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MI Health Link

2025

**HAP CareSource™ MI Health Link
(Medicare-Medicaid Plan)**

Formulary

For more recent information or other questions, contact us at
1-833-230-2057 (TTY: 1-833-711-4711 or 711), 8 a.m. to 8 p.m.,
Monday through Friday. Or visit **HAPCareSource.com**.

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HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) | 2025 List of Covered Drugs (Drug List or Formulary)

Introduction

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

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A. Disclaimers

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

- ❖ HAP CareSource MI Health Link is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

- ❖ You can also get this document, now and in the future, for free in other languages or other formats such as large print or audio. You only have to make this request one time. You can also change your request. Call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* on page 2 are the drugs covered by HAP CareSource MI Health Link. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- HAP CareSource MI Health Link will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a HAP CareSource MI Health Link network pharmacy.

- HAP CareSource MI Health Link may have additional steps to access certain drugs (refer to question B4 below).

- You can also find an up-to-date list of drugs that we cover on our website at **HAPCareSource.com**, ask your Care Coordinator for help, or call Member Services toll-

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free at **1-833-230-2057** (TTY: **1-833-711-4711 or 711**), 8 a.m. to 8 p.m. Monday through Friday.

B2. Does the *Drug List* ever change?

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

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

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

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

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

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

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

- You can always check HAP CareSource MI Health Link’s up to date *Drug List* online at **HAPCareSource.com**. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday.

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

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

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



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- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).

Some of these drug types may be new to you. For more information, refer to Section B14.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Please contact your prescribing doctor if you are notified.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug and replace a brand name drug currently on the *Drug List*, or
- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



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B4. Are there any restrictions or limits on drug coverage? Or are there any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from HAP CareSource MI Health Link before you fill your prescription. If you don't get approval, HAP CareSource MI Health Link may not cover the drug.
- **Quantity limits:** Sometimes HAP CareSource MI Health Link limits the amount of a drug you can get.
- **Step therapy:** Sometimes HAP CareSource MI Health Link requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on page 2-129. You can also get more information by visiting our website at **HAPCareSource.com**. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs on page 2 has a column labeled "Necessary actions, restrictions, or limits on use."

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

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

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

There are two ways to find a drug:

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in the Index section at the end of the document.

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

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

If you don’t find your drug on the *Drug List*, call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m., Monday through Friday and ask about it. If you learn that HAP CareSource MI Health Link will not cover the drug, you can do one of these things:

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

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

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

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

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

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by HAP CareSource MI Health Link, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility, and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



- We will cover one *31-day* supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new HAP CareSource MI Health Link member.
- This is in addition to the temporary supply during the first *90* days you are a member of HAP CareSource MI Health Link.

An Emergency Supply is defined by CMS as a one-time fill of a drug that is not on the list but is necessary for a current member in a long-term care setting. Current members that need an emergency supply or are prescribed a drug that is not on the list as a result of a level of care change, are placed in transition. Our claims processor will put an override in the system to allow the one-time fill. Level of care changes include the following changes from one treatment setting to another:

- Enter a long-term care (LTC) facility from a hospital or other setting,
- Leave a LTC facility and return to the community,
- Discharge from a hospital to a home,
- End a skilled nursing facility stay covered under Medicare Part A (including pharmacy charges) and refer to coverage under Medicare Part D, and
- Discharge from a psychiatric hospital with medication regimens that are highly individualized.

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

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

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

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

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. We will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section F of the Member Handbook to learn more about exceptions.

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



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

B13. What are generic drugs?

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

HAP CareSource MI Health Link covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

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

You can read the HAP CareSource MI Health Link *Drug List* to find out what OTC drugs are covered.

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

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

Examples of non-drug OTC products include vitamin d2 oral capsule 1,250 mcg (50,000 unit) and folic acid 1 mg tablet.

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

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



Updated on 10/15/2024

B17. What is my copay?

As a HAP CareSource MI Health Link member, you have no copays for prescription and OTC drugs as long as you follow HAP CareSource MI Health Link's rules.

B18. What are drug tiers?

Tiers are groups of drugs.

Every drug on the plan's Drug List is in one of two tiers. A tier is a group of drugs of generally the same type (for example, brand name, generic, or over-the-counter drugs).

- Tier 1 includes mostly generic drugs, some brand drugs (lower tier).
- Tier 2 includes mostly brand drugs, some generic drugs (higher tier).

An OTC drug may fall into Tier 1 or Tier 2. There is no copay for drugs in Tier 1 or Tier 2.

C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by HAP CareSource MI Health Link. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 130. The index alphabetically lists all drugs covered by HAP CareSource MI Health Link.

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

The information in the necessary actions, restrictions, or limits on use column tells you if HAP CareSource MI Health Link has any rules for covering your drug.

Note: The the word "ADD" next to a drug means the drug is not a "Part D drug."

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **t1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. You can also read Chapter 9 Section E3, *Non-Part D drugs*, and Section F5, *Part D drugs*, in the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

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

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



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Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

ADD: Non-Part D drugs or OTC items that are covered by Medicaid only. 'The amount you pay when you fill a prescription for this drug does not count towards your total drug costs' (that is, the amount you pay does not help you qualify for catastrophic coverage).

B/D PA: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

NDS: NDS indicates that the drug is limited to 30 days' supply at retail or mail-order.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

V: This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC Advisory Committee on Immunization Practices (ACIP)).

If you have questions, please call HAP CareSource MI Health Link at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit **HAPCareSource.com**.



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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	B/D PA
<i>amphotericin b</i>	1	B/D PA; MO
<i>casprofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	2	PA; NDS
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>flucytosine</i>	1	MO; NDS
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days); NDS
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO; NDS
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO; NDS
<i>voriconazole oral tablet</i>	1	PA; MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	2	MO; NDS
<i>atazanavir</i>	1	MO
BARACLUDGE ORAL SOLUTION	2	MO; NDS
BIKTARVY	2	MO; NDS

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

This drug list was last updated on 10/02/2024.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CABENUVA	2	MO; NDS
<i>cidofovir</i>	1	B/D PA; MO; NDS
CIMDUO	2	MO; NDS
COMPLERA	2	MO; NDS
<i>darunavir</i>	1	MO; NDS
DELSTRIGO	2	MO; NDS
DESCOVY	2	MO; NDS
DOVATO	2	MO; NDS
EDURANT	2	MO; NDS
<i>efavirenz oral tablet</i>	1	MO
<i>efavirenz-emtricitabin-tenofov</i>	1	MO; NDS
<i>efavirenz-lamivudine-tenofov disop</i>	1	MO; NDS
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofov (tdf)</i>	1	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir</i>	1	MO
<i>etravirine</i>	1	MO; NDS
EVOTAZ	2	MO; NDS
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO; NDS
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA	2	MO; NDS
INTELENCE ORAL TABLET 25 MG	2	MO
ISENTRESS HD	2	MO; NDS
ISENTRESS ORAL POWDER IN PACKET	2	MO; NDS
ISENTRESS ORAL TABLET	2	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	2	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	2	MO; NDS
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	2	PA; MO; QL (28 per 28 days); NDS
LIVTENCITY	2	PA; LA; QL (120 per 30 days); NDS
<i>lopinavir-ritonavir</i>	1	MO
<i>maraviroc</i>	1	MO; NDS
MAVYRET ORAL PELLETS IN PACKET	2	PA; MO; QL (168 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAVYRET ORAL TABLET	2	PA; MO; QL (84 per 28 days); NDS
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
ODEFSEY	2	MO; NDS
<i>oseltamivir</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 90 days)
PIFELTRO	2	MO; NDS
PREVYMIS INTRAVENOUS	2	PA; NDS
PREVYMIS ORAL	2	PA; MO; QL (30 per 30 days); NDS
PREZCOBIX	2	MO; NDS
PREZISTA ORAL SUSPENSION	2	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RELENZA DISKHALER	2	MO
RETROVIR INTRAVENOUS	2	MO
REYATAZ ORAL POWDER IN PACKET	2	MO; NDS
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	2	MO; NDS
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
SOFOSBUVIR-VELPATASVIR	2	PA; MO; QL (28 per 28 days); NDS
STRIBILD	2	MO; NDS
SUNLENCA	2	NDS
SYMTUZA	2	MO; NDS
SYNAGIS	2	MO; LA; NDS
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	2	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TIVICAY ORAL TABLET 25 MG, 50 MG	2	MO; NDS
TIVICAY PD	2	MO; NDS
TRIUMEQ	2	MO; NDS
TRIUMEQ PD	2	MO; NDS
TROGARZO	2	MO; LA; NDS
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	1	MO; NDS
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	2	MO; NDS
VIRACEPT ORAL TABLET	2	MO; NDS
VIREAD ORAL POWDER	2	MO; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VOSEVI	2	PA; MO; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone in dextrose, iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>tazicef injection</i>	1	PA; MO
<i>tazicef intravenous</i>	1	PA
TEFLARO	2	PA; MO; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL TABLET	2	MO; QL (20 per 10 days); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO; NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	2	PA; LA; NDS
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
CAYSTON	2	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin phosphate injection</i>	1	PA; MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO; NDS
EMVERM	2	MO; NDS
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ivermectin oral</i>	1	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>linezolid oral suspension for reconstitution</i>	1	MO; NDS
<i>linezolid oral tablet</i>	1	MO
<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>mefloquine</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	1	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral tablet</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO; QL (12 per 30 days); NDS
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>praziquantel</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO; NDS
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	2	PA; LA; NDS
STREPTOMYCIN	2	PA; MO; QL (60 per 30 days); NDS
<i>tigecycline</i>	1	PA; MO; NDS
<i>tinidazole</i>	1	MO
TOBI PODHALER	2	MO; QL (224 per 56 days); NDS
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days); NDS
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	1	PA; MO
TRECTOR	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	PA; NDS
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; MO; QL (90 per 30 days); NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	PA; MO
<i>ampicillin sodium intravenous</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	2	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	2	PA
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	1	PA; NDS
<i>oxacillin in dextrose(iso-osm)</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	PA
<i>penicillin g potassium</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO
<i>penicillin v potassium</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pfizerpen-g</i>	1	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>minocycline oral tablet</i>	1	MO
<i>mondoxylene nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	1	B/D PA; MO; NDS
ELITEK	2	MO; NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	2	B/D PA; NDS
<i>leucovorin calcium oral</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO; NDS
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA; NDS
<i>mesna</i>	1	B/D PA; MO
MESNEX ORAL	2	MO; NDS
XGEVA	2	B/D PA; MO; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
ABRAXANE	2	B/D PA; MO; NDS
ADCETRIS	2	B/D PA; MO; NDS
ADSTILADRIN	2	PA; NDS
AKEEGA	2	PA; LA; QL (60 per 30 days); NDS
ALECENSA	2	PA; MO; QL (240 per 30 days); NDS
ALIQOPA	2	B/D PA; LA; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	2	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	2	PA; QL (30 per 180 days); NDS
<i>anastrozole</i>	1	MO
ANKTIVA	2	PA; MO; NDS
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA; NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO; NDS
ASPARLAS	2	PA; NDS
AUGTYRO	2	PA; MO; QL (240 per 30 days); NDS
AYVAKIT	2	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine</i>	1	B/D PA; MO; NDS
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA; MO
BALVERSA	2	PA; LA; NDS
BAVENCIO	2	B/D PA; LA; NDS
BELEODAQ	2	B/D PA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO; NDS
BENDEKA	2	B/D PA; MO; NDS
BESPONSA	2	B/D PA; MO; LA; NDS
<i>bexarotene</i>	1	PA; MO; NDS
<i>bicalutamide</i>	1	MO
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	2	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	B/D PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO; NDS
BOSULIF ORAL CAPSULE 100 MG	2	PA; MO; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	2	PA; MO; QL (330 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI	2	PA; MO; LA; QL (180 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BRUKINSA	2	PA; LA; QL (120 per 30 days); NDS
<i>busulfan</i>	1	B/D PA; NDS
CABOMETYX	2	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE	2	PA; LA; QL (60 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL)	2	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO; NDS
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO; NDS
<i>clofarabine</i>	1	B/D PA; NDS
COLUMVI	2	PA; MO; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; MO; QL (56 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; MO; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; MO; QL (84 per 28 days); NDS
COPIKTRA	2	PA; LA; QL (60 per 30 days); NDS
COTELLIC	2	PA; MO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	2	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D PA; MO
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	2	B/D PA; MO; NDS

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This drug list was last updated on 10/02/2024.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	2	B/D PA; NDS
DARZALEX	2	B/D PA; MO; LA; NDS
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days); NDS
<i>decitabine</i>	1	B/D PA; MO; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO; NDS
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO; NDS
DROXIA	2	MO
ELIGARD	2	PA; MO
ELIGARD (3 MONTH)	2	PA; MO
ELIGARD (4 MONTH)	2	PA; MO
ELIGARD (6 MONTH)	2	PA; MO
ELREXFIO	2	PA; NDS
ELZONRIS	2	B/D PA; LA; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EMPLICITI	2	B/D PA; MO; NDS
ENVARUSUS XR	2	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	2	PA; NDS
ERBITUX	2	B/D PA; MO; NDS
<i>eribulin</i>	1	B/D PA; NDS
ERIVEDGE	2	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	2	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	2	PA; MO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
ERWINASE	2	B/D PA; NDS
ETOPOPHOS	2	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO; NDS
<i>exemestane</i>	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOTIVDA	2	PA; LA; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	2	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	2	PA; QL (21 per 28 days); NDS
<i>fulvestrant</i>	1	B/D PA; MO; NDS
FYARRO	2	PA; NDS
GAVRETO	2	PA; LA; QL (120 per 30 days); NDS
GAZYVA	2	B/D PA; MO; NDS
<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<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	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
<i>gengraf</i>	1	B/D PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days); NDS
GLEOSTINE	2	MO; NDS
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days); NDS
ICLUSIG	2	PA; QL (30 per 30 days); NDS
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	2	PA; MO; LA; QL (30 per 30 days); NDS
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION	2	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; QL (30 per 30 days); NDS
IMDELLTRA	2	PA; NDS
IMFINZI	2	B/D PA; MO; LA; NDS
IMJUDO	2	PA; MO; NDS
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days); NDS
INQOVI	2	PA; MO; QL (5 per 28 days); NDS
INREBIC	2	PA; MO; LA; QL (120 per 30 days); NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA; NDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO; NDS
ISTODAX	2	B/D PA; MO; NDS
IWILFIN	2	PA; LA; QL (240 per 30 days); NDS
IXEMPRA	2	B/D PA; MO; NDS
JAKAFI	2	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	2	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	2	PA; MO; QL (30 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
JEMPERLI	2	PA; MO; NDS
JEVTANA	2	B/D PA; MO; NDS
JYLAMVO	2	B/D PA; MO
KADCYLA	2	PA; MO; NDS
KEYTRUDA	2	PA; NDS
KIMMTRAK	2	B/D PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	2	PA; MO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	PA; MO; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA; MO; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; MO; QL (63 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KOSELUGO	2	PA; NDS
KRAZATI	2	PA; QL (180 per 30 days); NDS
KYPROLIS	2	B/D PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; MO; NDS
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	2	PA; MO; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	2	PA; MO; QL (90 per 30 days); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	2	PA; MO; QL (60 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>letrozole</i>	1	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO; NDS
LIBTAYO	2	PA; LA; NDS
LONSURF	2	PA; MO; NDS
LOQTORZI	2	PA; NDS
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	2	PA; MO; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	2	PA; MO; QL (90 per 30 days); NDS
LUNSUMIO	2	PA; MO; NDS
LUPRON DEPOT	2	PA; MO; NDS
LYNPARZA	2	PA; MO; QL (120 per 30 days); NDS
LYSODREN	2	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	2	PA; LA; QL (84 per 28 days); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	2	PA; LA; QL (112 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	2	PA; LA; QL (140 per 28 days); NDS
MARGENZA	2	B/D PA; NDS
MATULANE	2	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL RECON SOLN	2	PA; MO; QL (1200 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days); NDS
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days); NDS
<i>melphalan hcl</i>	1	B/D PA; NDS
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO; NDS
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	2	PA; LA; NDS
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO; NDS
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYHIBBIN	2	B/D PA; NDS
MYLOTARG	2	B/D PA; MO; LA; NDS
<i>nelarabine</i>	1	B/D PA; MO; NDS
NERLYNX	2	PA; MO; LA; NDS
<i>nilutamide</i>	1	PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NINLARO	2	PA; MO; QL (3 per 28 days); NDS
NUBEQA	2	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX	2	B/D PA; MO; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO; NDS
ODOMZO	2	PA; MO; LA; QL (30 per 30 days); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	2	PA; QL (56 per 28 days); NDS
OGSIVEO ORAL TABLET 50 MG	2	PA; QL (180 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	2	PA; QL (16 per 28 days); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	2	PA; QL (20 per 28 days); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	2	PA; QL (24 per 28 days); NDS
OJJAARA	2	PA; QL (30 per 30 days); NDS
ONCASPAR	2	B/D PA; NDS
ONIVYDE	2	B/D PA; NDS
ONUREG	2	PA; MO; QL (14 per 28 days); NDS
OPDIVO	2	PA; MO; NDS
OPDUALAG	2	PA; MO; NDS
ORGOVYX	2	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	2	PA; QL (30 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ORSERDU ORAL TABLET 86 MG	2	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
PADCEV	2	PA; MO; NDS
<i>paraplatin</i>	1	B/D PA
<i>pazopanib</i>	1	PA; MO; QL (120 per 30 days); NDS
PEMAZYRE	2	PA; LA; QL (28 per 28 days); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA; NDS
PERJETA	2	B/D PA; MO; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; MO; 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	PA; MO; QL (56 per 28 days); NDS
POLIVY	2	PA; MO; NDS
POMALYST	2	PA; MO; LA; QL (21 per 28 days); NDS
PORTRAZZA	2	B/D PA; MO; NDS
POTELIGEO	2	PA; NDS
PRALATREXATE	2	B/D PA; MO; NDS
PROGRAF INTRAVENOUS	2	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA; MO
PURIXAN	2	NDS
QINLOCK	2	PA; LA; QL (90 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RETEVMO ORAL CAPSULE 40 MG	2	PA; MO; LA; QL (180 per 30 days); NDS
RETEVMO ORAL CAPSULE 80 MG	2	PA; MO; LA; QL (120 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	2	PA; LA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	2	PA; LA; QL (90 per 30 days); NDS
REVLIMID	2	PA; MO; LA; QL (28 per 28 days); NDS
REZLIDHIA	2	PA; QL (60 per 30 days); NDS
REZUROCK	2	PA; LA; QL (30 per 30 days); NDS
<i>romidepsin intravenous recon soln</i>	1	B/D PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; MO; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET	2	PA; MO; QL (336 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RUBRACA	2	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE	2	PA; MO; NDS
RYBREVANT	2	PA; MO; NDS
RYDAPT	2	PA; MO; QL (224 per 28 days); NDS
RYLAZE	2	B/D PA; NDS
RYTELO	2	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	2	PA; MO; NDS
SARCLISA	2	PA; LA; NDS
SCEMBLIX ORAL TABLET 100 MG	2	PA; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	2	PA; QL (600 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	2	PA; QL (300 per 30 days); NDS
SIGNIFOR	2	PA; NDS
SIMULECT	2	B/D PA; MO
<i>sirolimus oral solution</i>	1	B/D PA; MO; NDS
<i>sirolimus oral tablet</i>	1	B/D PA; MO
SOLTAMOX	2	MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SOMATULINE DEPOT	2	PA; MO; NDS
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; QL (60 per 30 days); NDS
STIVARGA	2	PA; MO; QL (84 per 28 days); NDS
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days); NDS
TABRECTA	2	PA; MO; NDS
<i>tacrolimus oral capsule</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	2	PA; MO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	2	PA; MO; QL (840 per 28 days); NDS
TAGRISSO	2	PA; MO; LA; QL (30 per 30 days); NDS
TALVEY	2	PA; NDS
TALZENNA	2	PA; MO; QL (30 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tamoxifen</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days); NDS
TAZVERIK	2	PA; LA; NDS
TECENTRIQ	2	B/D PA; MO; LA; NDS
TECVAYLI	2	PA; NDS
TEMODAR INTRAVENOUS	2	B/D PA; MO; NDS
<i>temsirolimus</i>	1	B/D PA; MO; NDS
TEPMETKO	2	PA; LA; NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; MO; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	2	PA; QL (56 per 28 days); NDS
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA; NDS
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO; NDS
TIBSOVO	2	PA; NDS
TIVDAK	2	PA; MO; NDS
<i>topotecan</i>	1	B/D PA; MO; NDS
<i>toremifene</i>	1	MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>torpenz</i>	1	PA; QL (30 per 30 days); NDS
TRAZIMERA	2	B/D PA; MO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO; NDS
TRODELVY	2	PA; LA; NDS
TRUQAP	2	PA; QL (64 per 28 days); NDS
TUKYSA ORAL TABLET 150 MG	2	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	2	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	2	PA; LA; QL (120 per 30 days); NDS
UNITUXIN	2	B/D PA; NDS
<i>valrubicin</i>	1	B/D PA; MO; NDS
VANFLYTA	2	PA; QL (56 per 28 days); NDS
VECTIBIX	2	B/D PA; MO; NDS

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This drug list was last updated on 10/02/2024.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK	2	PA; LA; QL (42 per 180 days); NDS
VERZENIO	2	PA; MO; LA; QL (60 per 30 days); NDS
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days); NDS
VIZIMPRO	2	PA; MO; QL (30 per 30 days); NDS
VONJO	2	PA; QL (120 per 30 days); NDS
VYXEOS	2	B/D PA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
WELIREG	2	PA; LA; NDS
XALKORI ORAL CAPSULE	2	PA; MO; QL (60 per 30 days); NDS
XALKORI ORAL PELLETT 150 MG	2	PA; MO; QL (180 per 30 days); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	2	PA; MO; QL (120 per 30 days); NDS
XERMELO	2	PA; LA; QL (84 per 28 days); NDS
XOSPATA	2	PA; LA; QL (90 per 30 days); NDS
XPOVIO	2	PA; LA; NDS
XTANDI ORAL CAPSULE	2	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	2	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	2	PA; MO; QL (60 per 30 days); NDS
YERVOY	2	B/D PA; MO; NDS
YONDELIS	2	B/D PA; NDS
ZALTRAP	2	B/D PA; MO; NDS
ZANOSAR	2	B/D PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZEJULA ORAL TABLET	2	PA; MO; LA; QL (30 per 30 days); NDS
ZELBORAF	2	PA; MO; QL (240 per 30 days); NDS
ZEPZELCA	2	PA; NDS
ZIRABEV	2	B/D PA; MO; NDS
ZOLADEX	2	PA; MO
ZOLINZA	2	PA; MO; QL (120 per 30 days); NDS
ZYDELIG	2	PA; MO; QL (60 per 30 days); NDS
ZYKADIA	2	PA; MO; QL (90 per 30 days); NDS
ZYNLONTA	2	PA; LA; NDS
ZYNYZ	2	PA; NDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	2	MO; QL (180 per 30 days); NDS
APTIOM ORAL TABLET 400 MG	2	MO; QL (90 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	2	MO; QL (60 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BRIVIACT INTRAVENOUS	2	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	2	MO; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET	2	MO; QL (60 per 30 days); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT	2	PA; LA; NDS
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	2	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	2	PA; MO; LA; NDS
<i>epitol</i>	1	MO
EPRONTIA	2	PA; MO
<i>ethosuximide</i>	1	MO
<i>felbamate oral suspension</i>	1	MO; NDS
<i>felbamate oral tablet</i>	1	MO
FINTEPLA	2	PA; LA; QL (360 per 30 days); NDS
<i>fosphenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	2	MO; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	2	MO; QL (30 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FYCOMPA ORAL TABLET 2 MG	2	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	2	MO; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LIBERVANT	2	PA; QL (10 per 30 days); NDS
<i>methsuximide</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NAYZILAM	2	PA; MO; QL (10 per 30 days); NDS
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	2	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO; NDS
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; NDS
SPRITAM	2	MO
<i>subvenite oral tablet 100 mg, 200 mg, 25 mg</i>	1	MO
<i>subvenite oral tablet 150 mg</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SYMPAZAN ORAL FILM 10 MG, 20 MG	2	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	2	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	2	PA; MO; QL (10 per 30 days); NDS
<i>vigabatrin</i>	1	PA; MO; LA; NDS
<i>vigadrone</i>	1	PA; LA; NDS
<i>vigpoder</i>	1	PA; LA; NDS
XCOPRI MAINTENANCE PACK	2	MO; QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	2	MO; QL (30 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XCOPRI ORAL TABLET 150 MG, 200 MG	2	MO; QL (60 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	2	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	2	MO; QL (28 per 180 days); NDS
ZONISADE	2	PA; MO; NDS
<i>zonisamide</i>	1	PA; MO
ZTALMY	2	PA; LA; QL (1100 per 30 days); NDS

ANTIPARKINSONISM AGENTS		
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; QL (300 per 30 days); NDS
NEUPRO	2	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO

MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	NDS
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days); NDS
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ergotamine-caffeine</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
QULIPTA	2	PA; MO; QL (30 per 30 days)
<i>rizatriptan</i>	1	MO; QL (24 per 28 days)
<i>sumatriptan</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

BRIUMVI	2	PA; MO; QL (24 per 180 days); NDS
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>donepezil</i>	1	MO
<i> fingolimod</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>galantamine</i>	1	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days); NDS
INGREZZA	2	PA; LA; QL (30 per 30 days); NDS
INGREZZA INITIATION PK(TARDIV)	2	PA; LA; QL (28 per 180 days); NDS
INGREZZA SPRINKLE	2	PA; LA; QL (30 per 30 days); NDS
KESIMPTA PEN	2	PA; MO; QL (1.6 per 28 days); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	2	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	2	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NUEDEXTA	2	PA; MO; NDS
RADICAVA ORS	2	PA; MO; NDS
RADICAVA ORS STARTER KIT SUSP	2	PA; MO; NDS
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
VUMERITY	2	PA; MO; QL (120 per 30 days); NDS
ZEPOSIA	2	PA; MO; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT (28-DAY)	2	PA; MO; QL (28 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY)	2	PA; MO; QL (7 per 180 days); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>revonto</i>	1	
<i>tizanidine oral tablet</i>	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days); NDS
BELBUCA	2	PA; MO; QL (60 per 30 days); NDS
<i>buprenorphine hcl injection syringe</i>	1	NDS
<i>buprenorphine hcl sublingual</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days); NDS
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days); NDS
<i>endocet oral tablet 5-325 mg</i>	1	MO; QL (360 per 30 days); NDS
<i>fentanyl citrate (pf) injection solution</i>	1	NDS
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	NDS
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; MO; 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	PA; MO; QL (10 per 30 days); NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1	NDS
<i>hydromorphone injection solution 1 mg/ml</i>	1	NDS
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO; NDS
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO; NDS
<i>hydromorphone injection syringe 2 mg/ml</i>	1	NDS
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days); NDS
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days); NDS
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>methadone injection solution</i>	1	NDS
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days); NDS
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days); NDS
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days); NDS
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days); NDS
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	NDS
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO; NDS
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days); NDS
<i>morphine injection syringe 4 mg/ml</i>	1	MO; NDS
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO; NDS
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days); NDS
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days); NDS
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days); NDS
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days); NDS
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days); NDS
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days); NDS
NON-NARCOTIC ANALGESICS		
<i>8 hour acetaminophen er 650 mg</i>	1	ADD
<i>8hr arthritis pain er 650 mg</i>	1	ADD
<i>acetaminophen 120 mg suppos</i>	1	MO; ADD
<i>acetaminophen 120 mg suppos outer</i>	1	MO; ADD
<i>acetaminophen 160 mg/5 ml solution cup outer</i>	1	ADD
<i>acetaminophen 160 mg/5 ml suspension cup inner</i>	1	ADD
<i>acetaminophen 160 mg/5 ml suspension cup outer</i>	1	ADD
<i>acetaminophen 160 mg/5 ml syr outer</i>	1	ADD
<i>acetaminophen 325 mg gelcap</i>	1	MO; ADD
<i>acetaminophen 325 mg tablet</i>	1	MO; ADD
<i>acetaminophen 325 mg/10.15 ml cup outer</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACETAMINOPHEN 325 MG/10.15 ML CUP OUTER	2	ADD
<i>acetaminophen 500 mg caplet</i>	1	MO; ADD
<i>acetaminophen 500 mg gelcap</i>	1	MO; ADD
<i>acetaminophen 500 mg tablet</i>	1	MO; ADD
<i>acetaminophen 650 mg suppos</i>	1	MO; ADD
<i>acetaminophen 650 mg suppos outer</i>	1	MO; ADD
<i>acetaminophen 650 mg/20.3 ml cup outer</i>	1	ADD
ACETAMINOPHEN 650 MG/20.3 ML CUP OUTER	2	ADD
ACETAMINOPHEN 80 MG/2.5 ML SYR OUTER	2	ADD
<i>acetaminophen er 650 mg caplet</i>	1	MO; ADD
<i>acetaminophen er 650 mg tablet</i>	1	MO; ADD
<i>acetaminophen er 650 mg tablet outer</i>	1	MO; ADD
<i>all day pain relief 220 mg tab</i>	1	ADD
<i>all day pain relief 220 mg caplet</i>	1	ADD
<i>all day relief 220 mg caplet</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>all day relief 220 mg caplet caplet, gluten-free</i>	1	MO; ADD
<i>all day relief 220 mg tablet</i>	1	MO; ADD
<i>all day relief 220 mg tablet gluten-free</i>	1	MO; ADD
<i>arthritis pain er 650 mg caplet</i>	1	ADD
<i>arthritis pain er 650 mg tab outer</i>	1	ADD
<i>aspirin 300 mg suppository</i>	1	MO; ADD
<i>aspirin 325 mg tablet</i>	1	MO; ADD
<i>aspirin 81 mg chewable tablet</i>	1	MO; ADD
<i>aspirin 81 mg chewable tablet gluten-free, orange</i>	1	MO; ADD
<i>aspirin 81 mg chewable tablet low dose</i>	1	MO; ADD
<i>aspirin 81 mg chewable tablet low dose, cherry</i>	1	MO; ADD
<i>aspirin ec 325 mg tablet</i>	1	MO; ADD
<i>aspirin ec 81 mg tablet</i>	1	MO; ADD
<i>aspirin regimen 81 mg ec tab</i>	1	ADD
<i>buffered aspirin 325 mg tb</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	1	MO; NDS
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days); NDS
<i>celecoxib</i>	1	MO
<i>child ibuprofen 100 mg/5 ml syrg</i>	1	ADD
<i>child ibuprofen 200 mg/10 ml cup outer</i>	1	ADD
<i>child pain-fever 160 mg/5 ml</i>	1	MO; ADD
<i>child pain-fever 160 mg/5 ml as, ibu/f</i>	1	MO; ADD
<i>child pain-fever 160 mg/5 ml gluten-f, grape</i>	1	MO; ADD
<i>children ibuprofen 100 mg/5 ml</i>	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>children ibuprofen 100 mg/5 ml berry flavor</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml cup inner, d/f</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml cup outer</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml cup outer, d/f</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml cup u-d</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml cup u-d, 100's, hosp use</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml cup u-d, 30's, hosp use</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml d/f</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml gluten/f, berry</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml gluten/f, grape</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml gluten/f, bubble</i>	1	ADD
<i>children ibuprofen 100 mg/5 ml grape</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>children's mapap 80 mg tab chw</i>	1	MO; ADD
<i>chld acetaminophen 160 mg/5 ml</i>	1	ADD
<i>chld acetaminophen 160 mg/5 ml</i>	1	MO; ADD
<i>chld acetaminophen 160 mg/5 ml cup inner</i>	1	ADD
<i>chld acetaminophen 160 mg/5 ml cup outer</i>	1	ADD
<i>chld acetaminophen 160 mg/5 ml gluten/f, grape</i>	1	MO; ADD
<i>chld acetaminophen 160 mg/5 ml gluten/f, cherry</i>	1	MO; ADD
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days); NDS
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ed-apap 160 mg/5 ml liquid</i>	1	ADD
<i>etodolac</i>	1	MO
<i>feverall 120 mg suppository childrens, outer</i>	1	ADD
<i>feverall 120 mg suppository children's, outer</i>	1	ADD
<i>feverall 325 mg suppository junior str, outer</i>	1	MO; ADD
<i>feverall 650 mg suppository adult, outer</i>	1	ADD
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	2	MO; ADD
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ft 8 hour pain rlf er 650 mg</i>	1	ADD
<i>ft child ibuprofen 100 mg/5 ml</i>	1	ADD
<i>ft naproxen sodium 220 mg cap</i>	1	ADD
<i>ft pain relief 325 mg tablet</i>	1	ADD
<i>ft pain relief 500 mg gelcap</i>	1	ADD
<i>ft pain relief 500 mg tablet</i>	1	ADD
<i>gnp 8 hour pain relief 650 mg</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp 8hr arthrit pain er 650 mg</i>	1	ADD
<i>gnp aspirin 325 mg tablet</i>	1	MO; ADD
<i>gnp aspirin ec 81 mg tablet</i>	1	MO; ADD
<i>gnp ibuprofen 100 mg chew tab</i>	1	ADD
<i>gnp ibuprofen 200 mg mini sfgl</i>	1	MO; ADD
<i>gnp ibuprofen 200 mg softgel</i>	1	MO; ADD
<i>gnp ibuprofen 200 mg tablet</i>	1	MO; ADD
<i>gnp naproxen sod 220 mg caplet</i>	1	ADD
<i>gnp naproxen sod 220 mg tablet</i>	1	ADD
<i>gnp pain relief 500 mg caplet</i>	1	ADD
<i>gnp pain relief 500 mg caplet</i>	1	ADD
<i>gnp pain relief 500 mg gelcap</i>	1	ADD
<i>gs arthritis pain er 650 mg</i>	1	ADD
<i>gs aspirin 325 mg tablet</i>	1	MO; ADD
<i>gs aspirin 81 mg chewable tab</i>	1	MO; ADD
<i>gs child fever-pain 160 mg/5 ml</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gs child ibuprofen 100 mg/5 ml</i>	1	ADD
<i>gs child pain-fever 160 mg/5 ml</i>	1	MO; ADD
<i>gs ibuprofen 100 mg chew tab</i>	1	ADD
<i>gs ibuprofen 200 mg caplet</i>	1	MO; ADD
<i>gs ibuprofen 200 mg liquid gel</i>	1	MO; ADD
<i>gs ibuprofen 200 mg tablet</i>	1	MO; ADD
<i>gs inf ibuprofen 50 mg/1.25 ml</i>	1	MO; ADD
<i>gs infant pain-fever 160 mg/5</i>	1	ADD
<i>gs naproxen sod 220 mg caplet</i>	1	ADD
<i>gs naproxen sod 220 mg tablet</i>	1	ADD
<i>gs pain relief 325 mg tablet</i>	1	ADD
<i>gs pain relief 500 mg caplet</i>	1	ADD
<i>gs pain relief 500 mg tablet</i>	1	ADD
<i>ibu</i>	1	MO
<i>ibuprofen 200 mg caplet</i>	1	MO; ADD
<i>ibuprofen 200 mg caplet</i>	1	MO; ADD
<i>ibuprofen 200 mg coated caplet</i>	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ibuprofen 200 mg capsule</i>	1	MO; ADD
<i>ibuprofen 200 mg softgel</i>	1	MO; ADD
<i>ibuprofen 200 mg tablet</i>	1	MO; ADD
<i>ibuprofen 200 mg tablet coated</i>	1	MO; ADD
<i>ibuprofen 200 mg/10 ml suspension cup 100's, u-d cups (otc)</i>	1	MO; ADD
<i>ibuprofen 200 mg/10 ml suspension cup 30's, u-d cups (otc)</i>	1	MO; ADD
<i>ibuprofen 200 mg/10 ml suspension cup u-d (otc)</i>	1	MO; ADD
<i>ibuprofen jr str 100 mg tb chw</i>	1	ADD
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>inf acetaminophen 160 mg/5 ml</i>	1	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml</i>	1	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml berry</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>infant ibuprofen 50 mg/1.25 ml d/f, non-staining</i>	1	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml gluten/f, berry</i>	1	MO; ADD
<i>infant pain-fever 160 mg/5 ml</i>	1	ADD
<i>infant pain-fever 160 mg/5 ml w/syringe, cherry</i>	1	ADD
<i>infant pain-fever 160 mg/5 ml w/syringe, grape</i>	1	ADD
<i>mapap 500 mg capsule</i>	1	MO; ADD
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>m-pap 160 mg/5 ml liquid</i>	1	ADD
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	NDS
<i>naloxone hcl 4 mg nasal spray outer (otc)</i>	1	MO; ADD
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen sodium 220 mg capsule</i>	1	ADD
<i>naproxen sodium 220 mg tablet</i>	1	ADD
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>pain relief 325 mg tablet</i>	1	ADD
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sm arthritis pain er 650 mg tb</i>	1	ADD
<i>sm aspirin ec 81 mg tablet</i>	1	MO; ADD
<i>sm aspirin ec 81 mg tablet adult low strength</i>	1	MO; ADD
<i>sm child aspirin 81 mg chw tab children's</i>	1	ADD
<i>sm child ibuprofen 100 mg/5 ml</i>	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm chld pain-fever 160 mg/5 ml as, gluten-f</i>	1	MO; ADD
<i>sm ibuprofen 200 mg caplet</i>	1	MO; ADD
<i>sm ibuprofen 200 mg softgel</i>	1	MO; ADD
<i>sm ibuprofen 200 mg tablet</i>	1	MO; ADD
<i>sm ibuprofen ib 100 mg chew tb</i>	1	ADD
<i>sm inf ibuprofen 50 mg/1.25 ml d/f</i>	1	MO; ADD
<i>sm inf ibuprofen 50 mg/1.25 ml w/dropper</i>	1	MO; ADD
<i>sm infant pain-fever 160 mg/5 gluten-f, grape</i>	1	ADD
<i>sm naproxen sod 220 mg gluten free, caplet</i>	1	ADD
<i>sm pain reliever 325 mg tablet</i>	1	ADD
<i>sm pain reliever 500 mg caplet</i>	1	ADD
<i>sm pain reliever 500 mg caplet caplet, extra str</i>	1	ADD
<i>sm pain reliever 500 mg caplet caplet, extra str</i>	1	ADD
<i>sm pain reliever 500 mg tablet</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm pain reliever 500 mg tablet extra strength</i>	1	ADD
<i>sm pain reliever er 650 mg</i>	1	ADD
<i>sulindac</i>	1	MO
TENSION HEADACHE CAPLET	2	ADD
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days); NDS
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days); NDS
<i>tri-buffered aspirin 325 mg boxed</i>	1	MO; ADD
VIVITROL	2	MO; NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)

PSYCHOTHERAPEUTIC DRUGS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	MO; QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	MO; QL (3.2 per 56 days); NDS
ABILIFY MAINTENA	2	MO; QL (1 per 28 days); NDS
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	2	MO; QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (3.9 per 56 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days); NDS
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY	2	ST; QL (60 per 30 days); NDS
BELSOMRA	2	PA; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
CAPLYTA	2	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam injection</i>	1	PA
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	2	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	2	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	2	MO; NDS
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	2	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	2	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	2	QL (30 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>flumazenil</i>	1	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>haloperidol lactate oral</i>	1	MO
<i>imipramine hcl</i>	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	MO; QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	MO; QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	MO; QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	MO; QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	MO; QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	MO; QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	MO; QL (2.63 per 90 days); NDS
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days); NDS
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days); NDS
MARPLAN	2	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID	2	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>phenelzine</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pimozide</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	2	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	1	MO; QL (2 per 28 days); NDS
<i>risperidone oral solution</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO	2	MO; QL (30 per 30 days); NDS
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	2	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA; MO; NDS
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	2	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	2	MO; QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	2	MO; QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	2	MO; QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	2	MO; QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	2	MO; QL (0.7 per 56 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	2	MO; QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	2	MO; QL (0.21 per 28 days); NDS
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ	2	NDS
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	2	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	2	PA; MO; QL (28 per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	2	PA; MO; QL (14 per 365 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	2	MO; QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	MO; QL (1 per 28 days); NDS
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amiodarone oral tablet 100 mg, 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
MULTAQ	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	
<i>propafenone</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine transdermal patch</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	2	MO
EDARBYCLOR	2	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>epplerenone</i>	1	MO
<i>esmolol intravenous solution</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ethacrynate sodium</i>	1	NDS
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>isradipine</i>	1	
KERENDIA	2	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	1	PA; MO; NDS
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nimodipine oral capsule</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>toremide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA; NDS
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	2	PA; MO; LA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK	2	PA; MO; LA; QL (200 per 180 days); NDS
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous</i>	1	
<i>verapamil oral</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aminocaproic acid oral</i>	1	MO; NDS
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; LA; NDS
CEPROTIN (BLUE BAR)	2	PA; MO
CEPROTIN (GREEN BAR)	2	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	2	PA; MO; LA; NDS
DOPTELET (15 TAB PACK)	2	PA; MO; LA; NDS
DOPTELET (30 TAB PACK)	2	PA; MO; LA; NDS
ELIQUIS	2	MO; QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START	2	MO; QL (74 per 180 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	2	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	1	MO
PHYTONADIONE 1 MG/0.5 ML SYR P/F,SDV	2	MO; ADD
PHYTONADIONE 1 MG/0.5 ML VIAL OUTER, SUV	2	ADD
<i>phytonadione 10 mg/ml ampul suv,outer</i>	1	ADD
<i>phytonadione 10 mg/ml vial outer, suv</i>	1	ADD
<i>phytonadione 5 mg tablet</i>	1	MO; ADD
<i>phytonadione 5 mg tablet outer</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>prasugrel</i>	1	MO
PROMACTA	2	PA; MO; LA; NDS
<i>protamine</i>	1	
<i>vitamin k-1 1 mg/0.5 ml ampul suv, outer</i>	1	MO; ADD
<i>vitamin k-1 10 mg/ml ampul suv, outer</i>	1	MO; ADD
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	2	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>dobutamine</i>	1	B/D PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	2	QL (60 per 30 days)
ENTRESTO SPRINKLE	2	QL (240 per 30 days)
<i>ivabradine</i>	1	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</i>	1	B/D PA
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	2	PA; MO; NDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg</i>	1	
<i>isosorbide mononitrate oral tablet 20 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	2	PA; MO; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS	2	PA; QL (20 per 28 days); NDS
COSENTYX PEN	2	PA; MO; QL (5 per 28 days); NDS
COSENTYX PEN (2 PENS)	2	PA; MO; QL (10 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; QL (2.5 per 28 days); NDS
COSENTYX UNOREADY PEN	2	PA; MO; QL (10 per 28 days); NDS
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; QL (2 per 28 days); NDS
SOTYKTU	2	PA; MO; QL (30 per 30 days); NDS
STELARA INTRAVENOUS	2	PA; MO; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days); NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (2 per 28 days); NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; QL (2 per 28 days); NDS
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL (6 per 28 days); NDS
ADBRY SUBCUTANEOUS SYRINGE	2	PA; MO; QL (6 per 28 days); NDS
<i>ammonium lactate</i>	1	MO
<i>chlorprocaine (pf)</i>	1	
CIBINQO	2	PA; MO; QL (30 per 30 days); NDS
<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; MO; QL (8 per 28 days); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; QL (1.34 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; QL (8 per 28 days); NDS
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine 4% cream</i>	1	PA; MO; ADD
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution</i>	1	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>lidocan iii</i>	1	PA; QL (90 per 30 days)
<i>lidocan iv</i>	1	PA; QL (90 per 30 days)
<i>lidocan v</i>	1	PA; QL (90 per 30 days)
<i>methoxsalen</i>	1	MO; NDS
PANRETIN	2	PA; MO; NDS
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
REGSPANEX	2	QL (15 per 30 days); NDS
SANTYL	2	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	1	PA; QL (90 per 30 days)
<i>tridacaine iii</i>	1	PA; QL (90 per 30 days)
VALCHLOR	2	PA; MO; NDS
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>acne medication 10% gel</i>	1	MO; ADD
ACNE MEDICATION 10% LOTION	2	MO; ADD
<i>acne medication 2.5% gel</i>	1	MO; ADD
ACNE MEDICATION 5% GEL	2	MO; ADD
<i>adapalene 0.1% gel (otc)</i>	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amnesteem</i>	1	
<i>azelaic acid</i>	1	MO
<i>benzoyl peroxide 10% gel (otc)</i>	1	MO; ADD
<i>benzoyl peroxide 10% gel aqueous (otc)</i>	1	MO; ADD
<i>benzoyl peroxide 2.5% gel (otc)</i>	1	ADD
<i>benzoyl peroxide 5% gel aqueous (otc)</i>	1	MO; ADD
<i>benzoyl peroxide 5% wash (otc)</i>	1	MO; ADD
<i>claravis</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>metronidazole topical</i>	1	MO
RENOVA 0.02% CREAM	2	MO; ADD
RENOVA PUMP 0.02% CREAM	2	MO; ADD
<i>tazarotene topical cream 0.05 %</i>	1	PA
<i>tazarotene topical cream 0.1 %</i>	1	PA; MO
<i>tazarotene topical gel</i>	1	PA; MO
<i>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	1	
TOPICAL ANTIBACTERIALS		
BETADINE 10% SOLUTION	2	MO; ADD
BETADINE 10% SOLUTION ANTISEPTIC	2	MO; ADD
BETADINE 10% SOLUTION HOSP.SIZE,ANTISEPTIC	2	MO; ADD
FIRST AID ANTISEPTIC 10% OINT	2	MO; ADD
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
GS FIRST AID ANTIBIOTIC OINT	2	ADD
<i>mupirocin</i>	1	MO; QL (44 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>povidone-iodine 10% solution</i>	1	ADD
<i>sm povidone-iodine 10% soln</i>	1	ADD
<i>sm triple antibiotic ointment</i>	1	MO; ADD
<i>sulfacetamide sodium (acne)</i>	1	MO
<i>triple antibiotic ointment</i>	1	MO; ADD
TOPICAL ANTIFUNGALS		
<i>antifungal 1% topical cream</i>	1	ADD
<i>athlete's foot 1% cream</i>	1	ADD
<i>ciclodan topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole 1% topical cream (otc)</i>	1	MO; ADD
<i>clotrimazole topical cream 1 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
<i>fungoid 2% tincture</i>	1	MO; ADD
<i>gnp athlete's foot 1% cream</i>	1	ADD
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta</i>	1	MO; QL (180 per 30 days)
<i>miconazole 2% topical cream</i>	1	MO; ADD
MICONAZOLE NITRATE 2% SOLUTION	2	ADD
<i>micotrin ac 1% topical cream</i>	1	ADD
<i>mycozyl ac 1% topical cream</i>	1	ADD
<i>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO; QL (180 per 30 days)
<i>sm antifungal 1% cream</i>	1	ADD
<i>sm antifungal 1% topical cream</i>	1	ADD
<i>sm miconazole 2% topical cream</i>	1	MO; ADD
<i>tm-clotrimazole 1% top cream (otc)</i>	1	MO; ADD
<i>tolnaftate 1% cream</i>	1	MO; ADD
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	1	MO
<i>desonide topical ointment</i>	1	MO
<i>fluocinolone</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	1	MO
<i>fluticasone propionate topical ointment</i>	1	MO
<i>gs anti-itch 1% cream</i>	1	ADD
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone 0.5% cream</i>	1	ADD
<i>hydrocortisone 0.5% cream (otc)</i>	1	MO; ADD
<i>hydrocortisone 1% cream</i>	1	ADD
<i>hydrocortisone 1% cream (otc)</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydrocortisone 1% cream max str, w/aloe (otc)</i>	1	MO; ADD
<i>hydrocortisone 1% cream maximum strength (otc)</i>	1	MO; ADD
<i>hydrocortisone 1% cream moisturizer,max. str (otc)</i>	1	MO; ADD
<i>hydrocortisone 1% ointment (otc)</i>	1	MO; ADD
<i>hydrocortisone 1% ointment maximum strength (otc)</i>	1	MO; ADD
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone-aloe 1% cream</i>	1	MO; ADD
<i>mometasone topical</i>	1	MO
<i>prednicarbate topical ointment</i>	1	
<i>sm hydrocortisone 1% ointment maximum strength (otc)</i>	1	MO; ADD
<i>sm hydrocortisone plus 1% crm</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm hydrocortisone-aloe 1% crm</i>	1	MO; ADD
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>gs lice killing 1 % crm rinse</i>	1	ADD
<i>gs lice killing shampoo w/nit comb</i>	1	MO; ADD
<i>lice treatment 1% creme rinse 1 nit removal comb</i>	1	ADD
<i>lice treatment shampoo 1 nit comb included</i>	1	ADD
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
<i>sb lice killing shampoo maximum strength</i>	1	MO; ADD
<i>sm lice treatment 1% crm rinse</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	1	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
<i>carglumic acid</i>	1	PA; MO; NDS
<i>cevimeline</i>	1	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox oral granules in packet</i>	1	PA; MO; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; MO; NDS
<i>deferasirox oral tablet 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO; NDS
<i>deferiprone</i>	1	PA; MO; NDS
<i>deferoxamine</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dextrose 70 % in water (d70w)</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	1	PA; MO; NDS
<i>glutamine (sickle cell)</i>	1	PA; MO; NDS
INCRELEX	2	MO; LA; NDS
<i>kionex (with sorbitol)</i>	1	
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LOKELMA	2	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	1	PA; MO; NDS
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA; MO; LA; NDS
REZDIFFRA	2	PA; MO; QL (30 per 30 days); NDS
<i>riluzole</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium benzoate-sodium phenylacet</i>	1	NDS
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	1	PA; MO; NDS
<i>sodium phenylbutyrate oral tablet</i>	1	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
<i>trientine oral capsule 250 mg</i>	1	PA; MO; NDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	2	
<i>water for irrigation, sterile</i>	1	MO
XIAFLEX	2	PA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ADIPEX-P 37.5 MG TABLET	2	MO; ADD
<i>benzphetamine hcl 50 mg tablet (rx)</i>	1	MO; ADD
<i>diethylpropion 25 mg tablet</i>	1	MO; ADD
<i>diethylpropion er 75 mg tablet</i>	1	MO; ADD
IMCIVREE 10 MG/ML VIAL	2	ADD
LOMAIRA 8 MG TABLET	2	MO; ADD
ORLISTAT 120 MG CAPSULE	2	MO; ADD
<i>phendimetrazine 35 mg tablet</i>	1	MO; ADD
<i>phendimetrazine er 105 mg cap</i>	1	MO; ADD
<i>phentermine 15 mg capsule</i>	1	MO; ADD
<i>phentermine 30 mg capsule</i>	1	MO; ADD
<i>phentermine 37.5 mg capsule</i>	1	MO; ADD
<i>phentermine 37.5 mg tablet</i>	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SAXENDA 18 MG/3 ML PEN	2	PA; MO; ADD
WEGOVY 0.25 MG/0.5 ML PEN OUTER,SUV	2	PA; MO; ADD; NDS
WEGOVY 0.5 MG/0.5 ML PEN OUTER,SUV	2	PA; MO; ADD; NDS
WEGOVY 1 MG/0.5 ML PEN OUTER,SUV	2	PA; MO; ADD; NDS
WEGOVY 1.7 MG/0.75 ML PEN OUTER,SUV	2	PA; MO; ADD; NDS
WEGOVY 2.4 MG/0.75 ML PEN OUTER,SUV	2	PA; MO; ADD; NDS
XENICAL 120 MG CAPSULE	2	PA; MO; ADD
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
<i>gnp nicotine 2 mg chewing gum</i>	1	MO; ADD
GNP NICOTINE 2 MG LOZENGE OUTER	2	MO; ADD
<i>gnp nicotine 2 mg mini lozenge</i>	1	MO; ADD
GNP NICOTINE 2 MG MINI LOZENGE	2	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GNP NICOTINE 2 MG MINI LOZENGE OUTER	2	MO; ADD
<i>gnp nicotine 21 mg/24hr patch (otc)</i>	1	MO; ADD
<i>gnp nicotine 4 mg chewing gum</i>	1	MO; ADD
GNP NICOTINE 4 MG LOZENGE OUTER	2	MO; ADD
<i>gnp nicotine 4 mg mini lozenge</i>	1	MO; ADD
GNP NICOTINE 4 MG MINI LOZENGE	2	MO; ADD
<i>gs nicotine 2 mg chewing gum</i>	1	MO; ADD
<i>gs nicotine 2 mg chewing gum original</i>	1	MO; ADD
<i>gs nicotine 2 mg lozenge</i>	1	MO; ADD
<i>gs nicotine 2 mg mini lozenge</i>	1	MO; ADD
<i>gs nicotine 4 mg chewing gum</i>	1	MO; ADD
<i>gs nicotine 4 mg chewing gum original</i>	1	MO; ADD
<i>gs nicotine 4 mg lozenge</i>	1	MO; ADD
<i>gs nicotine 4 mg mini lozenge</i>	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm nicotine 2 mg mini lozenge</i>	1	MO; ADD
<i>nicotine 14 mg/24hr patch (otc)</i>	1	MO; ADD
<i>nicotine 14 mg/24hr patch clear, step 2, outer (otc)</i>	1	MO; ADD
<i>nicotine 14 mg/24hr patch outer (otc)</i>	1	MO; ADD
<i>nicotine 14 mg/24hr patch step 2 (otc)</i>	1	MO; ADD
<i>nicotine 2 mg chewing gum</i>	1	MO; ADD
<i>nicotine 2 mg chewing gum coated</i>	1	MO; ADD
<i>nicotine 2 mg chewing gum coated fruit</i>	1	MO; ADD
<i>nicotine 2 mg chewing gum coated,cinnamon</i>	1	MO; ADD
<i>nicotine 2 mg chewing gum refill</i>	1	MO; ADD
<i>nicotine 2 mg chewing gum starter kit</i>	1	MO; ADD
<i>nicotine 2 mg lozenge</i>	1	MO; ADD
<i>nicotine 2 mg lozenge inner</i>	1	MO; ADD
<i>nicotine 2 mg lozenge outer</i>	1	MO; ADD
NICOTINE 2 MG MINI LOZENGE	2	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nicotine 2 mg mini lozenge outer</i>	1	MO; ADD
<i>nicotine 21 mg/24hr patch (otc)</i>	1	MO; ADD
<i>nicotine 21 mg/24hr patch outer (otc)</i>	1	MO; ADD
<i>nicotine 21 mg/24hr patch outer, clear, step 1 (otc)</i>	1	MO; ADD
<i>nicotine 4 mg chewing gum</i>	1	MO; ADD
<i>nicotine 4 mg chewing gum coated</i>	1	MO; ADD
<i>nicotine 4 mg chewing gum coated fruit</i>	1	MO; ADD
<i>nicotine 4 mg chewing gum coated,cinnamon</i>	1	MO; ADD
<i>nicotine 4 mg chewing gum refill</i>	1	MO; ADD
<i>nicotine 4 mg chewing gum starter kit</i>	1	MO; ADD
NICOTINE 4 MG LOZENGE	2	MO; ADD
<i>nicotine 4 mg lozenge inner</i>	1	MO; ADD
<i>nicotine 4 mg lozenge mint, 3 quittube</i>	1	MO; ADD
<i>nicotine 4 mg lozenge outer</i>	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nicotine 4 mg mini lozenge</i>	1	MO; ADD
NICOTINE 4 MG MINI LOZENGE	2	MO; ADD
<i>nicotine 4 mg mini lozenge outer</i>	1	MO; ADD
<i>nicotine 7 mg/24hr patch (otc)</i>	1	MO; ADD
<i>nicotine 7 mg/24hr patch outer (otc)</i>	1	MO; ADD
<i>nicotine 7 mg/24hr patch outer, clear, step 3 (otc)</i>	1	MO; ADD
<i>nicotine 7 mg/24hr patch step 3 (otc)</i>	1	MO; ADD
<i>nicotine transdermal system step 1,2,3</i>	1	MO; ADD
NICOTROL	2	
NICOTROL NS	2	MO
<i>sm nicotine 14 mg/24hr patch (otc)</i>	1	MO; ADD
<i>sm nicotine 2 mg chewing gum</i>	1	MO; ADD
<i>sm nicotine 2 mg lozenge</i>	1	MO; ADD
<i>sm nicotine 21 mg/24hr patch (otc)</i>	1	MO; ADD
<i>sm nicotine 4 mg chewing gum</i>	1	MO; ADD
<i>sm nicotine 4 mg lozenge</i>	1	MO; ADD
SM NICOTINE 4 MG LOZENGE	2	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm nicotine 7 mg/24hr patch (otc)</i>	1	MO; ADD
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline oral tablet 1 mg (56 pack)</i>	1	
<i>varenicline oral tablets,dose pack</i>	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>kourzeq</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>oralone</i>	1	
<i>periogard</i>	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>prednisolone oral solution</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads</i>	2	PA; MO
BAQSIMI	2	MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	1	MO
DROPSAFE ALCOHOL PREP PADS	2	PA
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOPEN 2-PACK	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMULIN R REGULAR U-100 INSULIN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INPEFA	2	PA; MO; QL (30 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	MO
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV U-100 INSULIN	2	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	2	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SEGLUOMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUOMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33	2	MO; QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days); NDS
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days); NDS
SYNJARDY	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRADJENTA	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; 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	MO; QL (60 per 30 days)
TRULICITY	2	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	2	PA; MO; NDS
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO; NDS
<i>calcitonin (salmon) nasal</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
<i>cinacalcet</i>	1	PA; MO
<i>clomid</i>	1	PA; MO
CRYSVITA	2	PA; MO; LA; NDS
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol</i>	1	MO
ELAPRASE	2	PA; MO; NDS
FABRAZYME	2	PA; MO; NDS
KANUMA	2	PA; MO; NDS
LUMIZYME	2	PA; MO; NDS
MEPSEVII	2	PA; MO; NDS
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO; NDS
NAGLAZYME	2	PA; MO; LA; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
<i>sapropterin</i>	1	PA; MO; NDS
SOMAVERT	2	PA; MO; NDS
STRENSIQ	2	PA; LA; NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	1	PA; MO; NDS
VIMIZIM	2	PA; MO; LA; NDS
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl 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>	1	MO
<i>liothyronine</i>	1	MO
<i>unithroid</i>	1	MO

GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>anti-diarrheal 1 mg/7.5 ml sol</i>	1	ADD
<i>anti-diarrheal 2 mg caplet</i>	1	MO; ADD
<i>anti-diarrheal 2 mg caplet</i>	1	MO; ADD
<i>anti-diarrheal 2 mg softgel</i>	1	ADD
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	1	
<i>bismuth 262 mg tablet chew</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
<i>ft anti-diarrheal 2 mg softgel</i>	1	ADD
<i>ft stomach rlf 262 mg chew tab</i>	1	ADD
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>gnp anti-diarrheal 2 mg tablet</i>	1	MO; ADD
<i>gnp pink bismuth 525 mg/15 ml</i>	1	ADD
<i>gnp stomach rlf 525 mg/30 ml</i>	1	MO; ADD
GS ANTI-DIARRHEAL 1 MG/7.5 ML	2	ADD
<i>gs anti-diarrheal 2 mg caplet</i>	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>loperamide 1 mg/7.5 ml soln</i>	1	MO; ADD
LOPERAMIDE 1 MG/7.5 ML SOLN	2	MO; ADD
LOPERAMIDE 2 MG/15 ML SOLUTION CUP INNER	2	MO; ADD
LOPERAMIDE 2 MG/15 ML SOLUTION CUP OUTER	2	MO; ADD
<i>loperamide oral capsule</i>	1	MO
<i>opium tincture</i>	1	MO
<i>pink bismuth caplet</i>	1	ADD
<i>sm anti-diarrheal 1 mg/7.5 ml</i>	1	ADD
<i>sm anti-diarrheal 2 mg caplet</i>	1	MO; ADD
<i>sm anti-diarrheal 2 mg softgel</i>	1	ADD
<i>sm stomach rlf 262 mg caplet</i>	1	ADD
<i>sm stomach rlf 262 mg chew tab</i>	1	ADD
<i>stomach relief 262 mg chew tab</i>	1	ADD
<i>stomach relief 525 mg/15 ml</i>	1	MO; ADD
<i>stomach rlf 525 mg/30 ml susp</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>acid gone antacid liquid</i>	1	MO; ADD
<i>almacone-2 liquid</i>	1	MO; ADD
<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO; NDS
<i>aluminum hydroxide gel</i>	1	MO; ADD
<i>alum-mag hydroxide-simeth 1,200-1,200-120 mg/30 ml cup outer</i>	1	ADD
<i>alum-mag hydroxide-simeth 2,400-2,400-240 mg/30 ml cup outer</i>	1	ADD
<i>antacid anti-gas liquid</i>	1	ADD
<i>antacid anti-gas max str liq</i>	1	ADD
<i>antacid liquid</i>	1	ADD
<i>antacid-antigas liquid</i>	1	MO; ADD
ANTACID-ANTIGAS LIQUID	2	MO; ADD
<i>antacid-antigas suspension</i>	1	MO; ADD
<i>aprepitant</i>	1	B/D PA; MO
<i>balsalazide</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>betaine</i>	1	MO; NDS
<i>bisacodyl 10 mg suppository</i>	1	MO; ADD
<i>bisacodyl ec 5 mg tablet</i>	1	MO; ADD
<i>budesonide oral capsule, delayed, extended release</i>	1	MO
<i>budesonide oral tablet, delayed and ext. release</i>	1	MO; NDS
CIMZIA POWDER FOR RECONST	2	PA; MO; QL (2 per 28 days); NDS
CIMZIA STARTER KIT	2	PA; MO; QL (3 per 180 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA; MO; QL (2 per 28 days); NDS
CINVANTI	2	MO
<i>clearlax powder packet</i>	1	ADD
COLACE 100 MG CAPSULE	2	MO; ADD
COLACE-T 100 MG CAPSULE	2	MO; ADD
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cromolyn oral</i>	1	MO
<i>dimenhydrinate injection solution</i>	1	MO
<i>docusate cal 240 mg softgel</i>	1	MO; ADD
<i>docusate cal 240 mg softgel outer</i>	1	MO; ADD
<i>docusate sod 100 mg/10 ml cup outer</i>	1	MO; ADD
<i>docusate sodium 100 mg softgel</i>	1	MO; ADD
<i>docusate sodium 100 mg outer, softgel</i>	1	MO; ADD
<i>docusate sodium 100 mg softgel</i>	1	MO; ADD
<i>docusate sodium 250 mg softgel</i>	1	MO; ADD
<i>docusate sodium 250 mg softgel outer</i>	1	MO; ADD
<i>docusate sodium 50 mg/5 ml cup outer</i>	1	MO; ADD
<i>docusate sodium 50 mg/5 ml liq</i>	1	MO; ADD
<i>dronabinol</i>	1	B/D PA
<i>droperidol injection solution</i>	1	MO
<i>enema disposable</i>	1	MO; ADD
<i>enema ready to use</i>	1	ADD
<i>enema ready to use</i>	1	ADD
ENTYVIO	2	PA; MO; QL (2 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>enulose</i>	1	MO
<i>fleet enema</i>	1	MO; ADD
<i>fleet enema 2x133ml, twin pack</i>	1	MO; ADD
<i>fleet enema 4x133ml</i>	1	MO; ADD
FLEET PEDIA-LAX ENEMA	2	MO; ADD
<i>fosaprepitant</i>	1	MO
<i>ft gentle laxative 10 mg supp</i>	1	MO; ADD
<i>ft laxative ec 5 mg tablet</i>	1	ADD
<i>ft stool softener 100 mg sftgl</i>	1	ADD
<i>ft stool softener 250 mg sftgl</i>	1	ADD
GATTEX 30-VIAL	2	PA; MO; NDS
GATTEX ONE-VIAL	2	PA; MO; NDS
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	
<i>gentle laxative 10 mg supp</i>	1	MO; ADD
<i>gentle laxative ec 5 mg tablet</i>	1	ADD
<i>gnp gentle laxative 10 mg supp</i>	1	MO; ADD
<i>gnp stool softener 100 mg sftgl</i>	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp stool softener 240 mg sftgl</i>	1	ADD
<i>gnp stool softener 250 mg sftgl</i>	1	ADD
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>healthylax powder packet outer</i>	1	MO; ADD
HEARTBURN RELIEF LIQUID	2	ADD
<i>hm enema ready to use</i>	1	ADD
<i>hm enema ready to use twin pak</i>	1	ADD
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>laxative ec 5 mg tablet</i>	1	ADD
LINZESS	2	MO; QL (30 per 30 days)
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
MAG-AL LIQUID 30 ML CUP	2	ADD
<i>mag-al plus suspens 30 ml cup 100's,u-d,10x10</i>	1	ADD
<i>mag-al plus suspension cup outer</i>	1	ADD
<i>mag-al plus xs susp 30 ml cup</i>	1	ADD
<i>magnesium oxide 400 mg tablet (otc)</i>	1	MO; ADD
MAGNESIUM OXIDE 400 MG TABLET (OTC)	2	MO; ADD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	NDS
<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>mintox maximum strength susp max str, lemon creme</i>	1	MO; ADD
<i>nitroglycerin rectal</i>	1	MO
OCALIVA	2	PA; MO; LA; QL (30 per 30 days); NDS
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	MO
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc)</i>	1	MO; ADD
<i>polyethylene glycol 3350 powd outer (otc)</i>	1	MO; ADD
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
<i>qc ready to use enema</i>	1	ADD
<i>qc ready to use enema twin pack</i>	1	ADD
RELISTOR SUBCUTANEOUS SOLUTION	2	ST; MO; QL (18 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	ST; MO; QL (12 per 30 days); NDS
REMICADE	2	PA; MO; QL (20 per 28 days); NDS
SANCUSO	2	MO; NDS
<i>scopolamine base</i>	1	MO
SKYRIZI INTRAVENOUS	2	PA; MO; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; MO; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; MO; QL (2.4 per 56 days); NDS
<i>sm enema ready to use</i>	1	ADD
<i>sm enema ready to use twin pak</i>	1	ADD
<i>sm gentle laxative ec 5 mg tab</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm stool softener 100 mg sftgl</i>	1	ADD
<i>sodium bicarb 325 mg tablet</i>	1	MO; ADD
<i>sodium bicarb 650 mg tablet</i>	1	MO; ADD
<i>sodium bicarb 650 mg tablet 10 gr</i>	1	MO; ADD
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
<i>stool softener 100 mg softgel</i>	1	ADD
SUCRAID	2	PA; NDS
<i>sulfasalazine</i>	1	MO
SYMPROIC	2	MO; QL (30 per 30 days)
TRULANCE	2	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	2	B/D PA
VIBERZI	2	MO; QL (60 per 30 days); NDS
VOWST	2	PA; LA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>women's gentle lax ec 5 mg tab</i>	1	ADD
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	2	MO; NDS
ZYMFENTRA	2	PA; MO; QL (2 per 28 days); NDS
ULCER THERAPY		
<i>acid reducer 10 mg tablet</i>	1	ADD
<i>acid reducer 20 mg tablet</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acid reducer 20 mg tablet maximum strength</i>	1	ADD
<i>acid reducer 20 mg tablet max-str</i>	1	ADD
<i>acid reducer complete tab chew</i>	1	ADD
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine 10 mg tablet</i>	1	ADD
<i>famotidine 20 mg tablet (otc)</i>	1	MO; ADD
<i>famotidine intravenous</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>gnp acid reducer 10 mg tablet</i>	1	ADD
<i>gnp acid reducer 20 mg tablet</i>	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp lansoprazole dr 15 mg cap (otc)</i>	1	MO; ADD
<i>gnp omeprazole dr 20 mg tablet</i>	1	MO; ADD
<i>gs acid reducer 10 mg tablet</i>	1	ADD
<i>gs acid reducer 20 mg tablet</i>	1	ADD
<i>gs lansoprazole dr 15 mg cap (otc)</i>	1	MO; ADD
<i>gs omeprazole dr 20 mg tablet</i>	1	MO; ADD
<i>gs omeprazole dr 20 mg tablet 14 day course</i>	1	MO; ADD
<i>heartburn relief 10 mg tablet</i>	1	MO; ADD
<i>heartburn relief 20 mg tablet</i>	1	MO; ADD
<i>lansoprazole dr 15 mg capsule (otc)</i>	1	MO; ADD
<i>lansoprazole dr 15 mg capsule outer (otc)</i>	1	MO; ADD
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
<i>misoprostol</i>	1	MO
<i>nizatidine oral capsule</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>omeprazole dr 20 mg tablet</i>	1	MO; ADD
<i>omeprazole dr 20 mg tablet 1x14 day course</i>	1	MO; ADD
<i>omeprazole dr 20 mg tablet 2x14 day course</i>	1	MO; ADD
<i>omeprazole dr 20 mg tablet 3x14 day course</i>	1	MO; ADD
<i>omeprazole mag dr 20.6 mg cap three 14-day course</i>	1	MO; ADD
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sm acid reducer 10 mg tablet</i>	1	ADD
<i>sm acid reducer 20 mg tablet</i>	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm acid reducer 20 mg tablet maximum strength</i>	1	ADD
<i>sm lansoprazole dr 15 mg cap (otc)</i>	1	MO; ADD
<i>sm omeprazole dr 20 mg tablet</i>	1	MO; ADD
<i>sm omeprazole dr 20 mg tablet 2x14 day course</i>	1	MO; ADD
<i>sm omeprazole dr 20 mg tablet 3x14 day course</i>	1	MO; ADD
<i>sucralfate</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	2	PA; MO; NDS
ARCALYST	2	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (1 per 28 days); NDS
BESREMI	2	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days); NDS
FULPHILA	2	PA; MO; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ILARIS (PF)	2	PA; MO; LA; QL (2 per 28 days); NDS
NIVESTYM	2	PA; MO; NDS
NYVEPRIA	2	PA; MO; NDS
OMNITROPE	2	PA; MO; NDS
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days); NDS
<i>plerixafor</i>	1	B/D PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO; NDS
RELEUKO SUBCUTANEOUS	2	PA; MO; 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	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; MO; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DENGVAXIA (PF)	2	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	1	
GAMASTAN	2	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	2	
HIZENTRA	2	B/D PA; MO; NDS
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL	2	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	2	
IPOL	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PRIVIGEN	2	PA; MO; NDS
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	1	V

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	2	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS, DIPHTHERIA TOX PED (PF)	2	
TICE BCG	2	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VAXCHORA VACCINE	1	V
YF-VAX (PF)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

BD INSULIN SYRINGE	2	PA; MO
BD INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	2	PA; MO
BD PEN NEEDLE	2	PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BD PEN NEEDLE	2	PA
CEQR SIMPLICITY	2	MO
CEQR SIMPLICITY INSERTER	2	MO
GAUZE PADS 2 X 2	2	PA; MO
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	PA; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	MO
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
OMNIPOD GO PODS	2	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OMNIPOD GO PODS 10 UNITS/DAY	2	
OMNIPOD GO PODS 15 UNITS/DAY	2	
OMNIPOD GO PODS 20 UNITS/DAY	2	
OMNIPOD GO PODS 25 UNITS/DAY	2	
OMNIPOD GO PODS 30 UNITS/DAY	2	
OMNIPOD GO PODS 40 UNITS/DAY	2	
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	2	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>febuxostat</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	2	PA; QL (2.48 per 28 days); NDS

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	2	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS	2	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS	2	PA; MO; QL (3.6 per 28 days); NDS
BENLYSTA	2	PA; MO; NDS
CYLTEZO(CF) PEN	2	PA; MO; QL (4 per 28 days); NDS
CYLTEZO(CF) PEN CROHN'S-UC-HS	2	PA; QL (6 per 180 days); NDS
CYLTEZO(CF) PEN PSORIASIS-UV	2	PA; QL (4 per 180 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; QL (4 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days); NDS
ENBREL MINI	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days); NDS
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)	2	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	2	PA; QL (4 per 180 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	2	PA; MO; QL (3 per 180 days); NDS
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	2	PA; MO; QL (12 per 28 days); NDS
ORENCIA CLICKJECT	2	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; MO; QL (2.8 per 28 days); NDS
OTEZLA ORAL TABLET 20 MG	2	PA; QL (60 per 30 days); NDS
OTEZLA ORAL TABLET 30 MG	2	PA; MO; QL (60 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	2	PA; QL (55 per 180 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 180 days); NDS
<i>penicillamine oral tablet</i>	1	PA; MO; NDS
RIDAURA	2	MO; NDS
RINVOQ LQ	2	PA; MO; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; MO; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; MO; QL (84 per 180 days); NDS
SAVELLA ORAL TABLET	2	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (55 per 180 days)
TYENNE AUTOINJECTOR	2	PA; QL (3.6 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TYENNE INTRAVENOUS	2	PA; QL (160 per 28 days); NDS
TYENNE SUBCUTANEOUS	2	PA; QL (3.6 per 28 days); NDS
XELJANZ ORAL SOLUTION	2	PA; MO; QL (480 per 24 days); NDS
XELJANZ ORAL TABLET	2	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR	2	PA; MO; QL (30 per 30 days); NDS
YUFLYMA(CF) AI CROHN'S-UC-HS	2	PA; QL (3 per 180 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; QL (4 per 28 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	2	PA; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; QL (4 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
DEPO-SUBQ PROVERA 104	2	MO
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
<i>emzahh</i>	1	
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO
<i>heather</i>	1	MO
IMVEXXY MAINTENANCE PACK	2	MO
IMVEXXY STARTER PACK	2	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>jinteli</i>	1	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	1	PA; MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	1	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<i>3-day vaginal cream</i>	1	MO; ADD
<i>clindamycin phosphate vaginal</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clotrimazole 1% vaginal cream</i>	1	MO; ADD
<i>clotrimazole-3 2% cream</i>	1	ADD
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
GNP MICONAZOLE 1 COMBO PACK	2	ADD
<i>gs miconazole 3 combo pack</i>	1	MO; ADD
<i>gs miconazole 7 cream</i>	1	MO; ADD
LILETTA	2	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>miconazole 2% vaginal cream</i>	1	ADD
<i>miconazole 3 combo pack 3 supp w/9gm cream</i>	1	MO; ADD
<i>miconazole 7 cream</i>	1	ADD
<i>miconazole 7 cream</i>	1	MO; ADD
<i>miconazole-7 cream</i>	1	ADD
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE	2	PA; MO; NDS
NEXPLANON	2	
<i>norelgestromin-ethin.estradiol</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm 3-day vaginal cream</i>	1	MO; ADD
<i>sm clotrimazole 1% vag cream</i>	1	MO; ADD
<i>sm miconazole 2% vaginal cream w/disp applicators</i>	1	ADD
<i>sm miconazole 3 combo pack w/disposable applica</i>	1	MO; ADD
<i>sm miconazole 7 100 mg vag sup</i>	1	ADD
<i>sm miconazole 7 cream w/reusable applic</i>	1	MO; ADD
<i>sm tioconazole-1 6.5% ointment</i>	1	ADD
<i>terconazole</i>	1	MO
TIOCONAZOLE-1 6.5% OINTMENT	2	ADD
<i>tranexamic acid oral</i>	1	MO
<i>xulane</i>	1	
<i>zafemy</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>camrese</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>econtra one-step 1.5 mg tablet inner</i>	1	ADD
<i>econtra one-step 1.5 mg tablet outer</i>	1	ADD
<i>elinest</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>her style 1.5 mg tablet</i>	1	ADD
<i>introvale</i>	1	
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1/50 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>larin fe 1/20 (28)</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel 1.5 mg tablet (otc)</i>	1	ADD
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	
<i>levora-28</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>lutera (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mili</i>	1	MO
<i>mono-linyah</i>	1	MO
<i>my choice 1.5 mg tablet</i>	1	ADD
<i>my way 1.5 mg tablet (otc)</i>	1	ADD
<i>new day 1.5 mg tablet</i>	1	ADD
<i>nikki (28)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>opcicon one-step 1.5 mg tablet</i>	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>option 2 1.5 mg tablet</i>	1	ADD
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>turqoz (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>vioarele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zovia 1-35 (28)</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>zumandimine (28)</i>	1	MO
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OXYTOCICS

<i>methylergonovine oral</i>	1	PA
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OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	1	MO
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<i>bacitracin-polymyxin b</i>	1	MO
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<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
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<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
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<i>gatifloxacin</i>	1	MO
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<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
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<i>levofloxacin ophthalmic (eye)</i>	1	
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<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
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<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
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<i>neomycin-bacitracin-polymyxin</i>	1	MO
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<i>neomycin-polymyxin-gramicidin</i>	1	MO
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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>neo-polycin</i>	1	
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<i>ofloxacin ophthalmic (eye)</i>	1	MO
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<i>polycin</i>	1	
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<i>polymyxin b sulf-trimethoprim</i>	1	MO
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<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
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ANTIVIRALS

<i>trifluridine</i>	1	MO
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ZIRGAN	2	MO
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BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	1	MO
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<i>carteolol</i>	1	MO
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<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
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<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
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<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
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MISCELLANEOUS OPHTHALMOLOGICS

<i>alaway 0.025% eye drops</i>	1	MO; ADD
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<i>artificial tears drops</i>	1	ADD
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<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>bss</i>	1	
<i>carboxymethylcell 0.5% eye drp</i>	1	ADD
<i>carboxymethylcell 0.5% eye drp inner</i>	1	ADD
<i>child's alaway 0.025% eye drop</i>	1	ADD
CIMERLI	2	PA; MO; NDS
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTARAN	2	PA; NDS
<i>epinastine</i>	1	MO
<i>eye itch relief 0.025% drops</i>	1	MO; ADD
EYLEA	2	PA; MO; NDS
GENTEAL TEARS SEVERE 0.3% GEL	2	MO; ADD
GENTEAL TEARS SEVERE 3-94% OIN	2	MO; ADD
<i>gs lubricat plus 0.5% eye drps p/f, 30x0.4ml</i>	1	MO; ADD
<i>ketotifen fum 0.035% eye drops (otc)</i>	1	MO; ADD
<i>lubricant 0.5% eye drop</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lubricant 0.5% eye drops</i>	1	MO; ADD
LUBRICANT EYE OINTMENT	2	ADD
<i>lubrifresh pm eye ointment</i>	1	ADD
MIEBO (PF)	2	MO; QL (12 per 30 days)
OXERVATE	2	PA; MO; NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
REFRESH CELLUVISC 1% EYE GEL	2	MO; ADD
REFRESH LACRI-LUBE OINTMENT	2	ADD
REFRESH LIQUIGEL 1% EYE DROP	2	MO; ADD
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML	2	MO; ADD
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D	2	MO; ADD
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML	2	MO; ADD
REFRESH TEARS 0.5% EYE DROP	2	MO; ADD
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone</i>	1	MO
SYSTANE NIGHTTIME EYE OINTMENT	2	MO; ADD
XDEMVI	2	PA; QL (10 per 42 days); NDS
XIIDRA	2	MO; QL (60 per 30 days)
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC)	2	MO; ADD
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>dorzolamide</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat</i>	1	
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	MO
<i>travoprost</i>	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
INVELTYS	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>loteprednol etabonate</i>	1	MO
OZURDEX	2	MO; NDS
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye)</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>ala-hist ir 2 mg tablet</i>	1	MO; ADD
<i>all day allergy 10 mg tablet</i>	1	MO; ADD
<i>all day allergy 10 mg tablet indoor/outdoor 24 hr</i>	1	MO; ADD
<i>aller-chlor 4 mg tablet</i>	1	MO; ADD
<i>aller-g-time 25 mg caplet</i>	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>allergy (loratadine) 10 mg tab</i>	1	ADD
<i>allergy 25 mg capsule</i>	1	ADD
<i>allergy 25 mg tablet</i>	1	ADD
<i>allergy 4 mg tablet</i>	1	ADD
<i>allergy relief 10 mg tablet</i>	1	ADD
<i>allergy relief 12.5 mg/5 ml</i>	1	ADD
<i>allergy relief 180 mg tablet</i>	1	MO; ADD
<i>allergy relief 25 mg capsule</i>	1	ADD
<i>allergy relief 25 mg softgel</i>	1	ADD
<i>allergy relief 25 mg tablet</i>	1	ADD
<i>allergy relief 4 mg tablet</i>	1	ADD
<i>allergy relief 5 mg/5 ml soln</i>	1	ADD
<i>allergy rlf (cetrazn) 10 mg tab</i>	1	ADD
<i>allergy rlf (cetrazn) 5 mg tab</i>	1	ADD
<i>allergy rlf (fexo) 60 mg tab</i>	1	ADD
<i>banophen 25 mg capsule</i>	1	MO; ADD
<i>banophen 25 mg tablet</i>	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>banophen 50 mg capsule</i>	1	MO; ADD
<i>cetirizine hcl 1 mg/ml soln children, grape (otc)</i>	1	MO; ADD
<i>cetirizine hcl 1 mg/ml soln children's (otc)</i>	1	MO; ADD
<i>cetirizine hcl 10 mg chew tab outer</i>	1	MO; ADD
<i>cetirizine hcl 10 mg tablet</i>	1	MO; ADD
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer</i>	1	MO; ADD
<i>cetirizine hcl 10 mg tablet indoor & outdoor</i>	1	MO; ADD
<i>cetirizine hcl 10 mg tablet indoor-outdoor,24hr</i>	1	MO; ADD
<i>cetirizine hcl 10 mg tablet outer</i>	1	MO; ADD
<i>cetirizine hcl 5 mg chew tab children's,outer,u-d</i>	1	MO; ADD
<i>cetirizine hcl 5 mg tablet</i>	1	MO; ADD
<i>cetirizine hcl 5 mg tablet indoor & outdoor</i>	1	MO; ADD
<i>cetirizine hcl 5 mg/5 ml solution cup inner</i>	1	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cetirizine hcl 5 mg/5 ml solution cup outer</i>	1	ADD
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>child all day allergy 1 mg/ml</i>	1	ADD
<i>child all day allergy 1 mg/ml bubble gum</i>	1	ADD
<i>child allergy (fexo) 30 mg/5 ml</i>	1	MO; ADD
<i>child allergy 5 mg/5 ml soln</i>	1	ADD
<i>child allergy relief 1 mg/ml</i>	1	ADD
<i>child allergy relief 5 mg/5 ml</i>	1	ADD
<i>child allergy rlf 12.5 mg/5 ml</i>	1	ADD
<i>child cetirizine 10 mg chew tb chewable, allergy</i>	1	ADD
<i>child cetirizine 5 mg chew tab</i>	1	ADD
<i>child cetirizine hcl 1 mg/ml</i>	1	MO; ADD
<i>child loratadine 5 mg/5 ml sol</i>	1	MO; ADD
<i>child loratadine 5 mg/5 ml syr grape</i>	1	MO; ADD
<i>diphedryl 12.5 mg/5 ml elixir</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>diphenhydramine 12.5 mg/5 ml</i>	1	ADD
<i>diphenhydramine 12.5 mg/5 ml cup outer</i>	1	ADD
<i>diphenhydramine 25 mg capsule (otc)</i>	1	ADD
<i>diphenhydramine 25 mg tablet</i>	1	MO; ADD
<i>diphenhydramine 25 mg tablet inner</i>	1	MO; ADD
<i>diphenhydramine 25 mg tablet outer</i>	1	MO; ADD
<i>diphenhydramine 25 mg/10 ml cup outer</i>	1	ADD
<i>diphenhydramine 50 mg capsule (otc)</i>	1	ADD
<i>diphenhydramine 50 mg capsule u-d, 10x10 (otc)</i>	1	ADD
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>ed chlorped jr syrup</i>	1	MO; ADD
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>fexofenadine hcl 180 mg tablet (otc)</i>	1	MO; ADD
<i>fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)</i>	1	MO; ADD
<i>fexofenadine hcl 60 mg tablet (otc)</i>	1	MO; ADD
<i>ft ad allergy (cetrzn) 10 mg tb</i>	1	MO; ADD
<i>ft allergy (chlorphen) 4 mg tb</i>	1	ADD
<i>ft allergy (diphen) 25 mg cap</i>	1	ADD
FT ALLERGY (DIPHEN) 25 MG CHEW	2	ADD
<i>ft allergy (diphen) 25 mg tab</i>	1	ADD
<i>ft allergy (fexo) 60 mg tablet</i>	1	ADD
<i>ft child allergy 12.5 mg/5 ml</i>	1	ADD
<i>gnp allergy relief 180 mg tab</i>	1	MO; ADD
<i>gnp allergy relief 25 mg sfgl</i>	1	ADD
<i>gnp allergy relief 25 mg tab</i>	1	ADD
<i>gnp allergy relief 4 mg tablet</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp allergy relief 50 mg/20 ml</i>	1	ADD
<i>gnp loratadine 10 mg odt</i>	1	MO; ADD
<i>gnp loratadine 10 mg tablet</i>	1	MO; ADD
<i>gs all day allergy 10 mg tab</i>	1	MO; ADD
<i>gs aller-ease 180 mg tablet</i>	1	ADD
<i>gs allergy relief 10 mg tablet</i>	1	ADD
<i>gs allergy relief 10 mg tablet non-drowsy</i>	1	ADD
<i>gs allergy relief 25 mg tablet</i>	1	ADD
<i>gs child all day aller 1 mg/ml</i>	1	ADD
<i>gs child allergy 12.5 mg/5 ml</i>	1	ADD
<i>gs child allergy rlf 5 mg/5 ml</i>	1	ADD
HISTEX 2.5 MG/5 ML SYRUP	2	ADD
HISTEX PD 0.938 MG/ML DROP	2	MO; ADD
<i>hm child all day aller 1 mg/ml</i>	1	ADD
<i>hm loratadine 10 mg tablet</i>	1	MO; ADD
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>loratadine 10 mg odt</i>	1	MO; ADD
<i>loratadine 10 mg tablet</i>	1	MO; ADD
<i>loratadine 10 mg tablet non-drowsy</i>	1	MO; ADD
<i>loratadine 10 mg tablet outer</i>	1	MO; ADD
<i>loratadine 5 mg/5 ml syrup children's</i>	1	MO; ADD
<i>loratadine 5 mg/5 ml syrup children's, d/f</i>	1	MO; ADD
<i>loratadine allergy 5 mg/5 ml d/f</i>	1	MO; ADD
<i>m-dryl 12.5 mg/5 ml solution</i>	1	MO; ADD
PEDIACLEAR PD 0.625 MG/ML DROP	2	ADD
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
<i>sm all day allergy 10 mg tab</i>	1	MO; ADD
SM ALLERGY (DIPHEN) 25 MG CHEW	2	ADD
<i>sm allergy (fexo) 60 mg tablet</i>	1	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm child allergy 12.5 mg/5 ml</i>	1	ADD
<i>sm child allergy 5 mg/5 ml sol</i>	1	ADD
<i>sm fexofenadine hcl 180 mg tab (otc)</i>	1	MO; ADD
<i>sm loratadine 5 mg/5 ml syrup</i>	1	MO; ADD
TRIPROLIDINE 0.938 MG/ML DROPS	2	ADD
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	2	PA; MO; LA; QL (90 per 30 days); NDS
ADVAIR HFA	2	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<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	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
<i>allergy relief 50 mcg spray</i>	1	ADD
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
<i>alyq</i>	1	PA; QL (60 per 30 days); NDS
<i>ambriasantan</i>	1	PA; MO; LA; QL (30 per 30 days); NDS
<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan</i>	1	PA; MO; LA; QL (60 per 30 days); NDS
BREO ELLIPTA	2	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>breyna</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>budesonide 32 mcg nasal spray (otc)</i>	1	MO; ADD
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CINRYZE	2	PA; MO; NDS
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
<i>cromolyn sodium nasal spray</i>	1	MO; ADD
DULERA	2	MO; QL (13 per 30 days)
ELIXOPHYLLIN	2	
FASENRA PEN	2	PA; MO; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; MO; QL (1 per 28 days); NDS
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray (otc)</i>	1	MO; ADD
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>gs 24 hour allergy 50 mcg spry</i>	1	ADD
<i>hm allergy relief 50 mcg spray</i>	1	ADD
<i>icatibant</i>	1	PA; MO; NDS
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALYDECO	2	PA; MO; QL (56 per 28 days); NDS
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; LA; QL (0.4 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OFEV	2	PA; MO; QL (60 per 30 days); NDS
OPSUMIT	2	PA; MO; LA; QL (30 per 30 days); NDS
OPSYNVI	2	PA; MO; QL (30 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	2	PA; MO; QL (112 per 28 days); NDS
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days); NDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	2	B/D PA; MO; NDS
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	1	PA; MO; NDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA; NDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm allergy relief 50 mcg spray</i>	1	ADD
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMDEKO	2	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NDS
<i>terbutaline</i>	1	MO
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide</i>	1	QL (90 per 90 days)
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	2	PA; MO; QL (56 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRIKAFTA ORAL TABLETS, SEQUENTIAL	2	PA; MO; QL (84 per 28 days); NDS
TYVASO	2	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO INSTITUTIONAL START KIT	2	B/D PA; QL (11.6 per 180 days); NDS
TYVASO REFILL KIT	2	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO STARTER KIT	2	B/D PA; MO; QL (81.2 per 180 days); NDS
<i>wixela inhub</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	2	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	2	PA; MO; LA; QL (8 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days); NDS
<i>zafirlukast</i>	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>mirabegron</i>	1	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
<i>tropium oral tablet</i>	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dutasteride- tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	1	MO
CYSTAGON	2	PA; LA
ELMIRON	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	2	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBL E 500 MG	2	MO
K-PHOS ORIGINAL TABLET	2	MO; ADD
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN	2	MO
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
ELECTROLYTES		
<i>antacid 500 mg chewable tablet outer</i>	1	ADD
<i>antacid 750 mg chewable tablet</i>	1	ADD
<i>antacid ex-str 750 mg tab chew</i>	1	ADD
<i>antacid ultra str 1,000 mg chw</i>	1	ADD
<i>antacid xtra strength chew tab</i>	1	ADD
<i>calcium antacid 500 mg chw tab assorted fruit</i>	1	MO; ADD
<i>calcium antacid 500 mg chw tab gluten-f, peppermint</i>	1	MO; ADD
<i>calcium antacid 750 mg chew tab</i>	1	MO; ADD
<i>calcium carb 1,250 mg/5 ml sus n (otc)</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium carbonate 1,250 mg/5 ml suspension cup 40's,u-d (otc)</i>	1	MO; ADD
<i>calcium chloride</i>	1	
<i>calcium gluconate intravenous</i>	1	
<i>cal-gest 500 mg tablet chew</i>	1	MO; ADD
<i>chromium cl 40 mcg/10 ml vial outer,svd</i>	1	ADD
<i>chromium cl 40 mcg/10 ml vial p/f, suv, outer</i>	1	ADD
<i>copper chloride 4 mg/10 ml vl p/f, suv, outer</i>	1	ADD
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>ft antacid 500 mg chew tablet</i>	1	ADD
<i>ft antacid ex-str 750 mg chew</i>	1	ADD
<i>gnp antacid ex-str 750 mg chew</i>	1	ADD
<i>hm antacid ex-str 750 mg chew</i>	1	ADD
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>k-phos neutral tablet</i>	1	MO; ADD
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium chloride injection</i>	1	
<i>magnesium oxide 420 mg tablet (rx)</i>	1	MO; ADD
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water</i>	1	
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
<i>manganese 1 mg/10 ml vial p/f, sub, outer</i>	1	ADD
<i>phospha 250 neutral tablet</i>	1	MO; ADD
<i>potassium acetate</i>	1	
<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet, er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous</i>	1	
<i>sm antacid 500 mg chew tablet</i>	1	ADD
<i>sm antacid 750 mg chew tablet</i>	1	ADD
<i>smooth antacid 750 mg chew tab</i>	1	ADD
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	MO
<i>sodium chloride intravenous</i>	1	
<i>sodium phosphate</i>	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	2	B/D PA
<i>electrolyte-148</i>	1	
<i>electrolyte-48 in d5w</i>	1	
<i>electrolyte-a</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
PLENAMINE	2	B/D PA
<i>premasol 10 %</i>	1	B/D PA
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	2	B/D PA
VITAMINS / HEMATINICS		
BACMIN CAPLET	2	MO; ADD
<i>bp vit 3 capsule</i>	1	MO; ADD
<i>corvita tablet</i>	1	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl inner, mov</i>	1	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl mdv,inner</i>	1	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl mov</i>	1	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl mov, outer</i>	1	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl outer</i>	1	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl outer, mov</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyanocobalamin 1,000 mcg/ml vl outer,mdv</i>	1	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl outer,suv</i>	1	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv, outer</i>	1	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv,outer</i>	1	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer, mov</i>	1	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer,mdv</i>	1	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer,mov</i>	1	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml inner, mov</i>	1	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mdv, outer</i>	1	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mov</i>	1	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mov, inner</i>	1	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyanocobalamin 30,000 mcg/30 ml muv, outer</i>	1	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml outer, muv</i>	1	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml outer,mdv</i>	1	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml outer,muv</i>	1	MO; ADD
DIALYVITE 3,000 TABLET	2	MO; ADD
DIALYVITE 5000 TABLET	2	MO; ADD
DIALYVITE SUPREME D TABLET	2	MO; ADD
<i>dialyvite tablet</i>	1	MO; ADD
<i>dialyvite with zinc tablet</i>	1	MO; ADD
DRISDOL 1.25 MG (50,000 UNIT)	2	ADD
ENLYTE SOFTGEL	2	MO; ADD
FLORIVA 0.25 MG CHEW TABLET	2	MO; ADD
FLORIVA 0.5 MG CHEWABLE TABLET	2	MO; ADD
FLORIVA 1 MG CHEWABLE TABLET	2	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>folic acid 1 mg tablet (rx)</i>	1	MO; ADD
<i>folic acid 1 mg tablet outer (rx)</i>	1	MO; ADD
<i>folic acid 5 mg/ml vial mdv</i>	1	MO; ADD
<i>folic acid 50 mg/10 ml vial muv</i>	1	MO; ADD
FOLTRATE TABLET (RX)	2	MO; ADD
<i>hydroxocobalamin 1,000 mcg/ml</i>	1	MO; ADD
INFUVITE ADULT BULK VIAL P/F, MDV, OUTER	2	MO; ADD
INFUVITE ADULT BULK VIAL P/F, MUV	2	MO; ADD
INFUVITE ADULT VIAL 2X5ML, SUV	2	MO; ADD
INFUVITE ADULT VIAL P/F, SDV, OUTER	2	MO; ADD
INFUVITE PEDIATRIC BULK VIAL MUV	2	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INFUVITE PEDIATRIC BULK VIAL P/F, MDV, OUTER	2	ADD
INFUVITE PEDIATRIC VIAL P/F, SDV, OUTER	2	ADD
INFUVITE PEDIATRIC VIAL SUV	2	ADD
<i>multivit-fluor 0.25 mg tab chw (rx)</i>	1	MO; ADD
<i>multivit-fluor 0.25 mg tab chw grape flavor (rx)</i>	1	MO; ADD
<i>multivit-fluor 0.25 mg/ml drop (rx)</i>	1	MO; ADD
<i>multivit-fluor 0.5 mg tab chew (rx)</i>	1	MO; ADD
<i>multivit-fluor 0.5 mg tab chew grape flavor (rx)</i>	1	MO; ADD
<i>multivit-fluor 0.5 mg/ml drop (rx)</i>	1	MO; ADD
<i>multivit-fluoride 1 mg tab chw (rx)</i>	1	MO; ADD
<i>multivit-fluoride 1 mg tab chw grape flavor (rx)</i>	1	MO; ADD
<i>multivit-fluor-iron 0.25 mg/ml (rx)</i>	1	MO; ADD
<i>multivit-iron-fluor 0.25 mg/ml (rx)</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NASCOBAL 500 MCG NASAL SPRAY	2	MO; ADD
<i>nephplex rx tablet</i>	1	MO; ADD
NIVA-FOL TABLET	2	ADD
POLY-VI-FLOR 0.25 MG TAB CHEW	2	MO; ADD
POLY-VI-FLOR 0.25 MG/ML DRP	2	ADD
POLY-VI-FLOR 0.5 MG TAB CHEW	2	MO; ADD
POLY-VI-FLOR 1 MG TAB CHEW	2	MO; ADD
POLY-VI-FLOR-IRON 0.5-10 MG CHW	2	MO; ADD
<i>prenatal vitamin oral tablet</i>	1	MO
<i>pyridoxine 100 mg/ml vial muv, outer</i>	1	MO; ADD
QUFLORA FE 0.25 MG CHEW TABLET	2	ADD
QUFLORA FE PED 0.25 MG/ML DROP	2	ADD
QUFLORA PED 0.25 MG CHEW TAB	2	ADD
QUFLORA PED 0.25 MG/ML DROP	2	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
QUFLORA PED 0.5 MG CHEW TAB	2	ADD
QUFLORA PED 0.5 MG/ML DROP	2	ADD
QUFLORA PED 1 MG CHEW TAB	2	ADD
STROVITE ONE CAPLET	2	MO; ADD
<i>thiamine 200 mg/2 ml vial 25's,mdv,outer</i>	1	MO; ADD
<i>thiamine 200 mg/2 ml vial mdv, outer</i>	1	MO; ADD
<i>thiamine 200 mg/2 ml vial mov</i>	1	MO; ADD
<i>thiamine 200 mg/2 ml vial mov, outer</i>	1	MO; ADD
<i>thiamine 200 mg/2 ml vial outer, mov</i>	1	MO; ADD
<i>thiamine 200 mg/2 ml vial outer,mov</i>	1	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>triphrocaps softgel (rx)</i>	1	MO; ADD
<i>tri-vite-fluoride 0.25 mg/ml</i>	1	MO; ADD
<i>tri-vite-fluoride 0.5 mg/ml</i>	1	MO; ADD
VITAL-D RX TABLET	2	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit)</i>	1	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit) capsule</i>	1	ADD
<i>vitamin d2 1.25 mg(50,000 unit) outer</i>	1	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit) softgel</i>	1	MO; ADD
<i>wescap-pn dha</i>	1	MO
<i>wescaps capsule</i>	1	MO; ADD

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<i>tolterodine</i>	112	<i>tri-lo-estarylla</i>	99	<i>valproate sodium</i>	30
<i>tolvaptan</i>	78	<i>tri-lo-marzia</i>	99	<i>valproic acid</i>	30
<i>topiramate</i>	30	<i>tri-lo-sprintec</i>	99	<i>valproic acid (as sodium salt)</i>	
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<i>tretinoin (antineoplastic)</i>	25	TYENNE AUTOINJECTOR		<i>venlafaxine</i>	50
<i>tretinoin topical</i>	62	94	<i>verapamil</i>	54
<i>triamcinolone acetonide</i> 66, 72,		TYPHIM VI.....	90	VERQUVO.....	58
73		TYVASO.....	111	VERSACLOZ.....	50
<i>triamterene-hydrochlorothiazid</i>		TYVASO INSTITUTIONAL		VERZENIO.....	26
.....	54	START KIT.....	111	<i>vestura (28)</i>	99
<i>tri-buffered aspirin</i>	43	TYVASO REFILL KIT.....	111	VIBATIV.....	9
<i>tridacaine ii</i>	61	TYVASO STARTER KIT.....	111	VIBERZI.....	85
<i>tridacaine iii</i>	61	U		<i>vienna</i>	99
<i>triderm</i>	66	UBRELVY.....	32	<i>vigabatrin</i>	30
<i>trientine</i>	68	<i>unithroid</i>	79	<i>vigadrone</i>	30
<i>tri-estarylla</i>	99	UNITUXIN.....	25	<i>vigpoder</i>	30
<i>trifluoperazine</i>	49	UPTRAVI.....	54	<i>vilazodone</i>	50
<i>trifluridine</i>	100	<i>ursodiol</i>	85	VIMIZIM.....	78

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

This drug list was last updated on 10/02/2024.

<i>vinblastine</i>	26	XARELTO DVT-PE TREAT	<i>zaleplon</i>	50
<i>vincristine</i>	26	30D START	ZALTRAP	26
<i>vinorelbine</i>	26	XCOPRI	ZANOSAR	26
<i>viorele (28)</i>	99	XCOPRI MAINTENANCE	ZEJULA	27
VIRACEPT	5	PACK	ZELBORAF	27
VIREAD.....	5	XCOPRI TITRATION PACK	<i>zenatane</i>	62
<i>vit 3</i>	116	ZENPEP	85
VITAL-D RX	119	XDEMVI	ZEPOSIA.....	33
<i>vitamin d2</i>	119	XELJANZ	ZEPOSIA STARTER KIT (28-	
<i>vitamin k</i>	56	XELJANZ XR.....	DAY).....	33
<i>vitamin k1</i>	56	XENICAL	ZEPOSIA STARTER PACK	
VITRAKVI.....	26	XERMELO.....	(7-DAY)	33
VIVITROL	43	XGEVA	ZEPZELCA	27
VIZIMPRO.....	26	XIAFLEX.....	<i>zidovudine</i>	5
VONJO.....	26	XIFAXAN	<i>ziprasidone hcl</i>	50
<i>voriconazole</i>	2	XIGDUO XR.....	<i>ziprasidone mesylate</i>	50
VOSEVI	5	XIIDRA	ZIRABEV	27
VOWST.....	85	XOFLUZA	ZIRGAN	100
VRAYLAR.....	50	XOLAIR.....	ZOLADEX	27
VUMERITY	33	XOSPATA.....	<i>zoledronic acid</i>	78
VYNDAMAX	58	XPOVIO.....	<i>zoledronic acid-mannitol-water</i>	
VYXEOS.....	26	XTANDI.....	68, 78
W		<i>xulane</i>	ZOLINZA.....	27
<i>warfarin</i>	56	Y	<i>zolpidem</i>	50
<i>water for irrigation, sterile</i> ...	68	YERVOY	ZONISADE	31
WEGOVY	69	YF-VAX (PF).....	<i>zonisamide</i>	31
WELIREG.....	26	YONDELIS	<i>zovia 1-35 (28)</i>	99
<i>wera (28)</i>	99	YUFLYMA(CF).....	ZTALMY	31
<i>wescap-pn dha</i>	119	YUFLYMA(CF) AI	ZUBSOLV.....	43
<i>wescaps</i>	119	CROHN'S-UC-HS.....	<i>zumandimine (28)</i>	100
<i>wixela inhub</i>	111	YUFLYMA(CF)	ZURZUVAE.....	50
<i>women's gentle laxative(bisac)</i>		AUTOINJECTOR	ZYDELIG.....	27
.....	85	<i>yuvafem</i>	ZYKADIA.....	27
X		Z	ZYMFENTRA.....	85
XALKORI.....	26	ZADITOR	ZYNLONTA	27
XARELTO	56	<i>zafemy</i>	ZYNYZ.....	27
		<i>zafirlukast</i>	ZYPREXA RELPREVV	50

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This drug list was last updated on 10/02/2024.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-230-2057**. Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-230-2057. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-833-230-2057. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-230-2057. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Mail: U.S. Dept of Health and Human Services
200 Independence Ave, SW Room 509F HHH Building
Washington, D.C. 20201

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

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



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