GX3/16 31 GAUGE X 3/16" diabetic)	1	\$0	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, 31GX5/16 31 GAUGE X 5/16" diabetic)	1	\$0	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, 32GX1/4" 32 GAUGE X 1/4" diabetic)	1	\$0	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, 32GX3/16 32 GAUGE X 3/16" diabetic)	1	\$0	PA; ST
EASY TOUCH PEN NEEDLE (pen needle, 32GX5/32 32 GAUGE X 5/32" diabetic)	1	\$0	PA; ST
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	1	\$0	PA; ST
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	1	\$0	PA; ST
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	1	\$0	PA; ST
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	1	\$0	PA; ST

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EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(insulin syringe- needle u-100)	1	\$0	PA; ST
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
EASY TOUCH UNI-SLIP SYR 1 ML	(insulin syringe needleless)	1	\$0	PA; ST
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"		1	\$0	PA; ST
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
EQL INSULIN 0.3 ML SYRINGE SHORT NEEDLE 0.3 ML 30	(Ultra Comfort Insulin Syringe)	1	\$0	PA; ST
EQL INSULIN 0.5 ML SYRINGE SHORT NEEDLE 1/2 ML 30 GAUGE	(Ultra Comfort Insulin Syringe)	1	\$0	PA; ST
EQL INSULIN 1 ML SYRINGE SHORT NEEDLE 1 ML 30 GAUGE X 7/16"	(Ultra Comfort Insulin Syringe)	1	\$0	PA; ST

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
FIFTY50 INS 0.5 ML 31GX5/16" SHORT NEEDLE (OTC) 0.5 ML 31 GAUGE X 5/16" (Advocate Syringes)	1	\$0	PA; ST
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16" (pen needle, diabetic)	1	\$0	PA; ST
FP INSULIN 1 ML SYRINGE 1 ML 28 GAUGE (Ultra Comfort Insulin Syringe)	1	\$0	PA; ST
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	\$0	PA; ST
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	\$0	PA; ST
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16 (insulin syringe-needle u-100)	1	\$0	PA; ST
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	\$0	PA; ST
GAUZE PADS & DRESSINGS - PADS 2 X 2 TOPICAL BANDAGE 2 X 2 " (gauze bandage)	1	\$0	PA; ST
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	1	\$0	PA; ST
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 29 , 1/2 ML 30 GAUGE (insulin syringe-needle u-100)	1	\$0	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16" (insulin syringe-needle u-100)	1	\$0	PA; ST
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE	1	\$0	PA; ST
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30 (insulin syringe-needle u-100)	1	\$0	PA; ST

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"		1	\$0	PA; ST
HEB INCONTROL ALCOHOL 70% PADS	(alcohol swabs)	1	\$0	PA; ST

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INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		2	\$0	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		2	\$0	
INSULIN SYR 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	(UltiCare Insulin Syr(half unit))	1	\$0	PA; ST
INSULIN SYRIN 0.5 ML 28GX1/2" (OTC) 1/2 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRIN 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRIN 0.5 ML 30GX1/2" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRIN 0.5 ML 30GX5/16" SHORT NEEDLE (OTC) 0.5 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	\$0	PA; ST
INSULIN SYRING 0.5 ML 27G 1/2" OUTER 1/2 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	(insulin syringe-needle u-100)	1	\$0	PA; ST

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INSULIN SYRINGE 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRINGE 0.5 ML 1/2 ML 29	(insulin syringe-needle u-100)	1	\$0	PA; ST
INSULIN SYRINGE 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE		1	\$0	PA; ST
INSULIN SYRINGE 1 ML 27G 1/2" INNER 1 ML 27 GAUGE X 1/2"	(Easy Touch Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRINGE 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	(BD SafetyGlide Syringe)	1	\$0	PA; ST
INSULIN SYRINGE 1 ML 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRINGE 1 ML 30GX1/2" (RX) 1 ML 30 GAUGE X 1/2"	(BD Eclipse Luer-Lok)	1	\$0	PA; ST
INSULIN SYRINGE 1 ML 30GX5/16" SHORT NEEDLE (OTC) 1 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	\$0	PA; ST
INSULIN SYRINGE 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(Sure Comfort Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	\$0	PA; ST
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Monoject Syringe)	1	\$0	PA; ST
INSUPEN 30G ULTRAFIN NEEDLE 30 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST

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INSUPEN 31G ULTRAFIN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
INSUPEN 32G 6MM PEN NEEDLE 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
INSUPEN 32G 8MM PEN NEEDLE 32 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ISOPROPYL ALCOHOL 0.7 ML/ML MEDICATED PAD TOPICAL PADS, MEDICATED	(alcohol swabs)	1	\$0	PA; ST
IV ANTISEPTIC WIPES	(alcohol swabs)	1	\$0	PA; ST
KENDALL ALCOHOL 70% PREP PAD	(alcohol swabs)	1	\$0	PA; ST
LISCO SPONGES 100/BAG 2 X 2 "		1	\$0	PA; ST
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
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	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 30 GAUGE X 7/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
LITE TOUCH INSULIN 1 ML SYR 1 ML 29 GAUGE		1	\$0	PA; ST
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	\$0	PA; ST

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"		1	\$0	PA; ST

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"		1	\$0	PA; ST
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 GAUGE X 1/2"		1	\$0	PA; ST
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"		1	\$0	PA; ST
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		1	\$0	PA; ST
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"		1	\$0	PA; ST
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"		1	\$0	PA; ST
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
MICRODOT READYGARD NDL 31G 5MM OUTER 31 GAUGE X 3/16"		1	\$0	PA; ST
MINI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(1st Tier Unifine Pentips)	1	\$0	PA; ST

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MINI PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	(CareFine Pen Needle)	1	\$0	PA; ST
MINI PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(CareFine Pen Needle)	1	\$0	PA; ST
MINI PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	(Comfort EZ Pen Needles)	1	\$0	PA; ST
MINI PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(Advocate Pen Needle)	1	\$0	PA; ST
MINI PEN NEEDLE 33G 5MM 33 GAUGE X 3/16"	(Comfort EZ Pen Needles)	1	\$0	PA; ST
MINI PEN NEEDLE 33G 6MM 33 GAUGE X 1/4"	(Comfort EZ Pen Needles)	1	\$0	PA; ST
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
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	PA; ST
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8"	(insulin syringe-needle u-100)	1	\$0	PA; ST
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	PA; ST
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	(insulin syringes (disposable))	1	\$0	PA; ST

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT INSULIN SYR U-100 29 GAUGE X 1/2"		1	\$0	PA; ST
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	1	\$0	PA; ST
NOVOFINE 30 NEEDLE		1	\$0	PA; ST
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"		1	\$0	PA; ST
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"		1	\$0	PA; ST
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE		2	\$0	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		2	\$0	QL (1 per 365 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	\$0	QL (10 per 30 days)	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	\$0	QL (1 per 365 days)	
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	\$0	QL (1 per 365 days)	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	\$0	QL (10 per 30 days)	
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	QL (10 per 30 days)	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
PEN NEEDLE 30G 5MM OUTER 30 GAUGE X 3/16"	(Embrace Pen Needle)	1	\$0	PA; ST
PEN NEEDLE 30G 8MM INNER 30 GAUGE X 5/16"	(CareFine Pen Needle)	1	\$0	PA; ST
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips Plus)	1	\$0	PA; ST
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST

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PEN NEEDLES 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	(1st Tier Unifine Pentips)	1	\$0	PA; ST
PEN NEEDLES 8MM 31G 31GX8MM, STRL, SHORT (OTC) 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"		1	\$0	PA; ST
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"		1	\$0	PA; ST
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST

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PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	(insulin syringe- needle u-100)	1	\$0	PA; ST
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe- needle u-100)	1	\$0	PA; ST
PRO COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	\$0	PA; ST
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	\$0	PA; ST
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	\$0	PA; ST
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	\$0	PA; ST
PURE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	\$0	PA; ST

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PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
RAYA SURE PEN NEEDLE 29G 12MM 29 GAUGE X 15/32"		1	\$0	PA; ST
RAYA SURE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	(Comfort Touch Pen Needle)	1	\$0	PA; ST
RAYA SURE PEN NEEDLE 31G 5MM 31 GAUGE X 13/64"		1	\$0	PA; ST
RAYA SURE PEN NEEDLE 31G 6MM 31 GAUGE X 15/64"		1	\$0	PA; ST
RELION INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	\$0	PA; ST
RELION INS SYR 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	\$0	PA; ST
RELION INS SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	(Comfort EZ Insulin Syringe)	1	\$0	PA; ST
RELI-ON INSULIN 0.5 ML SYR 1/2 ML 29	(Ultilet Insulin Syringe)	1	\$0	PA; ST
RELI-ON INSULIN 1 ML SYR 1 ML 29 GAUGE X 7/16"		1	\$0	PA; ST
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
REPLICARE THIN 6"X8" DRESSING (RX) 6 X 8 " *	(hydrocolloid dressing)	3	\$0	

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RESTORE EX THIN 6"X8" DRESSING (hydrocolloid HYDROCOLLOID,STERILE 6 X 8 " * dressing)	3	\$0	
RESTORE HYDROCOLLOID 6"X8" FOAM BACKING 6 X 8 " * (Comfeel Plus Clear Dressing)	3	\$0	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	1	\$0	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	1	\$0	PA; ST
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	1	\$0	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	1	\$0	PA; ST
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	1	\$0	PA; ST
SAFETY PEN NEEDLE 31G 4MM 31 GAUGE X 5/32" (Comfort EZ PRO Safety Pen Ndl)	1	\$0	PA; ST
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16" (pen needle, diabetic, safety)	1	\$0	PA; ST
SAFETY SYRINGE 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	1	\$0	PA; ST
SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	1	\$0	PA; ST
SECURES SAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	1	\$0	PA; ST
SECURES SAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	1	\$0	PA; ST

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	1	\$0	PA; ST
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	1	\$0	PA; ST
SM ULT CFT 0.3 ML 31GX5/16(1/2) 0.3 ML 31 GAUGE X 5/16"	1	\$0	PA; ST
STERILE PADS 2" X 2" 2 X 2 " (gauze bandage)	1	\$0	PA; ST
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	1	\$0	PA; ST
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	1	\$0	PA; ST
NEEDLES, INSULIN DISP., SAFETY (insulin syringe-needle u-100)	1	\$0	PA; ST
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	PA; ST
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	PA; ST
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	PA; ST
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	1	\$0	PA; ST
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	1	\$0	PA; ST
SURE COMFORT ALCOHOL PREP PADS (alcohol swabs)	1	\$0	PA; ST

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SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	\$0	PA; ST
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	\$0	PA; ST
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	\$0	PA; ST
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
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	PA; ST
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	PA; ST
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST

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

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TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	(insulin syringe- needle u-100)	1	\$0	PA; ST
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	(insulin syringe- needle u-100)	1	\$0	PA; ST
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"		1	\$0	PA; ST
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
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	PA; ST
TERUMO INS SYRINGE U100-1 ML 1 ML 30 GAUGE X 3/8"	(Thinpro Insulin Syringe)	1	\$0	PA; ST
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	(insulin syringe- needle u-100)	1	\$0	PA; ST
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	(insulin syringe- needle u-100)	1	\$0	PA; ST

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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	PA; ST
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	PA; ST
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 31 X 3/8"		1	\$0	PA; ST
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	PA; ST
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 31 X 3/8"		1	\$0	PA; ST
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	PA; ST
THINPRO INS SYRIN U100-1 ML 1 ML 31 X 3/8"		1	\$0	PA; ST
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
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	PA; ST
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST

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TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"		1	\$0	PA; ST
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	1	\$0	PA; ST
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"		1	\$0	PA; ST
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"		1	\$0	PA; ST
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"		1	\$0	PA; ST
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"		1	\$0	PA; ST
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"		1	\$0	PA; ST
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
TRUE COMFORT ALCOHOL 70% PADS	(alcohol swabs)	1	\$0	PA; ST
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST

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TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		1	\$0	PA; ST
TRUE COMFORT PRO ALCOHOL PADS	(alcohol swabs)	1	\$0	PA; ST
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"		1	\$0	PA; ST
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"		1	\$0	PA; ST
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"		1	\$0	PA; ST
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"		1	\$0	PA; ST
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST

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

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ULTICARE INS SYR 0.3 ML 30G 8MM 0.3 ML 30 GAUGE X 5/16"	(Advocate Syringes)	1	\$0	PA; ST
ULTICARE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTICARE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	(Advocate Syringes)	1	\$0	PA; ST
ULTICARE INS SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"		1	\$0	PA; ST
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"		1	\$0	PA; ST
ULTICARE SYR 0.3 ML 29G 12.7MM 0.3 ML 29 GAUGE X 1/2"	(Comfort EZ Insulin Syringe)	1	\$0	PA; ST
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST

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ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	(insulin syringe- needle u-100)	1	\$0	PA; ST
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"		1	\$0	PA; ST
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"		1	\$0	PA; ST
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"		1	\$0	PA; ST
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"		1	\$0	PA; ST
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"		1	\$0	PA; ST
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"		1	\$0	PA; ST
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"		1	\$0	PA; ST
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"		1	\$0	PA; ST
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"		1	\$0	PA; ST
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"		1	\$0	PA; ST
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"		1	\$0	PA; ST
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"		1	\$0	PA; ST
ULTILET ALCOHOL STERL SWAB	(alcohol swabs)	1	\$0	PA; ST

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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	PA; ST
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	PA; ST
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	PA; ST
ULTILET PEN NEEDLE 29 GAUGE	1	\$0	PA; ST
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32" (pen needle, diabetic)	1	\$0	PA; ST
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16" (insulin syringe-needle u-100)	1	\$0	PA; ST
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	PA; ST
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	1	\$0	PA; ST

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ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"		1	\$0	PA; ST
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"		1	\$0	PA; ST
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe- needle u-100)	1	\$0	PA; ST
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST

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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	PA; ST
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"		1	\$0	PA; ST
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"		1	\$0	PA; ST
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE		1	\$0	PA; ST
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE PROTECT 30G 5MM 30 GAUGE X 3/16"		1	\$0	PA; ST
UNIFINE PROTECT 30G 8MM 30 GAUGE X 5/16"		1	\$0	PA; ST
UNIFINE PROTECT 32G 4MM 32 GAUGE X 5/32"		1	\$0	PA; ST
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"		1	\$0	PA; ST
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"		1	\$0	PA; ST
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST

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UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"		1	\$0	PA; ST
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
VANISHPOINT 0.5 ML 30GX1/2" SY OUTER 0.5 ML 30 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"		1	\$0	PA; ST
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	(insulin syringe- needle u-100)	1	\$0	PA; ST
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	(pen needle, diabetic)	1	\$0	PA; ST
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	(pen needle, diabetic)	1	\$0	PA; ST
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST

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VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	(pen needle, diabetic)	1	\$0	PA; ST
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	(pen needle, diabetic)	1	\$0	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	(pen needle, diabetic)	1	\$0	PA; ST
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"		1	\$0	PA; ST
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	1	\$0	PA; ST
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100)	1	\$0	PA; ST
VERSALON ALL PURPOSE SPONGE 25'S,N-STERILE,3PLY 2 X 2 "		1	\$0	PA; ST
V-GO 20 DEVICE		2	\$0	QL (30 per 30 days)
V-GO 30 DEVICE		2	\$0	QL (30 per 30 days)
V-GO 40 DEVICE		2	\$0	QL (30 per 30 days)
WEBCOL ALCOHOL PREPS 20'S,LARGE	(alcohol swabs)	1	\$0	PA; ST
Enzyme				
Cofactors/Chaperones				
Enzyme Cofactors/Chaperones				
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		2	\$0	PA; QL (90 per 30 days); NDS
Enzyme				
Replacement/Modifiers				
Enzyme Replacement/Modifiers				
CERDELGA ORAL CAPSULE 84 MG		2	\$0	PA; NDS

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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	
GALAFOLD ORAL CAPSULE 123 MG	2	\$0	PA; QL (14 per 28 days); NDS
<i>javygtor oral tablet, soluble 100 mg</i> (sapropterin)	1	\$0	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Yargesa)	1	\$0	PA; QL (90 per 30 days); NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	1	\$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
<i>sapropterin oral tablet, soluble 100 mg</i> (Javygtor)	1	\$0	PA; 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
<i>yargesa oral capsule 100 mg</i> (miglustat)	1	\$0	PA; QL (90 per 30 days); NDS

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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, 60,000-189,600- 252,600 UNIT	2	\$0	
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
<i>alaway 0.025% eye drops 0.025 % (0.035 %) *</i> (ketotifen fumarate)	3	\$0	
<i>altamist 0.65% nose spray *</i> (sodium chloride)	3	\$0	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>artificial eye lub 15-83% oint 83-15 % *</i>	3	\$0	
<i>artificial tears drops 0.5-0.6 % *</i>	3	\$0	
<i>artificial tears drops 1-0.2-0.2 % *</i>	3	\$0	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	\$0	
<i>ayr saline 0.65% nose spray *</i> (sodium chloride)	3	\$0	
AYR SALINE NASAL RINSE KIT 50 PKTS & 1 APP BTL *	3	\$0	
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	\$0	QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	1	\$0	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	\$0	
<i>baby ayr saline 0.65% drops *</i>	3	\$0	

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<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	(Bepreve)	1	\$0	ST
<i>child's alaway 0.025% eye drop 0.025 % (0.035 %) *</i>	(ketotifen fumarate)	3	\$0	
<i>clear eyes natural tears drop 0.5-0.6 % *</i>		3	\$0	
<i>clear eyes once daily 0.2% drp *</i>	(olopatadine)	3	\$0	
<i>cromolyn ophthalmic (eye) drops 4 %</i>		1	\$0	
<i>cvs allergy nasal mist 0.05% *</i>		3	\$0	
<i>cvs artificial tears drops 1-0.3 % *</i>		3	\$0	
<i>cvs nasal wash squeeze bottle *</i>		3	\$0	
<i>cvs natural tears drop 0.1-0.3 % *</i>		3	\$0	
<i>cvs olopatadine 0.2% eye drop (otc) *</i>	(Eye Allergy Itch Relief)	3	\$0	
<i>cvs overnight lubricating eye 94-3 % *</i>		3	\$0	
<i>cvs saline 0.65% nasal spray *</i>	(sodium chloride)	3	\$0	
<i>cvs saline 3% nasal mist *</i>		3	\$0	
<i>cvs saline 3% nasal mist *</i>		3	\$0	
<i>cvs sodium chloride 5% eye drp *</i>	(Muro 128)	3	\$0	
<i>cvs sodium chloride 5% eye ont *</i>	(Muro 128)	3	\$0	
<i>deep sea 0.65% nose spray *</i>	(sodium chloride)	3	\$0	
<i>dristan 0.05% nasal spray *</i>	(oxymetazoline)	3	\$0	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>		1	\$0	
<i>eye allergy itch rlf 0.2% drop *</i>	(olopatadine)	3	\$0	
<i>eye allergy itch-red 0.1% drop *</i>	(olopatadine)	3	\$0	
<i>eye itch relief 0.025% drops 0.025 % (0.035 %) *</i>	(ketotifen fumarate)	3	\$0	
<i>eyes alive lub 0.5% eye drops *</i>	(carboxymethylcellulose sodium)	3	\$0	
<i>for sty relief eye ointment *</i>		3	\$0	
<i>freshkote eye drop 2.7-2 % *</i>		3	\$0	
<i>ft eye allergy itch rlf 0.2% *</i>	(olopatadine)	3	\$0	

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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 *		3	\$0	
<i>goniotaire 2.5% eye drop *</i>	(hypromellose)	3	\$0	
<i>gs nasal moist 0.65% spray *</i>	(sodium chloride)	3	\$0	
<i>gs nasal spray 0.05% *</i>	(oxymetazoline)	3	\$0	
<i>hm eye allergy itch rlf 0.2% *</i>	(olopatadine)	3	\$0	
<i>hm eye allergy itch-red 0.1% *</i>	(olopatadine)	3	\$0	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>		1	\$0	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>		1	\$0	QL (15 per 10 days)
<i>isopto tears 0.5% eye drops *</i>		3	\$0	
<i>little remedies saline spray 0.65 % *</i>	(sodium chloride)	3	\$0	
<i>lubricant 0.5% eye drop *</i>	(carboxymethylcellulose sodium)	3	\$0	
<i>lubricant 0.5-0.9% eye drops *</i>		3	\$0	
<i>lubricant pm eye ointment 57.3-42.5 % *</i>		3	\$0	
<i>lubrifresh pm eye ointment 83-15 % *</i>		3	\$0	
<i>muro-128 2% eye drops *</i>		3	\$0	
<i>muro-128 5% eye drops *</i>	(sodium chloride)	3	\$0	
<i>muro-128 5% eye ointment *</i>	(sodium chloride)	3	\$0	
<i>nasal relief 0.05% spray *</i>		3	\$0	
<i>neilmed sinus rinse kit *</i>		3	\$0	
<i>neilmed sinus rinse kit refill *</i>		3	\$0	
<i>nostrilla 0.05% nasal spray *</i>	(oxymetazoline)	3	\$0	
OCUSOFT LID SCRUB PADS *		3	\$0	
OCUSOFT LID SCRUB PLUS PADS *		3	\$0	

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<i>olopatadine hcl 0.1% eye drops (otc) *</i>	(Eye Allergy Itch-Redness Rlf)	3	\$0	
<i>olopatadine hcl 0.2% eye drop (otc) *</i>	(Eye Allergy Itch Relief)	3	\$0	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>		1	\$0	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	(Eye Allergy Itch-Redness Rlf)	1	\$0	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	(Eye Allergy Itch Relief)	1	\$0	
<i>polyvinyl alcohol 1.4% eyedrop *</i>	(Artificial Tears (polyvin alc))	3	\$0	
<i>qc olopatadine 0.2% eye drop (otc) *</i>	(Eye Allergy Itch Relief)	3	\$0	
<i>ra 12hr nasal spray 0.05% for sinus *</i>	(oxymetazoline)	3	\$0	
<i>ra artificial tears drops dry eye formula 1-0.3 % *</i>		3	\$0	
<i>ra nasal rlf sinus wash refill *</i>		3	\$0	
<i>ra saline 0.65% nose spray *</i>	(sodium chloride)	3	\$0	
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 *	(carboxymethylcellulose sodium)	3	\$0	
REFRESH TEARS 0.5% EYE DROP *	(carboxymethylcellulose sodium)	3	\$0	
<i>sinus rinse premixed packet p/f *</i>		3	\$0	
<i>sinus rinse starter kit *</i>		3	\$0	
<i>sm olopatadine 0.2% eye drop (otc) *</i>	(Eye Allergy Itch Relief)	3	\$0	
<i>sodium chloride 5% eye drop *</i>	(Muro 128)	3	\$0	
SYSTANE 0.3% EYE GEL *		3	\$0	
SYSTANE 0.4-0.3% EYE DROP *		3	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
SYSTANE BALANCE 0.6% EYE DROP CLINICAL STRENGTH *	3	\$0	
SYSTANE GEL EYE DROPS 0.4-0.3 % *	3	\$0	
SYSTANE NIGHTTIME EYE OINTMENT 94-3 % *	3	\$0	
SYSTANE PRO PF 0.6% EYE DROP *	3	\$0	
THERA TEARS 0.25% EYE DROPS *	3	\$0	
vicks sinex 12 hour mist 0.05 % *	3	\$0	
wal-zyr 0.025% eye drops 0.025 % (0.035 %)* (ketotifen fumarate)	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	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	\$0	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	\$0	QL (7.5 per 7 days)
debrox 6.5% ear drops * (carbamide peroxide)	3	\$0	
ear drops 6.5% * (carbamide peroxide)	3	\$0	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	\$0	QL (3.5 per 4 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	1	\$0	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	\$0	

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<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	\$0	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	\$0	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	1	\$0	
<i>murine 6.5% ear drops *</i> (carbamide peroxide)	3	\$0	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	\$0	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	1	\$0	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	\$0	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	\$0	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	1	\$0	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	\$0	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	\$0	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	\$0	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (neomycin-bacitracin-poly-hc)	1	\$0	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (neomycin-bacitracin-polymyxin)	1	\$0	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	\$0	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	\$0	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> (bacitracin-polymyxin b)	1	\$0	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i>	1	\$0	
<i>ra ear drops 6.5% *</i> (carbamide peroxide)	3	\$0	
REFRESH OPTIVE MEGA-3 DROPS 0.5-1-0.5 % *	3	\$0	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	\$0	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	\$0	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	\$0	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	\$0	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	\$0	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	\$0	
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	2	\$0	PA; QL (10 per 42 days); NDS
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		2	\$0	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents				
<i>24 hour allergy 50 mcg spray 50 mcg/actuation *</i>	(fluticasone propionate)	3	\$0	
<i>aller-cort 55 mcg nasal spray inner *</i>	(triamcinolone acetonide)	3	\$0	
<i>aller-flo 50 mcg spray inner 50 mcg/actuation *</i>	(fluticasone propionate)	3	\$0	
<i>allergy relief 50 mcg spray 50 mcg/actuation *</i>	(fluticasone propionate)	3	\$0	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	(loteprednol etabonate)	2	\$0	ST
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	(Prolensa)	1	\$0	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	(BromSite)	1	\$0	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>		1	\$0	
CHILD FLONASE ALLER RLF 50 MCG 50 MCG/ACTUATION *	(fluticasone propionate)	3	\$0	
<i>clarispray 50 mcg nasal spray 50 mcg/actuation *</i>	(fluticasone propionate)	3	\$0	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	(Restasis)	1	\$0	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>		1	\$0	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>		1	\$0	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	(Durezol)	1	\$0	
<i>eq allergy relief 50 mcg spray 50 mcg/actuation *</i>	(fluticasone propionate)	3	\$0	

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<i>eql fluticasone prop 50 mcg sp (otc) 50 mcg/actuation *</i>	(24 Hour Allergy Relief)	3	\$0	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		2	\$0	QL (8.3 per 14 days)
FLONASE ALLERGY RLF 50 MCG SPR 50 MCG/ACTUATION *	(fluticasone propionate)	3	\$0	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>		1	\$0	QL (50 per 25 days)
<i>fluocinolone acetamide oil otic (ear) drops 0.01 %</i>	(DermOtic Oil)	1	\$0	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	(FML Liquifilm)	2	\$0	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>		1	\$0	
<i>fluticasone prop 50 mcg spray (otc) 50 mcg/actuation *</i>	(24 Hour Allergy Relief)	3	\$0	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	(24 Hour Allergy Relief)	1	\$0	QL (16 per 30 days)
<i>hm allergy relief 50 mcg spray 50 mcg/actuation *</i>	(fluticasone propionate)	3	\$0	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		2	\$0	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		2	\$0	QL (5.6 per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	(Acular)	1	\$0	QL (10 per 25 days)
<i>kro 24hr allergy rlf 50 mcg spr 50 mcg/actuation *</i>	(fluticasone propionate)	3	\$0	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		2	\$0	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		2	\$0	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	(Lotemax)	1	\$0	QL (10 per 14 days)

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<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	(Alrex)	1	\$0	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	(Lotemax)	1	\$0	QL (15 per 19 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	(Allergy Nasal (mometasone))	1	\$0	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	(Pred Forte)	2	\$0	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>		1	\$0	
<i>qc allergy relief 50 mcg spray 50 mcg/actuation *</i>	(fluticasone propionate)	3	\$0	
<i>sm allergy relief 50 mcg spray 50 mcg/actuation *</i>	(fluticasone propionate)	3	\$0	
<i>triamcinolone 55 mcg nasal spr (otc) *</i>	(Aller-Cort)	3	\$0	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		2	\$0	QL (60 per 30 days)

Gastrointestinal Agents

Antiflatulents

<i>cvs anti-gas 180 mg softgel ultra str, softgel *</i>	(simethicone)	3	\$0	
<i>gas relief 125 mg softgel *</i>	(simethicone)	3	\$0	
<i>gas relief max str 250 mg sfgl *</i>		3	\$0	
<i>gas-x extra strength softgel softgel, ex-strength 125 mg *</i>	(simethicone)	3	\$0	
<i>gnp gas rlf(simeth) 80 mg chew *</i>	(simethicone)	3	\$0	
<i>infants' simethicone drops 40 mg/0.6 ml *</i>	(simethicone)	3	\$0	
<i>little remedies gas relief drp 40 mg/0.6 ml *</i>	(simethicone)	3	\$0	
PHAZYME 250 MG SOFTGEL MAX-STRENGTH,SOFTGEL *		3	\$0	
<i>simethicone 125 mg tab chew *</i>	(Gas Relief (simethicone))	3	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
Antiulcer Agents And Acid Suppressants				
<i>acid controller 20 mg tablet maximum strength *</i>	(famotidine)	3	\$0	
<i>acid controller 20 mg tablet outer *</i>	(famotidine)	3	\$0	
<i>acid reducer 20 mg tablet maximum strength *</i>	(famotidine)	3	\$0	
<i>acid reducer dr 20 mg cap *</i>	(omeprazole magnesium)	3	\$0	
<i>acid-pep 20 mg tablet *</i>	(famotidine)	3	\$0	
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>		1	\$0	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>		1	\$0	
<i>cimetidine oral tablet 200 mg</i>	(Acid Reducer (cimetidine))	1	\$0	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		1	\$0	
<i>cvs acid controller 20 mg tab *</i>	(famotidine)	3	\$0	
<i>cvs lansoprazole dr 15 mg cap (otc) *</i>	(Acid Reducer (lansoprazole))	3	\$0	
<i>eq famotidine 20 mg tablet (otc) *</i>	(Acid Controller)	3	\$0	
<i>eq lansoprazole dr 15 mg cap outer (otc) *</i>	(Acid Reducer (lansoprazole))	3	\$0	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	(Acid Reducer (esomeprazole))	1	\$0	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	(Nexium)	1	\$0	QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	(Nexium Packet)	1	\$0	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	(Nexium Packet)	1	\$0	ST; QL (60 per 30 days)

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<i>famotidine 20 mg tablet (otc) *</i>	(Acid Controller)	3	\$0	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>		1	\$0	
<i>famotidine oral tablet 20 mg</i>	(Acid Controller)	1	\$0	
<i>famotidine oral tablet 40 mg</i>	(Pepcid)	1	\$0	
<i>gnp lansoprazole dr 15 mg cap (otc) *</i>	(Acid Reducer (lansoprazole))	3	\$0	
<i>gnp omeprazole mag dr 20 mg cp *</i>	(Acid Reducer (omeprazole))	3	\$0	
<i>gs acid reducer 20 mg tablet *</i>	(famotidine)	3	\$0	
<i>heartburn relief 10 mg tablet *</i>	(famotidine)	3	\$0	
<i>heartburn relief 20 mg tablet *</i>	(famotidine)	3	\$0	
<i>kro heartburn preven 20 mg tab *</i>	(famotidine)	3	\$0	
<i>lansoprazole dr 15 mg capsule (otc) *</i>	(Acid Reducer (lansoprazole))	3	\$0	
<i>lansoprazole dr 15 mg capsule 3x14, gluten/f, n (otc) *</i>	(Acid Reducer (lansoprazole))	3	\$0	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	(Acid Reducer (lansoprazole))	1	\$0	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	(Prevacid)	1	\$0	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	1	\$0	
<i>nizatidine oral capsule 150 mg, 300 mg</i>		1	\$0	
<i>nizatidine oral solution 150 mg/10 ml</i>		1	\$0	
<i>omeprazole dr 20 mg tablet *</i>		3	\$0	
<i>omeprazole mag dr 20.6 mg cap 20 mg *</i>	(Acid Reducer (omeprazole))	3	\$0	
<i>omeprazole mag dr 20.6 mg cap two 14-day course 20 mg *</i>	(Acid Reducer (omeprazole))	3	\$0	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		1	\$0	

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<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	(Zegerid OTC)	2	\$0	ST; QL (30 per 30 days); NDS
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>		1	\$0	ST; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(Protonix)	1	\$0	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	(Protonix)	1	\$0	QL (60 per 30 days)
<i>pub famotidine 20 mg tablet max strength (otc) *</i>	(Acid Controller)	3	\$0	
<i>qc lansoprazole dr 15 mg cap (otc) *</i>	(Acid Reducer (lansoprazole))	3	\$0	
<i>qc omeprazole mag dr 20.6 mg 14-day course 20 mg *</i>	(Acid Reducer (omeprazole))	3	\$0	
<i>ra acid reducer 20 mg tablet maximum strength *</i>	(famotidine)	3	\$0	
<i>ra lansoprazole dr 15 mg cap 14capsx3 bottles (otc) *</i>	(Acid Reducer (lansoprazole))	3	\$0	
<i>ra omeprazole dr 20 mg tablet delayed release *</i>		3	\$0	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	(AcipHex)	1	\$0	QL (30 per 30 days)
<i>sm acid reducer 20 mg tablet maximum strength *</i>	(famotidine)	3	\$0	
<i>sm lansoprazole dr 15 mg cap (otc) *</i>	(Acid Reducer (lansoprazole))	3	\$0	
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	1	\$0	
<i>zantac-360(famotidine) 20 mg tb *</i>	(famotidine)	3	\$0	
Gastrointestinal Agents, Other				
<i>acid gone antacid liquid 95-358 mg/15 ml *</i>		3	\$0	
<i>acid gone tablet chew 160-105 mg *</i>		3	\$0	
<i>alka-seltzer heartburn chew 300 mg (750 mg) *</i>	(calcium carbonate)	3	\$0	

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<i>aluminum hydroxide gel 320 mg/5 ml *</i>		3	\$0	
<i>antacid ex-str tablet chew 160-105 mg *</i>		3	\$0	
<i>antacid ultra tablet chew 400 mg calcium (1,000 mg) *</i>	(calcium carbonate)	3	\$0	
<i>antacid xtra strength chew tab extra strength 300 mg (750 mg) *</i>	(calcium carbonate)	3	\$0	
<i>anti-diarrheal 2 mg caplet caplet *</i>	(loperamide)	3	\$0	
<i>anti-diarrheal 2 mg softgel *</i>	(loperamide)	3	\$0	
<i>anti-diarrheal 2 mg softgel softgel *</i>	(loperamide)	3	\$0	
<i>calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg) *</i>	(Calcium 500)	3	\$0	
<i>calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg) *</i>	(calcium carbonate)	3	\$0	
<i>cal-gest 500 mg tablet chew 200 mg calcium (500 mg) *</i>	(calcium carbonate)	3	\$0	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	(Carbaglu)	1	\$0	PA; NDS
<i>constulose oral solution 10 gram/15 ml</i>	(lactulose)	1	\$0	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	(Gastrocrom)	1	\$0	
<i>cvs antacid ex-str 750 mg chew 300 mg (750 mg) *</i>	(calcium carbonate)	3	\$0	
<i>cvs anti-diarrheal 2 mg sftgel *</i>	(loperamide)	3	\$0	
<i>cvs anti-diarrheal suspension 262 mg/15 ml *</i>	(bismuth subsalicylate)	3	\$0	
<i>cvs flavor chew antacid 750 mg 300 mg (750 mg) *</i>	(calcium carbonate)	3	\$0	
<i>cvs heartburn relief chew tab 160-105 mg *</i>		3	\$0	

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<i>cvs magnesium 500 mg caplet (rx) 500 mg magnesium *</i>	(Phillips)	3	\$0	
<i>diamode 2 mg caplet inner *</i>	(loperamide)	3	\$0	
<i>dicyclomine oral capsule 10 mg</i>		1	\$0	
<i>dicyclomine oral solution 10 mg/5 ml</i>		1	\$0	
<i>dicyclomine oral tablet 20 mg</i>		1	\$0	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>		1	\$0	PA-HRM; AGE (Max 64 Years)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	(Lomotil)	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i>	(lactulose)	1	\$0	
<i>epsom salt granules 495 mg/5 gram *</i>		3	\$0	
<i>eq anti-diarrheal 2 mg sftgel *</i>	(loperamide)	3	\$0	
<i>foaming antacid liquid 95-358 mg/15 ml *</i>		3	\$0	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		2	\$0	PA; NDS
<i>gelusil 200-200-25 mg chew tab cool mint *</i>		3	\$0	
<i>generlac oral solution 10 gram/15 ml</i>	(lactulose)	1	\$0	
<i>glycopyrrolate oral tablet 1 mg</i>	(Robinul)	1	\$0	
<i>glycopyrrolate oral tablet 2 mg</i>	(Robinul Forte)	1	\$0	
<i>hm loperamide 1 mg/7.5 ml liq *</i>	(Anti-Diarrheal (loperamide))	3	\$0	
<i>imodium a-d 2 mg softgel *</i>	(loperamide)	3	\$0	
IQIRVO ORAL TABLET 80 MG		2	\$0	PA; QL (30 per 30 days); NDS
<i>kaopectate 262 mg/15 ml susp *</i>	(bismuth subsalicylate)	3	\$0	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml</i>		1	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	\$0	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	\$0	QL (30 per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	2	\$0	PA; QL (30 per 30 days); NDS
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	\$0	
<i>loperamide 1 mg/7.5 ml soln *</i> (Anti-Diarrheal (loperamide))	3	\$0	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	\$0	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	1	\$0	QL (60 per 30 days)
<i>magnesium 400 mg tablet gluten-free 400 mg magnesium *</i>	3	\$0	
<i>magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium) *</i> (MgO)	3	\$0	
<i>magnesium oxide 420 mg tablet (rx) *</i>	3	\$0	
<i>magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg magnesium *</i> (Phillips)	3	\$0	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	\$0	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	\$0	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	\$0	
<i>mgo-400 tablet 400 mg (241.3 mg magnesium) *</i> (magnesium oxide)	3	\$0	
<i>mintox plus tablet chewable 200-200-25 mg *</i>	3	\$0	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	\$0	QL (30 per 30 days)

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OCALIVA ORAL TABLET 10 MG, 5 MG	2	\$0	PA; QL (30 per 30 days); NDS
<i>phillips 500 mg caplet 500 mg magnesium *</i> (magnesium oxide)	3	\$0	
<i>pink bismuth 262 mg tab chew *</i> (bismuth subsalicylate)	3	\$0	
<i>pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg) *</i> (Ultra Strength Antacid)	3	\$0	
<i>qc anti-diarrheal 2 mg softgel *</i> (loperamide)	3	\$0	
<i>ra antacid 500 mg chewable tab 215 mg calcium (500 mg) *</i>	3	\$0	
<i>ra anti-diarrheal 2 mg caplet caplet *</i> (loperamide)	3	\$0	
<i>ra stomach relief 262 mg/15 ml reg strength *</i> (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
<i>sm anti-diarrheal 2 mg softgel *</i> (loperamide)	3	\$0	
<i>sodium bicarb 650 mg tablet *</i>	3	\$0	
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	1	\$0	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	\$0	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	\$0	
<i>stomach rlf 525 mg/30 ml susp 262 mg/15 ml *</i> (bismuth subsalicylate)	3	\$0	

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<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	1	\$0	NDS
<i>ursodiol oral capsule 300 mg</i>	1	\$0	
<i>ursodiol oral tablet 250 mg</i>	1	\$0	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	\$0	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	\$0	
<i>well magnesium oxide 400 mg tb (rx) 400 mg (241.3 mg magnesium) *</i> (MgO)	3	\$0	
XERMELO ORAL TABLET 250 MG	2	\$0	PA; QL (84 per 28 days); NDS
Laxatives			
<i>alophen pills 5 mg *</i> (bisacodyl)	3	\$0	
<i>best fiber powder 3 gram/3.5 gram *</i>	3	\$0	
<i>bisacodyl 10 mg suppository *</i> (Dulcolax (bisacodyl))	3	\$0	
<i>bisacodyl ec 5 mg tablet *</i> (Alophen (bisacodyl))	3	\$0	
<i>calcium polycarbophil oral tablet 625 mg *</i> (Fiber (calcium polycarbophil))	3	\$0	
<i>citroma solution *</i> (magnesium citrate)	3	\$0	
CITRUCEL POWDER S-F *	3	\$0	
<i>clearlax powder packet 17 gram *</i> (polyethylene glycol 3350)	3	\$0	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	2	\$0	
COLACE 100 MG CAPSULE * (docusate sodium)	3	\$0	
<i>cvs enema disposable 19-7 gram/118 ml *</i>	3	\$0	

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<i>cvs fiber laxative 625 mg cpld caplet *</i>	(calcium polycarbophil)	3	\$0	
<i>cvs fiber therapy 500 mg caplt *</i>		3	\$0	
<i>cvs fiber therapy 500 mg caplt soluble, caplet *</i>		3	\$0	
<i>cvs gentle laxative ec 5 mg tb comfort coated *</i>	(bisacodyl)	3	\$0	
<i>cvs magnesium citrate solution *</i>	(Citrate of Magnesia)	3	\$0	
<i>cvs milk of magnesia susp stimulant free 400 mg/5 ml *</i>	(magnesium hydroxide)	3	\$0	
<i>cvs mineral oil *</i>	(Mineral Oil Extra Heavy)	3	\$0	
<i>cvs mini enema 283-20 mg/5 ml *</i>		3	\$0	
<i>cvs natural daily fiber powder 3.4 gram/5.8 gram *</i>		3	\$0	
<i>cvs natural daily fiber powder 3.4 gram/7 gram *</i>		3	\$0	
<i>cvs purelax powder 17 gram/dose *</i>	(polyethylene glycol 3350)	3	\$0	
<i>cvs senna plus tablet 8.6-50 mg *</i>	(sennosides-docusate sodium)	3	\$0	
<i>daily fiber capsule 0.4 gram *</i>	(psyllium husk)	3	\$0	
<i>docusate cal 240 mg capsule *</i>	(Kaopectate (docusate calcium))	3	\$0	
<i>docusate sod 100 mg/10 ml cup outer 50 mg/5 ml *</i>	(OneLAX Docusate Sodium)	3	\$0	
<i>docusate sod 60 mg/15 ml syrpf *</i>	(Stool Softener)	3	\$0	
<i>docusate sodium 100 mg softgel softgel *</i>	(Colace)	3	\$0	
<i>docusate sodium 50 mg/5 ml liq *</i>	(OneLAX Docusate Sodium)	3	\$0	
<i>docusate sodium mini enema 283 mg/5 ml *</i>	(Enemeez)	3	\$0	
<i>dok 100 mg tablet *</i>	(docusate sodium)	3	\$0	

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DULCOLAX 10 MG SUPPOSITORY *	(bisacodyl)	3	\$0	
<i>enemeez mini enema 5cc tubes, outer 283 mg/5 ml *</i>	(docusate sodium)	3	\$0	
<i>enemeez plus mini enema outer 283-20 mg/5 ml *</i>		3	\$0	
<i>eq magnesium citrate solution cherry *</i>	(Citrate of Magnesia)	3	\$0	
<i>eq mineral oil odorless *</i>	(Mineral Oil Extra Heavy)	3	\$0	
<i>eql fiber therapy powder 3.4 gram/7 gram *</i>		3	\$0	
<i>evac-u-gen 8.6 mg tablet *</i>	(sennosides)	3	\$0	
<i>fiber tablet unboxed 625 mg *</i>	(calcium polycarbophil)	3	\$0	
<i>fiber therapy 500 mg caplet caplet *</i>		3	\$0	
<i>fiber therapy powder 2 gram/19 gram *</i>		3	\$0	
<i>fiber-lax 625 mg tablet 500mg polycarbophil *</i>	(calcium polycarbophil)	3	\$0	
FLEET BISACODYL 10 MG ENEMA 10 MG/30 ML *		3	\$0	
<i>fleet enema 19-7 gram/118 ml *</i>		3	\$0	
FT FIBER SUPPLEMENT CAPSULE 0.4 GRAM *	(psyllium husk)	3	\$0	
<i>gavilax 8.5 gram powder packet *</i>	(polyethylene glycol 3350)	3	\$0	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	(peg 3350-electrolytes)	1	\$0	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	(peg 3350-electrolytes)	1	\$0	
<i>gavilyte-n oral recon soln 420 gram</i>	(peg-electrolyte soln)	1	\$0	
<i>gentlelax powder 30 once-daily doses 17 gram/dose *</i>	(polyethylene glycol 3350)	3	\$0	

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<i>geri-kot 8.6 mg tablet *</i>	(sennosides)	3	\$0	
<i>glycerin pediatric suppository infants & children *</i>		3	\$0	
<i>glycerin suppository child size *</i>		3	\$0	
<i>gnp stool softener 250 mg sfgl *</i>	(docusate sodium)	3	\$0	
<i>healthylax powder packet outer 17 gram *</i>	(polyethylene glycol 3350)	3	\$0	
KONSYL 6 GM PACKET GLUTEN-F, OUTER (OTC) 6 GRAM *		3	\$0	
<i>konsyl psyllium fiber packet orange, gluten free 3.4 gram *</i>		3	\$0	
<i>laxacin tablet 8.6-50 mg *</i>	(sennosides-docusate sodium)	3	\$0	
<i>laxaclear powder 17 gram/dose *</i>	(polyethylene glycol 3350)	3	\$0	
<i>magic bullet 10 mg suppos *</i>	(bisacodyl)	3	\$0	
<i>magnesium citrate solution *</i>	(Citrate of Magnesia)	3	\$0	
METAMUCIL CAPSULE 0.4 GRAM *	(psyllium husk)	3	\$0	
METAMUCIL FIBER SINGLES PACKET 3.4 GRAM *		3	\$0	
METAMUCIL POWDER 3.4 GRAM/7 GRAM *		3	\$0	
<i>milk of magnesia concentrated 2,400 mg/10 ml cup outer *</i>	(magnesium hydroxide)	3	\$0	
<i>milk of magnesia suspension 400 mg/5 ml *</i>	(magnesium hydroxide)	3	\$0	
<i>mineral oil *</i>	(Mineral Oil Extra Heavy)	3	\$0	
<i>mineral oil enema *</i>	(Fleet Mineral Oil)	3	\$0	
<i>mineral oil heavy heavy (otc) *</i>	(mineral oil)	3	\$0	
<i>mineral oil, heavy usp, heavy (rx) *</i>	(mineral oil)	3	\$0	

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MIRALAX POWDER 7 DAY (OTC) 17 GRAM/DOSE *	(polyethylene glycol 3350)	3	\$0	
MIRALAX POWDER PACKET (OTC) 17 GRAM *	(polyethylene glycol 3350)	3	\$0	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	1	\$0	
peg-3350 8.5 gram powder cup *	(Gavilax)	3	\$0	
peg-3350 4 gram powder packet *		3	\$0	
peg-3350 4.25 gram powder pkt *		3	\$0	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	1	\$0	
phillips' lax liqui-gels 100 mg *	(docusate sodium)	3	\$0	
PHILLIPS' MILK OF MAGNESIA 400 MG/5 ML *	(magnesium hydroxide)	3	\$0	
polyethylene glycol 3350 powd (otc) 17 gram/dose *	(GentleLax)	3	\$0	
polyethylene glycol 3350 powd 17 grams pkts, outer (otc) *	(ClearLax)	3	\$0	
polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose *	(GentleLax)	3	\$0	
POLYETHYLENE GLYCOL 3350 POWD NF, PEG-75 (RX) *		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 *	(docusate sodium)	3	\$0	
psyllium fiber capsule 0.4 gram *	(Daily Fiber)	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	

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<i>ra enema twin pack 2 x 4.5oz, rtu 19-7 gram/118 ml *</i>		3	\$0	
<i>ra fast relief lax 10 mg supp *</i>	(bisacodyl)	3	\$0	
<i>ra glycerin pediatric supp *</i>		3	\$0	
<i>ra laxative 25 mg pill *</i>		3	\$0	
<i>ra laxative peg 3350 powder 30 once-daily doses 17 gram/dose *</i>	(polyethylene glycol 3350)	3	\$0	
<i>ra mineral oil extra-heavy extra-heavy *</i>	(mineral oil)	3	\$0	
<i>ra p-col rite tablet 8.6-50 mg *</i>	(sennosides-docusate sodium)	3	\$0	
<i>ra senna-lax 8.6 mg tablet *</i>	(sennosides)	3	\$0	
<i>reguloid capsule 0.4 gram *</i>	(psyllium husk)	3	\$0	
REGULOID POWDER 3 GRAM/12 GRAM *		3	\$0	
<i>senexon-s 50-8.6 mg tablet 8.6-50 mg *</i>	(sennosides-docusate sodium)	3	\$0	
<i>senna 17.6 mg/10 ml syrup cup 8.8 mg/5 ml *</i>	(OneLAX Senna)	3	\$0	
<i>senna-time 8.6 mg tablet *</i>	(sennosides)	3	\$0	
<i>sennosides-docusate sodium tab 8.6-50 mg *</i>	(Laxacin)	3	\$0	
<i>senokot-s tablet 8.6-50 mg *</i>	(sennosides-docusate sodium)	3	\$0	
<i>sm fiber capsule 0.4 gram *</i>	(psyllium husk)	3	\$0	
<i>sm fiber powder (rx) 3.4 gram/12 gram *</i>		3	\$0	
<i>smoothlax powder 14 once-daily doses 17 gram/dose *</i>	(polyethylene glycol 3350)	3	\$0	
<i>smoothlax powder packet 10 daily doses 17 gram *</i>	(polyethylene glycol 3350)	3	\$0	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	(Suprep Bowel Prep Kit)	2	\$0	

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<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	\$0	
<i>stimulant laxative plus tablet 8.6-50 mg *</i> (sennosides-docusate sodium)	3	\$0	
<i>stool softener 100 mg tablet *</i> (docusate sodium)	3	\$0	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	2	\$0	
<i>true laxative peg 3350 powder 17 gram/dose *</i> (polyethylene glycol 3350)	3	\$0	
WAL-MUCIL 100% NATURAL FIBER 114 DOSES,ORANGE 3.4 GRAM/5.8 GRAM *	3	\$0	
WAL-MUCIL 100% NATURAL FIBER 3.4 GRAM/7 GRAM *	3	\$0	
Phosphate Binders			
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	\$0	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	\$0	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	1	\$0	NDS
MAGNEBIND 300 TABLET 250-300 MG *	3	\$0	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	1	\$0	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	1	\$0	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	\$0	
Genitourinary Agents			
Antispasmodics, Urinary			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	\$0	

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<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	1	\$0	
<i>flavoxate oral tablet 100 mg</i>	1	\$0	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	1	\$0	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	\$0	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	\$0	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	\$0	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	1	\$0	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	\$0	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	\$0	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	\$0	
<i>trospium oral tablet 20 mg</i>	1	\$0	
Genitourinary Agents, Miscellaneous			
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	\$0	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	\$0	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	1	\$0	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	\$0	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	\$0	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	\$0	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	1	\$0	NDS

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Heavy Metal Antagonists			
Heavy Metal Antagonists			
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	1	\$0	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	1	\$0	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	1	\$0	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	1	\$0	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	2	\$0	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	1	\$0	PA; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	1	\$0	PA; QL (240 per 30 days); NDS
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	\$0	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	\$0	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	\$0	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	\$0	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	\$0	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	1	\$0	PA; QL (300 per 30 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	1	\$0	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	1	\$0	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	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			
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (estradiol-norethindrone acet)	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>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</i> (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)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>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</i> (Dotti)	1	\$0	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>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</i> (Climara)	1	\$0	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	\$0	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	1	\$0	QL (18 per 28 days)

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<i>estradiol valerate intramuscular oil</i> 10 mg/ml, 20 mg/ml, 40 mg/ml	(Delestrogen)	1	\$0	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>		1	\$0	PA-HRM; AGE (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	(Mimvey)	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)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i>	(norethindrone ac-eth estradiol)	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>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</i>	(estradiol)	1	\$0	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	(estradiol-norethindrone acet)	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(Fyavolv)	1	\$0	PA-HRM; AGE (Max 64 Years)
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	
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)
<i>raloxifene oral tablet 60 mg</i>	(Evista)	1	\$0	
<i>yuvafem vaginal tablet 10 mcg</i>	(estradiol)	1	\$0	QL (18 per 28 days)

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Glucocorticoids/Mineralocorticoids			
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	\$0	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	\$0	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	\$0	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	\$0	
HEMADY ORAL TABLET 20 MG	2	\$0	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	\$0	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i> (Depo-Medrol)	1	\$0	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	\$0	
<i>methylprednisolone oral tablet 32 mg</i>	1	\$0	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	1	\$0	
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	1	\$0	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	1	\$0	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	\$0	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	\$0	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	1	\$0	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	\$0	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	\$0	

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<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	1	\$0	
Pituitary			
ACTHAR INJECTION GEL 80 UNIT/ML	2	\$0	PA; QL (35 per 28 days); NDS
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML	2	\$0	PA; QL (15 per 30 days); NDS
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 80 UNIT/ML	2	\$0	PA; QL (30 per 30 days); NDS
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	2	\$0	PA; QL (35 per 28 days); NDS
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	1	\$0	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	\$0	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (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	PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i> (Somatuline Depot)	2	\$0	PA NSO; QL (0.5 per 28 days); NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	\$0	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	\$0	PA NSO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	2	\$0	PA; NDS

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LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	2	\$0	PA; NDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	2	\$0	PA; NDS
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
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml	1	\$0	
<i>octreotide acetate injection solution</i> 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	1	\$0	
ORGOVYX ORAL TABLET 120 MG	2	\$0	PA NSO; NDS
ORLISSA ORAL TABLET 150 MG	2	\$0	PA; QL (28 per 28 days); NDS
ORLISSA ORAL TABLET 200 MG	2	\$0	PA; QL (56 per 28 days); 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 60 MG/0.2 ML (lanreotide)	2	\$0	PA NSO; QL (0.2 per 28 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML (lanreotide)	2	\$0	PA NSO; QL (0.3 per 28 days); NDS

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SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	\$0	PA; NDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	\$0	PA; NDS
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	\$0	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i> (norethindrone acetate)	1	\$0	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	\$0	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	\$0	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	\$0	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	1	\$0	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	\$0	
Thyroid And Antithyroid Agents			
<i>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</i> (Euthyrox)	1	\$0	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	\$0	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	\$0	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>propylthiouracil oral tablet 50 mg</i>	1	\$0	

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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	PA; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE (tacrolimus) 24HR 0.5 MG, 1 MG	2	\$0	PA BvD
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE (tacrolimus) 24HR 5 MG	2	\$0	PA BvD; NDS
<i>auranofin oral capsule 3 mg</i> (Ridaura)	1	\$0	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	2	\$0	PA; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	\$0	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	\$0	PA BvD
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
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	2	\$0	PA; NDS

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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
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	\$0	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	1	\$0	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	1	\$0	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	1	\$0	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	1	\$0	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (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

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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
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	1	\$0	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	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 %)	2	\$0	PA BvD; NDS
<i>engraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	1	\$0	PA BvD
<i>engraf oral solution 100 mg/ml</i> (cyclosporine modified)	1	\$0	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	\$0	PA; Only NDCs starting with 00074; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	\$0	PA; Only NDCs starting with 00074; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	\$0	PA; Only NDCs starting with 00074; NDS

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HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	\$0	PA; Only NDCs starting with 00074; 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; Only NDCs starting with 00074; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	\$0	PA; Only NDCs starting with 00074; 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; Only NDCs starting with 00074; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	\$0	PA; Only NDCs starting with 00074; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	\$0	PA; Only NDCs starting with 00074; 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
<i>infliximab intravenous recon soln 100 mg</i> (Remicade)	2	\$0	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	\$0	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	\$0	

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<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	(CellCept Intravenous)	1	\$0	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	(CellCept)	1	\$0	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	(CellCept)	1	\$0	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	(CellCept)	1	\$0	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	(Myfortic)	1	\$0	PA BvD
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML		2	\$0	PA NSO; NDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG		2	\$0	PA BvD; 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 20 MG, 30 MG		2	\$0	PA; NDS
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)		2	\$0	PA; 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

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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	ST
RENFLXIS INTRAVENOUS RECON SOLN 100 MG	2	\$0	PA; NDS
REZUROCK ORAL TABLET 200 MG	2	\$0	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG (auranofin)	2	\$0	NDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	2	\$0	PA; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	\$0	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i>	1	\$0	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	PA BvD
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	2	\$0	PA; 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
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	2	\$0	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	\$0	PA; NDS

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	\$0	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	2	\$0	PA; QL (180 per 30 days); NDS
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	\$0	PA; NDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	\$0	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	\$0	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	2	\$0	PA; NDS
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			
ABRYSSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	\$0	\$0 copay
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	\$0	\$0 copay
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	\$0	\$0 copay
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	\$0	\$0 copay
AREXVY ANTIGEN COMPONENT 120 MCG	2	\$0	\$0 copay
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	\$0	\$0 copay
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	\$0	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	\$0	\$0 copay
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	\$0	\$0 copay
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
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; \$0 copay
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	\$0	PA BvD; \$0 copay
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	\$0	PA BvD; \$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	\$0	\$0 copay
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	\$0	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	2	\$0	\$0 copay
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	\$0	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	\$0	PA BvD; \$0 copay
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; \$0 copay

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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	\$0 copay
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	2	\$0	\$0 copay
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	\$0	\$0 copay
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	\$0	\$0 copay
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	\$0 copay
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	\$0	\$0 copay
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	\$0	\$0 copay
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	\$0	\$0 copay
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	\$0	\$0 copay
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	\$0	

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PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	\$0	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	\$0	\$0 copay
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	2	\$0	\$0 copay
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	\$0	\$0 copay
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-20MCG-5LF- 62 DU/0.5 ML	2	\$0	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	\$0	PA BvD; \$0 copay
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML	2	\$0	\$0 copay
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	2	\$0	

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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; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	\$0	PA BvD; \$0 copay
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	\$0	PA BvD; \$0 copay
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	\$0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	\$0	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	\$0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	\$0	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	2	\$0	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	\$0	\$0 copay
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5- 2 LF UNIT/0.5 ML	2	\$0	\$0 copay

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TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	\$0	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	\$0	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	\$0	\$0 copay
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	\$0	\$0 copay
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	\$0	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	\$0	\$0 copay
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vi polysacch vaccine)	2	\$0	\$0 copay
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	\$0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	\$0	\$0 copay
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	\$0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	2	\$0	\$0 copay
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	\$0	\$0 copay
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	\$0	\$0 copay

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	2	\$0	\$0 copay

Inflammatory Bowel Disease Agents

Inflammatory Bowel Disease Agents			
<i>alose tron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	\$0	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	\$0	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	\$0	
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	1	\$0	
DIPENTUM ORAL CAPSULE 250 MG	2	\$0	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	\$0	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	1	\$0	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	1	\$0	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	1	\$0	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	1	\$0	QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	1	\$0	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	1	\$0	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	1	\$0	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	\$0	

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<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	2	\$0	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
<i>alendronate oral solution 70 mg/75 ml</i>	1	\$0	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	\$0	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	\$0	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	\$0	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	\$0	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	\$0	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	\$0	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	1	\$0	QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	1	\$0	QL (120 per 30 days); NDS
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	\$0	
<i>ibandronate oral tablet 150 mg</i>	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
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemlar)	1	\$0	
<i>paricalcitol oral capsule 4 mcg</i>	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)
<i>risedronate oral tablet 150 mg</i> (Actonel)	1	\$0	QL (1 per 28 days)

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<i>risedronate oral tablet 30 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	1	\$0	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	\$0	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	1	\$0	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	2	\$0	PA; QL (2.48 per 28 days); NDS
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	\$0	PA; QL (1.56 per 30 days); NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	\$0	PA; NDS
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	\$0	PA; NDS
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	1	\$0	PA; NDS
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	\$0	
CARBOXYMETHYL SOD GRANULE MEDIUM VISCOSITY, USP (RX) *	3	\$0	
CARBOXYMETHYL SOD GRANULE USP, MED VISCOSITY (RX) *	3	\$0	
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	2	\$0	PA; NDS
CVS TRANSPARENT DRESSING 4X4 3/4" 4 X 4 3/4 " * (IV3000 Frame Delivery Dressing)	3	\$0	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	1	\$0	

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ELMIRON ORAL CAPSULE 100 MG	2	\$0	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	2	\$0	PA; NDS
EVRYSDI ORAL TABLET 5 MG	2	\$0	PA; NDS
EXCILON DRESSING SPONGE 4 X 3 " *	3	\$0	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	1	\$0	PA; QL (180 per 30 days); NDS
<i>gs hydrogen peroxide 3% soln (otc) *</i>	3	\$0	
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 1 MG/0.2 ML	2	\$0	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	2	\$0	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	\$0	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
IV3000 FRAME DELIVERY 4X4 3/4" 4 X 4 3/4 " * (transparent dressings)	3	\$0	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	\$0	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	1	\$0	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	1	\$0	
<i>levocarnitine sf 1 g/10 ml sol 100 mg/ml</i> (Carnitor (sugar-free))	1	\$0	
<i>mesna oral tablet 400 mg</i> (Mesnex)	1	\$0	NDS

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NEXCARE TEGADERM DRESSING 4 X 4 3/4 " *	(transparent dressings)	3	\$0	
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	(Rectiv)	1	\$0	QL (30 per 30 days)
NON-STICK PAD 3"X4" 4 X 3 " *		3	\$0	
OPSITE FLEXIGRID DRESSING 4 X 4 3/4 " *	(transparent dressings)	3	\$0	
OPSITE FLEXIGRID DRESSING 6 X 8 " *		3	\$0	
POLYSKIN II TRANSPRNT DRESS 4'S, 6"X8", STERILE 6 X 8 " *		3	\$0	
POLYSKIN II TRANSPRNT DRESS 4'S,4"X4-3/4",STRL 4 X 4 3/4 " *	(transparent dressings)	3	\$0	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	(Mestinon)	1	\$0	
<i>pyridostigmine bromide oral tablet 30 mg</i>		1	\$0	
<i>pyridostigmine bromide oral tablet 60 mg</i>	(Mestinon)	1	\$0	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	(Mestinon Timespan)	1	\$0	
RELIAMED TRANSPRNT I.V. DRESS 4 X 4 3/4 " *	(IV3000 Frame Delivery Dressing)	3	\$0	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)		2	\$0	PA; NDS
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML		2	\$0	PA; NDS
SURESITE MATRIX TRANSPRNT DRES 6 X 8 " *		3	\$0	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		2	\$0	PA; QL (4 per 28 days); NDS

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TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	2	\$0	PA; QL (2 per 28 days); NDS
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	2	\$0	PA; QL (4 per 28 days); NDS
TELFA NON-ADHERENT DRESSING 50/CTN 1'S 4 X 3 " *	3	\$0	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	\$0	PA NSO; QL (56 per 28 days); NDS
TRIAD WOUND DRESSING PASTE 12'S *	3	\$0	
TYBOST ORAL TABLET 150 MG	2	\$0	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	2	\$0	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	2	\$0	PA; QL (12 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	
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	2	\$0	PA; NDS
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	2	\$0	PA; NDS
Mouthwashes And Gargles			
Mouthwashes And Gargles			
<i>cvs hydrogen peroxide 3% soln (otc)</i> *	3	\$0	
<i>hm hydrogen peroxide 3% soln (otc)</i> *	3	\$0	
<i>hydrogen peroxide 3% solution (otc)</i> *	3	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>hydrogen peroxide 3% solution usp (rx) *</i>	3	\$0	
<i>qc hydrogen peroxide 3% soln (otc) *</i>	3	\$0	
<i>sm hydrogen peroxide 3% soln (otc) *</i>	3	\$0	
Ophthalmic Agents			
Antiglaucoma Agents			
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	\$0	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	\$0	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	\$0	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	\$0	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	1	\$0	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	\$0	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	1	\$0	
<i>brinzolamide ophthalmic (eye) drops, suspension 1 %</i> (Azopt)	1	\$0	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	\$0	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	\$0	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	\$0	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	\$0	QL (2.5 per 25 days)

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<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	\$0	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	\$0	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	\$0	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	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	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	1	\$0	QL (30 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	\$0	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	\$0	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	1	\$0	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	1	\$0	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	2	\$0	QL (5 per 30 days)
Replacement Preparations			
Replacement Preparations			
<i>calcium 500 mg tablet 500mg elemental ca (rx) 500 mg calcium (1,250 mg) *</i> (Oyster Shell Calcium)	3	\$0	
<i>calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit) *</i> (Calcium 500 + D)	3	\$0	

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<i>calcium 500-vit d3 125 caplet 500 mg-3.125 mcg (125 unit) *</i>		3	\$0	
<i>calcium 500-vit d3 400 chew tb 500 mg-10 mcg (400 unit) *</i>	(calcium carbonate-vitamin d3)	3	\$0	
<i>calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg) *</i>	(Calcium 600)	3	\$0	
<i>calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml) *</i>		3	\$0	
<i>calcium carbonate 648 mg tab 260 mg calcium (648 mg) *</i>		3	\$0	
<i>calcium cit 315 mg-d3 250 unit (rx) 315 mg-6.25 mcg (250 unit) *</i>	(Citracal + D Maximum)	3	\$0	
<i>calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit) *</i>	(Calcium Citrate + D)	3	\$0	
<i>calcium citrate 200 mg tablet (rx) 200 mg (950 mg) *</i>		3	\$0	
<i>calcium citrate-vit d3 caplet p/f (rx) 315 mg-6.25 mcg (250 unit) *</i>	(Citracal + D Maximum)	3	\$0	
<i>calcium cit-vit d 315-200 tab p/f, lactose-free (rx) 315 mg-5 mcg (200 unit) *</i>	(Calcium Citrate + D)	3	\$0	
<i>citracal + d maximum caplet (rx) 315 mg-6.25 mcg (250 unit) *</i>	(calcium citrate-vitamin d3)	3	\$0	
CITRACAL-D3 MAXIMUM PLUS CAPLT 325 MG-12.5 MCG -2.75 MG *	(calcium-d3-zinc-copper-mangan)	3	\$0	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>		1	\$0	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>		1	\$0	
<i>gnp electrolyte solution (rx) *</i>	(Hydralyte)	3	\$0	
<i>hydralyte electrolyte soln *</i>	(electrolytes-dextrose)	3	\$0	

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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	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	(potassium chloride)	1	\$0	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	(potassium chloride)	1	\$0	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	(potassium chloride)	1	\$0	
<i>mag64 dr 64 mg tablet (rx) *</i>	(magnesium chloride)	3	\$0	
<i>magnesium chloride 64 mg tab 64 mg magnesium *</i>		3	\$0	
<i>magnesium chloride ec 64 mg tb (rx) *</i>	(Mag 64)	3	\$0	
<i>magnesium chloride ec 70 mg tb *</i>		3	\$0	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>		2	\$0	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>		1	\$0	
<i>natural calcium oral tablet 500 mg calcium (1,250 mg) *</i>	(calcium carbonate)	3	\$0	
<i>nu-mag 71.5 mg tablet *</i>		3	\$0	
<i>oralyte solution *</i>	(electrolytes-dextrose)	3	\$0	
<i>oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg) *</i>	(calcium carbonate)	3	\$0	
<i>oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg) *</i>	(calcium carbonate)	3	\$0	

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<i>oyster shell calcium 500 mg tb</i> <i>500mg elemental ca (rx) 500 mg</i> <i>calcium (1,250 mg) *</i>	(calcium carbonate)	3	\$0	
<i>pediatric electrolyte solution (rx) *</i>	(electrolytes-dextrose)	3	\$0	
<i>phospha 250 neutral tablet 250 mg</i> <i>*</i>	(sod phos di, mono-k phos mono)	3	\$0	
<i>phosphorous 250 mg tablet *</i>	(sod phos di, mono-k phos mono)	3	\$0	
<i>phospho-trin 250 neutral tab 250 mg *</i>	(sod phos di, mono-k phos mono)	3	\$0	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	(electrolyte-a)	2	\$0	
<i>potassium chloride intravenous solution 2 meq/ml</i>		1	\$0	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>		1	\$0	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>		1	\$0	
<i>potassium chloride oral tablet extended release 10 meq</i>	(Klor-Con 10)	1	\$0	
<i>potassium chloride oral tablet extended release 15 meq</i>		1	\$0	
<i>potassium chloride oral tablet extended release 20 meq</i>	(K-Tab)	1	\$0	
<i>potassium chloride oral tablet extended release 8 meq</i>	(Klor-Con 8)	1	\$0	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	(Klor-Con M10)	1	\$0	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	(Klor-Con M15)	1	\$0	

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<i>potassium chloride oral tablet, er particles/crystals 20 meq</i>	(Klor-Con M20)	1	\$0	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>		1	\$0	
<i>potassium cit-citric acid soln 1,100-334 mg/5 ml *</i>	(Cytra-K)	3	\$0	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i>	(Urocit-K 10)	1	\$0	
<i>potassium citrate oral tablet extended release 15 meq</i>	(Urocit-K 15)	1	\$0	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>		1	\$0	
<i>ra calcium 600 mg tablet p/f (rx) 600 mg calcium (1,500 mg) *</i>	(calcium carbonate)	3	\$0	
<i>ra calcium citrate - vit d tab p/f, d/f (rx) 315 mg-6.25 mcg (250 unit) *</i>	(Citracal + D Maximum)	3	\$0	
<i>ra magnesium 250 mg tablet (rx) *</i>		3	\$0	
<i>ra pediatric electrolyte soln (rx) *</i>	(electrolytes-dextrose)	3	\$0	
<i>ra pediatric freezer pops *</i>	(electrolytes-dextrose)	3	\$0	
<i>sm pediatric electrolyte soln (rx) *</i>	(electrolytes-dextrose)	3	\$0	
<i>sod citrate-citric acid solution 1.5-1 gm/15 ml cup outer (rx) 500-334 mg/5 ml *</i>	(Cytra-2)	3	\$0	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>		1	\$0	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>		1	\$0	
<i>sodium chloride 0.9% solution mini-bag, single use</i>		1	\$0	
<i>sodium chloride 1 gm tablet (otc) *</i>		3	\$0	

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<i>super calcium 600 mg tablet 600 mg calcium (1,500 mg) *</i>	(calcium carbonate)	3	\$0	
<i>tricitrates oral solution 550-500-334 mg/5 ml *</i>	(pot,sodium citrate-citric acid)	3	\$0	
Respiratory Tract Agents				
Anti-Inflammatories, Inhaled Corticosteroids				
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	2	\$0	QL (12 per 30 days)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION		2	\$0	QL (32.1 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)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		2	\$0	QL (60 per 30 days)
<i>breynd inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(budesonide-formoterol)	1	\$0	QL (30.9 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	(Pulmicort)	1	\$0	PA BvD; QL (120 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breynd)	1	\$0	QL (30.6 per 30 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	1	\$0	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	1	\$0	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	\$0	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	1	\$0	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	1	\$0	QL (60 per 30 days)
Antileukotrienes			
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	\$0	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	\$0	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	1	\$0	
Bronchodilators			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	2	\$0	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	1	\$0	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	\$0	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	\$0	QL (36 per 30 days)

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<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	\$0	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	\$0	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	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)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	\$0	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	\$0	PA BvD; QL (540 per 30 days)
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)

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SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	\$0	QL (4 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)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	\$0	
<i>theophylline oral solution 80 mg/15 ml</i>	1	\$0	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	\$0	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	\$0	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	1	\$0	QL (30 per 30 days)
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			
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	\$0	PA BvD
ALYFTREK ORAL TABLET 10- 50-125 MG	2	\$0	PA; QL (60 per 30 days); NDS
ALYFTREK ORAL TABLET 4-20- 50 MG	2	\$0	PA; QL (90 per 30 days); NDS
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

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<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	\$0	PA BvD
<i>cromolyn sodium nasal spray 5.2 mg/spray (4 %) *</i> (Nasalcrom)	3	\$0	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	\$0	PA; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	2	\$0	PA; QL (1 per 28 days); NDS
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 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
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	\$0	PA; LA; QL (0.4 per 28 days); NDS
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, 75-94 MG	2	\$0	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	\$0	PA; QL (112 per 28 days); NDS
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	1	\$0	PA; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	1	\$0	PA; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 534 mg</i>	1	\$0	PA; QL (90 per 30 days); NDS

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<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	1	\$0	PA; QL (90 per 30 days); NDS
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	1	\$0	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	1	\$0	QL (30 per 30 days)
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 GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 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
WINREVAIR SUBCUTANEOUS KIT 45 MG, 45 MG (2 PACK), 60 MG, 60 MG (2 PACK)	2	\$0	PA; QL (1 per 21 days); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	\$0	PA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	\$0	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	2	\$0	PA; NDS
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	\$0	
<i>chlorzoxazone oral tablet 500 mg</i>	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	\$0	PA-HRM; AGE (Max 64 Years)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>dantrolene oral capsule 100 mg, 50 mg</i>	1	\$0	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	1	\$0	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	\$0	PA-HRM; AGE (Max 64 Years)
<i>tizanidine oral tablet 2 mg</i>	1	\$0	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	\$0	
Sleep Disorder Agents			
Sleep Disorder Agents			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (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)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	\$0	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	2	\$0	PA; QL (150 per 30 days); NDS
<i>modafinil oral tablet 100 mg</i> (Provigil)	1	\$0	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	1	\$0	PA; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	2	\$0	PA; LA; QL (540 per 30 days); NDS
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	1	\$0	PA; QL (30 per 30 days); NDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	\$0	QL (30 per 30 days)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	\$0	QL (30 per 30 days)
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
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	1	\$0	PA; QL (60 per 30 days)

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	1	\$0	PA; QL (30 per 30 days); NDS
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	1	\$0	PA; LA; QL (60 per 30 days); NDS
OPSUMIT ORAL TABLET 10 MG	2	\$0	PA; QL (30 per 30 days); NDS
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	1	\$0	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	1	\$0	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	1	\$0	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (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
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			
<i>a thru z advanced formula tab new formula (rx) *</i>	3	\$0	
<i>a thru z select tablet new formulation (rx) *</i>	3	\$0	
<i>a-25 7,500 mcg capsule *</i>	3	\$0	

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<i>acerola c 500 mg tablet chew *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>animal chews tablet *</i>	(pediatric multivitamin)	3	\$0	
AQUA-E CONCENTRATE 75 UNIT/ML *		3	\$0	
<i>b complex capsule (rx) *</i>	(Vitamins B Complex)	3	\$0	
<i>b complex number 1 tablet 0.4 mg *</i>	(vitamin b complex-folic acid)	3	\$0	
<i>b complex tablet *</i>	(vitamin b complex)	3	\$0	
<i>b-12 500 mcg tablet (rx) *</i>	(cyanocobalamin (vitamin b-12))	3	\$0	
<i>b-12 dots 500 mcg tablet *</i>	(cyanocobalamin (vitamin b-12))	3	\$0	
<i>balance b-100 tablet 0.4 mg *</i>	(vitamin b complex-folic acid)	3	\$0	
<i>balance b-50 tablet 0.4 mg *</i>	(vitamin b complex-folic acid)	3	\$0	
<i>balance b-50 tablet outer,p/f,gluten/f 0.4 mg *</i>	(vitamin b complex-folic acid)	3	\$0	
<i>balanced b-complex caplet p/f,no-lactose (rx) 400 mcg *</i>		3	\$0	
<i>bal-care dha combo pack 27-1-430 mg</i>		1	\$0	
<i>bal-care dha essential pack 27 mg iron-1 mg -374 mg</i>		1	\$0	
<i>b-complex plus vitamin c cplt (rx) 400 mcg *</i>		3	\$0	
<i>b-complex with b12 tablet (rx) *</i>	(vitamin b complex)	3	\$0	
<i>b-complex with c tablet (rx) *</i>		3	\$0	
<i>b-complex with vit c caplet (rx) 400 mcg *</i>		3	\$0	

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<i>b-complex w-vitamin c caplet caplet,p/f (rx) *</i>	3	\$0	
<i>biotin 5,000 mcg capsule mx-str (rx) 5 mg *</i> (Meribin)	3	\$0	
<i>calcidol drops 200 mcg/ml (8,000 unit/ml) *</i> (ergocalciferol (vitamin d2))	3	\$0	
<i>calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit) *</i> (Oysco 500/D)	3	\$0	
<i>calcium 500-vit d3 600 tablet 500 mg-15 mcg (600 unit) *</i> (Os-Cal 500 + D3)	3	\$0	
<i>calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit) *</i> (Calcium 600 + D(3))	3	\$0	
<i>calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg-5 mcg (200 unit) *</i> (Calcium 600 + D(3))	3	\$0	
<i>calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit) *</i> (Caltrate with Vitamin D3)	3	\$0	
<i>certavite senior tablet 0.4 mg-300 mcg- 250 mcg *</i>	3	\$0	
<i>certavite-antioxidant tablet (rx) 18-400 mg-mcg *</i>	3	\$0	
<i>children multivitamin chew tab *</i>	3	\$0	
<i>c-nate dha softgel 28 mg iron-1 mg - 200 mg</i>	1	\$0	
<i>completenate tablet chew 29 mg iron- 1 mg</i>	1	\$0	
<i>cvs b-1 100 mg tablet p/f,gluten-free (rx) *</i> (thiamine hcl (vitamin b1))	3	\$0	
<i>cvs b-complex-vit c caplet caplet (rx) *</i>	3	\$0	
<i>cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg-20 mcg (800 unit) *</i> (Caltrate with Vitamin D3)	3	\$0	
<i>cvs hair, skin and nails cplt (rx) *</i> (multivitamin with minerals)	3	\$0	

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<i>cvs iron 27 mg tablet (rx) 240 mg (27 mg iron) *</i>	(Ferate)	3	\$0	
<i>cvs iron 65 mg tablet (rx) 325 mg (65 mg iron) *</i>	(Feosol)	3	\$0	
<i>cvs one daily essential tablet 400 mcg *</i>	(multivitamin with folic acid)	3	\$0	
<i>cvs vit c-rose hip 500 mg chew *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>cvs vit c-rose hip 500 mg cplt (rx) *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>cvs vit c-rose hips 500 mg tab (rx) *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit) *</i>	(Vitamin D3)	3	\$0	
<i>cyanocobalamin 1,000 mcg/ml vl outer,mdv *</i>	(Dodex)	3	\$0	
<i>cyanocobalamin 500 mcg spray inner 500 mcg/spray *</i>	(Nascobal)	3	\$0	
<i>d3 dots 2,000 unit tablet p/f (rx) 50 mcg (2,000 unit) *</i>	(cholecalciferol (vitamin d3))	3	\$0	
<i>daily multivitamin with d3 tab 0.4 mg *</i>	(Omnicap)	3	\$0	
<i>daily multivit-minerals tab (rx) *</i>	(multivitamin with minerals)	3	\$0	
<i>daily value multivitamin tab *</i>	(multivitamin)	3	\$0	
<i>daily vitamin + iron tablet (rx) *</i>	(multivitamin with iron)	3	\$0	
<i>daily vitamin formula tablet *</i>	(multivitamin)	3	\$0	
<i>daily vitamin formula tablet *</i>	(multivitamin with minerals)	3	\$0	
<i>daily vite tablet (rx) *</i>	(multivitamin)	3	\$0	
<i>daily vite with iron tablet *</i>	(multivitamin with iron)	3	\$0	
<i>daily-vite tablet 400 mcg *</i>	(multivitamin with folic acid)	3	\$0	

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<i>dekas essential capsule 600 mcg-50 mcg- 101 mg-1,000mcg *</i>	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	
<i>dodex 10,000 mcg/10 ml vial muv *</i>	(cyanocobalamin (vitamin b-12))	3	\$0
<i>d-vi-sol 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml) *</i>	(cholecalciferol (vitamin d3))	3	\$0
ELDERTONIC LIQUID 3.6 MG-0.75 MG /15 ML *		3	\$0
<i>eql eye health plus lutein tab 300 mcg-200 mg-27 mg-2 mg *</i>		3	\$0
<i>eql vitamin c gummies 94 mg *</i>		3	\$0
<i>ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml) *</i>	(Calcitol)	3	\$0
<i>feosol 65 mg tablet (rx) 325 mg (65 mg iron) *</i>	(ferrous sulfate)	3	\$0
<i>ferate 27 mg tablet 240 mg (27 mg iron) *</i>	(ferrous gluconate)	3	\$0
<i>ferosul 325 mg tablet (rx) 325 mg (65 mg iron) *</i>	(ferrous sulfate)	3	\$0
<i>ferretts 325 mg tablet 325 mg (106 mg iron) *</i>		3	\$0
<i>ferrex 150 capsule outer, u-d 150 mg iron *</i>	(polysaccharide iron complex)	3	\$0
<i>ferrocite tablet 324 mg (106 mg iron) *</i>	(ferrous fumarate)	3	\$0

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>ferrous fumarate 324 mg tablet 324 mg (106 mg iron) *</i> (Ferrocite)	3	\$0	
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron) *</i> (Ferate)	3	\$0	
<i>ferrous gluconate 324 mg tab (rx) 324 mg (38 mg iron) *</i>	3	\$0	
<i>ferrous sulf 15 mg iron/ml drp (rx) 15 mg iron (75 mg)/ml *</i> (Fe-Vite)	3	\$0	
<i>ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml *</i>	3	\$0	
<i>ferrous sulf ec 324 mg tablet 324 mg (65 mg iron) *</i>	3	\$0	
<i>ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron) *</i>	3	\$0	
<i>ferrous sulfate 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml *</i>	3	\$0	
<i>ferrous sulfate 300 mg/5 ml cup inner 300 mg (60 mg iron)/5 ml *</i>	3	\$0	
<i>ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron) *</i> (Feosol)	3	\$0	
<i>flintstones extra c tab chew (rx) *</i> (pediatric multivitamin)	3	\$0	
<i>flintstones tablet chewable *</i> (pediatric multivitamin)	3	\$0	
FLINTSTONES WITH IRON TAB CHEW 18 MG IRON *	3	\$0	
<i>folic acid 1 mg tablet (rx) *</i>	3	\$0	
<i>folic acid 400 mcg tablet (rx) *</i>	3	\$0	
<i>folic acid 5 mg/ml vial mdv *</i>	3	\$0	
<i>folivane-ob capsule 85-1 mg</i>	1	\$0	
<i>fruit c-500 tablet chewable 500 mg *</i> (ascorbic acid (vitamin c))	3	\$0	
<i>ft b complex plus vit c tablet (rx) *</i>	3	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>generic prenatal vitamin oral capsule 27-1.25-55-300 mg, 28-1-50-250 mg, 29-1.25-55-325 mg, 30 mg iron-1 mg -50 mg-260 mg, 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	\$0	
<i>generic prenatal vitamin oral combo pack 29-1-400 mg</i>	1	\$0	
<i>generic prenatal vitamin oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	\$0	
<i>generic prenatal vitamin oral tablet 15 mg iron- 1,000 mcg, 90-1-50 mg</i>	1	\$0	
<i>generic prenatal vitamin oral tablet 27 mg iron- 1 mg</i> (pnv,calcium 72-iron-folic acid)	1	\$0	
<i>generic prenatal vitamin oral tablet extended release 90 mg iron-1 mg</i>	1	\$0	
<i>gnp one daily essential tablet (rx) *</i> (multivitamin)	3	\$0	
<i>gnp vitamin c 500 mg tab chew chewables (rx) *</i> (ascorbic acid (vitamin c))	3	\$0	
<i>gummi bear multivit tab chew multivit & minerals (rx) *</i> (pediatric multivitamin)	3	\$0	
<i>hair vitamins *</i> (multivitamin with iron)	3	\$0	
<i>hemocyte tablet 324 mg (106 mg iron) *</i> (ferrous fumarate)	3	\$0	
<i>high potency multivitamin tab 400 mcg *</i> (multivitamin with folic acid)	3	\$0	
<i>honey bears chewable tablet *</i>	3	\$0	
<i>hydroxocobalamin 1,000 mcg/ml *</i>	3	\$0	
<i>ICAPS MV TABLET (RX) 100-1.66-0.83 MCG-MG-MG *</i>	3	\$0	
<i>iferex 150 capsule 150 mg iron *</i> (polysaccharide iron complex)	3	\$0	
<i>infant vitamin a-c-d drop 250 mcg-50 mg- 10 mcg/ml *</i> (Pedia Tri-Vite)	3	\$0	

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<i>infant vitamin d 10 mcg/ml drp (rx) 10 mcg/ml (400 unit/ml) *</i>	(D-Vi-Sol)	3	\$0	
<i>infant-toddler vit a-c-d drop 250 mcg-50 mg- 10 mcg/ml *</i>	(Pedia Tri-Vite)	3	\$0	
<i>iron 28 mg tablet 256 mg (28 mg iron) *</i>		3	\$0	
<i>iron 65 mg tablet (rx) 325 mg (65 mg iron) *</i>	(ferrous sulfate)	3	\$0	
<i>kosher prenatal plus iron tab 30 mg iron- 1 mg</i>		1	\$0	
<i>little animals child tb chw *</i>	(pediatric multivitamin)	3	\$0	
<i>little animals-iron tab chew *</i>	(pediatric multivitamin-iron)	3	\$0	
<i>marnatal-f capsule 60 mg iron-1 mg</i>		1	\$0	
<i>mega multivit-chelated min tab *</i>	(multivitamin with minerals)	3	\$0	
<i>milltrium senior multivit tab *</i>		3	\$0	
<i>m-natal plus tablet 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid)	1	\$0	
<i>multi-day plus iron tablet 18-400 mg-mcg *</i>		3	\$0	
<i>multiple vitamin with iron tab (rx) *</i>	(Daily Vitamin with Iron)	3	\$0	
<i>multiple vitamin w-minerals tb *</i>	(multivitamin with minerals)	3	\$0	
<i>multiple vitamins tablet one daily *</i>	(multivitamin)	3	\$0	
<i>multi-vitamin daily tablet (rx) *</i>	(multivitamin)	3	\$0	
<i>multivitamin tablet (rx) *</i>	(Daily Multi-Vitamin)	3	\$0	
<i>multivitamin-minerals tablet p/f 7.5 mg iron-400 mcg *</i>		3	\$0	
<i>multivitamins tablet (rx) *</i>	(Daily Multi-Vitamin)	3	\$0	

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<i>myferon 150 capsule 150 mg iron *</i>	(polysaccharide iron complex)	3	\$0	
<i>mynatal capsule 65 mg iron- 1 mg</i>		1	\$0	
<i>mynatal plus captab 65 mg iron- 1 mg</i>		1	\$0	
<i>mynatal-z captab 65 mg iron- 1 mg</i>		1	\$0	
NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY *	(cyanocobalamin (vitamin b-12))	3	\$0	
<i>nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg *</i>		3	\$0	
NEPHRON FA TABLET 66 MG IRON- 1,000 MCG *		3	\$0	
<i>newgen tablet 32-1,000 mg-mcg</i>		1	\$0	
<i>niacinamide 500 mg tablet (rx) *</i>		3	\$0	
<i>niva-plus tablet 27 mg iron- 1 mg</i>		1	\$0	
<i>nu-iron 150 capsule 150 mg iron *</i>	(polysaccharide iron complex)	3	\$0	
<i>obstetrix dha combo pack 29 mg iron- 1,700 mcg dfe</i>		1	\$0	
<i>ocutabs tablet (rx) *</i>		3	\$0	
<i>onccor tablet 200-10-10 mcg *</i>		3	\$0	
<i>oncovite tablet *</i>	(therapeutic multivitamin)	3	\$0	
<i>one daily complete tablet *</i>	(multivitamin with minerals)	3	\$0	
<i>one daily complete tablet 18-0.4 mg *</i>		3	\$0	
<i>one daily for women tablet 18-0.4 mg *</i>		3	\$0	
<i>one daily maximum tablet (rx) 18-0.4 mg *</i>		3	\$0	
<i>one daily multivitamin tablet 400 mcg *</i>	(multivitamin with folic acid)	3	\$0	
<i>one daily with minerals tablet (rx) *</i>	(multivitamin with minerals)	3	\$0	

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<i>one-a-day essential tablet (rx) *</i>	(multivitamin)	3	\$0	
<i>one-a-day max formula tab *</i>	(multivitamin with minerals)	3	\$0	
ONE-A-DAY MEN'S TABLET 400-20-300 MCG *		3	\$0	
<i>one-a-day teen advantage tab 9 mg iron-400 mcg *</i>		3	\$0	
<i>one-daily multi-vitamin tab (rx) *</i>	(multivitamin)	3	\$0	
<i>onevite calcium 600 mg-d3 10 mcg (rx) 600 mg-10 mcg (400 unit) *</i>	(Calcium 600 + D(3))	3	\$0	
<i>onevite daily multivitamin tab 400 mcg *</i>	(multivitamin with folic acid)	3	\$0	
<i>oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit) *</i>	(calcium carbonate-vitamin d3)	3	\$0	
<i>oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit) *</i>	(calcium carbonate-vitamin d3)	3	\$0	
<i>oyster shell calcium-vit d tab p/f,gluten-free (rx) 500 mg-10 mcg (400 unit) *</i>	(calcium carbonate-vitamin d3)	3	\$0	
<i>oystercal-d 500 mg-400 unit tb 500 mg-10 mcg (400 unit) *</i>	(calcium carbonate-vitamin d3)	3	\$0	
<i>pedia tri-vite drop 250 mcg-50 mg-10 mcg/ml *</i>	(vit a palmitate-vit c-vit d3)	3	\$0	
<i>pediatric fe-vite 15 mg/ml drp 15 mg iron (75 mg)/ml *</i>	(ferrous sulfate)	3	\$0	
<i>pediatric tri-vite drops 750 unit-35 mg -400 unit/ml *</i>	(vit a palmitate-vit c-vit d3)	3	\$0	
<i>pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml) *</i>	(D-Vi-Sol)	3	\$0	
<i>pharmacist choice ped tri-vit 750 unit-35 mg -400 unit/ml *</i>	(Pediatric Tri-Vite)	3	\$0	
<i>phytonadione 5 mg tablet *</i>		3	\$0	

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Name of Drug	Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>pnv 29-1 tablet (rx) 29 mg iron- 1 mg</i>	1	\$0	
<i>pnv prenatal plus multivit tab gluten-free (rx) 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid)	1	\$0
<i>pnv-omega softgel 28-1-300 mg</i>	1	\$0	
<i>polysaccharide iron 150 mg cap (rx) 150 mg iron *</i>	(Ferrex 150)	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	
<i>pr natal 400 combo pack 29-1-400 mg</i>	1	\$0	
<i>pr natal 400 ec combo pack 29-1-400 mg</i>	1	\$0	
<i>pr natal 430 combo pack 29 mg iron-1 mg -430 mg</i>	1	\$0	
<i>pr natal 430 ec combo pack 29-1-430 mg</i>	1	\$0	
<i>prenal true combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	\$0	
<i>prenatabs fa tablet 29-1 mg</i>	1	\$0	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	1	\$0	
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg</i>	1	\$0	
<i>prenatal one daily tablet 27 mg iron- 800 mcg *</i>	3	\$0	
<i>prenatal plus iron tablet (rx) 29 mg iron- 1 mg</i>	(pnv,calcium 72-iron,carb-folic)	1	\$0
<i>prenatal tablet 28 mg iron- 800 mcg *</i>	3	\$0	
<i>prenatal tablet 28 mg iron- 800 mcg *</i>	(Prenatal)	3	\$0

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>prenatal vitamins tablet phosphorus free (rx) 28 mg iron- 800 mcg *</i>	(pnv cmb#95-ferrous fumarate-fa)	3	\$0	
<i>prenatal vitamins tablet w/ folic acid (rx) 28 mg iron- 800 mcg *</i>	(pnv cmb#95-ferrous fumarate-fa)	3	\$0	
<i>prenatal-u capsule 106.5-1 mg</i>		1	\$0	
<i>preplus ca-fe 27 mg-fa 1 mg tb (rx) 27 mg iron- 1 mg</i>	(pnv,calcium 72-iron-folic acid)	1	\$0	
<i>pretab 29 mg-1 mg tablet (rx) 29-1 mg</i>		1	\$0	
<i>prosght tablet 5,000-60-30 unit-mg-unit *</i>		3	\$0	
<i>pub multivitamin 50 plus tab *</i>		3	\$0	
<i>ra balanced b-50 tablet natural,p/f (rx) *</i>	(vitamin b complex)	3	\$0	
<i>ra b-complex tablet p/f (rx) *</i>	(vitamin b complex)	3	\$0	
<i>ra b-complex tablet p/f (rx) *</i>	(B-Complex)	3	\$0	
<i>ra calcium 600-vit d3 400 tab (rx) 600 mg-10 mcg (400 unit) *</i>	(calcium carbonate-vitamin d3)	3	\$0	
<i>ra iron 65 mg tablet p/f, d/f (rx) 325 mg (65 mg iron) *</i>	(ferrous sulfate)	3	\$0	
<i>ra one daily energy tablet *</i>	(multivitamin with minerals)	3	\$0	
<i>ra one daily maximum tablet (rx) 18-0.4 mg *</i>		3	\$0	
<i>ra oyster shell 500-vit d3 200 natural,p/f (rx) 500 mg-5 mcg (200 unit) *</i>	(calcium carbonate-vitamin d3)	3	\$0	
<i>ra vitamin c 500 mg tab chew p/f (rx) *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>ra vitamin c 500 mg tablet p/f (rx) *</i>	(ascorbic acid (vitamin c))	3	\$0	

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<i>ra vitamin c 500 mg tablet p/f,natural (rx) *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>r-natal ob softgel 20 mg iron- 1 mg- 320 mg</i>		1	\$0	
<i>select-ob chewable caplet 29 mg iron- 1 mg</i>		1	\$0	
<i>se-natal 19 chewable tablet 29 mg iron- 1 mg</i>		1	\$0	
<i>sm b complex with vit c tablet (rx) *</i>		3	\$0	
<i>sod fer gluc cplx 62.5 mg/5 ml sdv,outer *</i>	(Ferrelecit)	3	\$0	
<i>soothing pureway-c 500 mg tab *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>stress formula tablet (rx) *</i>		3	\$0	
<i>stress formula with iron tab 500 mg- 400 mcg- 27 mg iron *</i>		3	\$0	
<i>stress-c with iron tablet 500 mg-400 mcg- 18 mg iron *</i>		3	\$0	
<i>stress-c with zinc tablet 600mg (rx) *</i>		3	\$0	
<i>super b complex tablet p/f (rx) 400 mcg *</i>		3	\$0	
<i>super b-50 complex capsule 400 mcg-20 mg- 50 mg *</i>		3	\$0	
<i>super multivitamin tablet *</i>	(multivitamin)	3	\$0	
<i>super quints b-50 tablets *</i>	(vitamin b complex)	3	\$0	
<i>super thera vite m tablet (rx) *</i>		3	\$0	
<i>tab-a-vite multivit with iron 18-400 mg-mcg *</i>		3	\$0	
<i>tab-a-vite tablet 400 mcg *</i>	(multivitamin with folic acid)	3	\$0	
<i>taron-c dha capsule 35-1-200 mg</i>		1	\$0	
<i>thera tablet 400 mcg *</i>	(multivitamin with folic acid)	3	\$0	

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Name of Drug		Tier Level	What the drug will cost you	Necessary Actions, Restrictions, or Limits on Use
<i>thera-d 2000 tablet 50 mcg (2,000 unit) *</i>	(cholecalciferol (vitamin d3))	3	\$0	
<i>thera-m caplet caplet (rx) 27-0.4 mg *</i>		3	\$0	
<i>thera-tabs caplet *</i>	(therapeutic multivitamin)	3	\$0	
<i>therems multivitamin tablet 400 mcg *</i>	(multivitamin with folic acid)	3	\$0	
TRI-VI-SOL DROPS 250 MCG-50 MG- 10 MCG/ML *	(vit a palmitate-vit c-vit d3)	3	\$0	
<i>true vitamin b-6 10 mg tablet *</i>		3	\$0	
<i>virt-c dha softgel (rx) 35-1-200 mg</i>		1	\$0	
<i>virt-nate dha softgel 28 mg iron-1 mg -200 mg</i>		1	\$0	
<i>virt-pn dha softgel (rx) 27 mg iron-1 mg -300 mg</i>		1	\$0	
<i>virt-pn plus softgel (rx) 28-1-300 mg</i>		1	\$0	
<i>vision plus lutein vitamin tab *</i>		3	\$0	
<i>vision vitamins (rx) *</i>		3	\$0	
<i>vit c-rose hips tr 500 mg cplt caplet,p/f (rx) *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>vitafol caplet 65-1 mg *</i>		3	\$0	
<i>vitafol gummies 3.33 mg iron- 0.33 mg</i>		1	\$0	
<i>vitafol nano tablet 18 mg iron- 1 mg</i>		1	\$0	
<i>vitafol-ob+dha combo pack 65-1-250 mg</i>		1	\$0	
<i>vitalets tablet chewable child, orange (rx) *</i>	(pediatric multivitamin-iron)	3	\$0	
<i>vitamin a 3,000 mcg softgel (rx) *</i>		3	\$0	
<i>vitamin a 3,000 mcg softgel (rx) *</i>		3	\$0	
<i>vitamin b complex capsule (rx) *</i>	(vitamin b complex)	3	\$0	
<i>vitamin b complex tablet (rx) *</i>	(B-Complex)	3	\$0	

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<i>vitamin b complex tablet n,p/f (rx) 0.4 mg *</i>	(B Complex 1 (with folic acid))	3	\$0	
<i>vitamin b complex-vit c caplet (rx) *</i>		3	\$0	
<i>vitamin b complex-vitamin c tb (rx) 400 mcg *</i>		3	\$0	
<i>vitamin b-1 100 mg tablet (rx) *</i>	(Vitamin B-1)	3	\$0	
<i>vitamin b-12 1,000 mcg tablet (rx) *</i>	(Vitamin B-12)	3	\$0	
<i>vitamin b-12 100 mcg tablet (rx) *</i>	(Vitamin B-12)	3	\$0	
<i>vitamin b-12 500 mcg tablet *</i>	(B-12 DOTS)	3	\$0	
<i>vitamin b-6 100 mg tablet (rx) *</i>	(Vitamin B-6)	3	\$0	
<i>vitamin b-6 25 mg tablet (rx) *</i>	(pyridoxine (vitamin b6))	3	\$0	
<i>vitamin b-6 50 mg tablet (rx) *</i>	(Vitamin B-6)	3	\$0	
<i>vitamin b-complex & c caplet p/f,lactose free 400-500 mcg-mg *</i>		3	\$0	
<i>vitamin c 250 mg tablet (rx) *</i>	(Vitamin C)	3	\$0	
<i>vitamin c 250 mg tablet chew p/f (rx) *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>vitamin c 500 mg tablet (rx) *</i>	(ascorbic acid (vitamin c))	3	\$0	
<i>vitamin c 500 mg wafer *</i>	(Acerola C-500)	3	\$0	
<i>vitamin d2 1.25 mg(50,000 unit) softgel *</i>	(Vitamin D2)	3	\$0	
<i>vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml) *</i>	(D-Vi-Sol)	3	\$0	
<i>vitamin d3 2,000 unit softgel softgel, p/f (rx) 50 mcg (2,000 unit) *</i>	(cholecalciferol (vitamin d3))	3	\$0	
<i>vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit) *</i>	(Vitamin D3)	3	\$0	
<i>vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit) *</i>	(D3 DOTS)	3	\$0	
<i>vitamin k-1 1 mg/0.5 ml ampul sub, outer *</i>	(phytonadione (vitamin k1))	3	\$0	

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<i>vitamin k-1 10 mg/ml ampul subcutaneous, outer *</i>	(phytonadione (vitamin k1))	3	\$0	
<i>vitamins for hair capsule 400-400 mcg *</i>		3	\$0	
<i>vitatrum tablet 18-500-300-250 mcg-mcg-mcg *</i>		3	\$0	
<i>vitrum 50 plus senior tablet 500-300-250 mcg *</i>		3	\$0	
<i>vitrum senior tablet f/f,p/f (rx) *</i>		3	\$0	
<i>vp-pnv-dha softgel (rx) 28 mg iron-1 mg-200 mg</i>		1	\$0	
<i>well vitamin c 500 mg tablet (rx) *</i>	(Soothing PureWay-C)	3	\$0	
<i>well vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit) *</i>	(Vitamin D3)	3	\$0	
<i>well vitamin d3 50 mcg softgel 50 mcg (2,000 unit) *</i>	(Vitamin D3)	3	\$0	
<i>xyzbac tablet 1-5-50 mg *</i>		3	\$0	
<i>zatean-pn dha capsule 27 mg iron-1 mg -300 mg</i>		1	\$0	
<i>zatean-pn plus softgel 28-1-300 mg</i>		1	\$0	
<i>zingiber tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>		1	\$0	
<i>zyvit tablet 1-5-50 mg *</i>		3	\$0	

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