

# Boston Medical Center HealthNet Plan Senior Care Options (HMO-SNP) 2019 Formulary (List of Covered Drugs)

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

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This formulary was updated on 11/12/2018. For more recent information of other questions, please contact us, Boston Medical Center HealthNet Plan Senior Care Options Member Services at 1-877-833-8125 or, for TTY users, 711, 8:00am – 8:00pm Monday – Friday. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31), or visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org).

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# Boston Medical Center HealthNet Plan Senior Care Options 2019 *List of Covered Drugs* (Formulary)


## Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs *and over-the-counter (OTC) drugs* are covered by our plan. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by our plan.


Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)

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 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)

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## Disclaimers

This is a list of drugs that members can get in Boston Medical Center HealthNet Plan Senior Care Options.

- ❖ The formulary may change at any time. You will receive notice when necessary
- ❖ Boston Medical Center HealthNet Plan Senior Care Options (HMO-SNP) is an HMO plan with a Medicare Advantage contract and a contract with the Massachusetts Medicaid program. Enrollment in Boston Medical Center Health Net Plan Senior Care Options (HMO-SNP) depends on contract renewal. Boston Medical Center HealthNet Plan Senior Care Options (HMO-SNP) is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services, (CMS).
- ❖ You can always check our plan's up-to-date *List of Covered Drugs* online at [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org) or by calling 855-833-8125.
- ❖ **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-855-833-8125 (TTY: 711).
- ❖ **ATENCIÓN:** Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-833-8125 (TTY: 711).
- ❖ **ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-833-8125 (TTY: 711).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 855-833-8125 (TTY: 711), Live representatives are available from 8:00am – 8:00pm Monday – Friday. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free.

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## 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.

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

The drugs on the *List of Covered Drugs* that starts on page 15 are the drugs covered by Boston Medical Center HealthNet Plan Senior Care Options. The 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.”

 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)

- Our plan 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,
  - Boston Medical Center HealthNet Plan Senior Care Options agrees that the drug is medically necessary for you, **and**
  - you fill the prescription at a plan network pharmacy.
- In some cases, you have to do something before you can get a drug. See question B4 for more information.

You can also see an up-to-date list of drugs that we cover on our website at [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org) or call Member Services at 855-833-8125 (TTY: 711).

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## B2. Does the Drug List ever change?

Yes. Boston Medical Center HealthNet Plan Senior Care Options may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior approval for a drug. (Prior approval is permission from our plan 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, see 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 along 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 Boston Medical Center HealthNet Senior Care Options' up-to-date Drug List online at [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org).

 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)

- You can also call Member Services to check the current Drug List at 855-833-8125 (TTY: 711).

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

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


- **A new generic drug becomes available.** Sometimes, a new and cheaper drug comes along that works as well as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change or changes we made.
  - 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 see questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. If you receive notice due to a drug being removed from the market, talk with your doctor or other prescriber about what other treatment options would be best for you.

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

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

When these changes happen, we will tell you at least 30 days before we make the change to the Drug List or when you ask for a refill. This will give you time to talk to your doctor or other prescriber. He or she 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. Then you can:

- Get a 30-day supply of the drug before the change to the Drug List is made, or
- Ask for an exception from these changes. Please see questions B10-B12 for more information about exceptions.

 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Boston Medical Center HealthNet Plan Senior Care Options before you fill your prescription. Prior approval means an approval from our plan to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Prior authorization is different from a referral. Boston Medical Center HealthNet Plan Senior Care Options may not cover the drug if you don't get approval.
- **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 15. You can also get more information by visiting our web site at [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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#### B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The *List of Covered Drugs* on page 15 has a column labeled "Necessary actions, restrictions, or limits on use."

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#### B6. What happens if we change our rules about how we cover some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice

 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)

and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it starting on page 121.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 11. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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## B8. What if the drug you want to take is not on the Drug List?

If you don't see your drug on the Drug List, call Member Services at 855-833-8123 (TTY: 711) and ask about it. If you learn that Boston Medical Center HealthNet Plan Senior Care Options 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. He or she 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. See questions B10-B12 for more information about exceptions.


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## B9. What if you are a new Boston Medical Center HealthNet Plan Senior Care Options member and can't find your drug on the Drug List or have a problem getting your 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 our plan. This will give you time to talk to your doctor or other prescriber. He or she 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 fills to provide up to a maximum of 30 days of medication.

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

 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)



- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Boston Medical Center HealthNet Plan Senior Care Options, **or**
- you are taking a drug that is part of a step therapy restriction

If you are taking a drug that our plan does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Boston Medical Center HealthNet Plan Senior Care Options member.
- This is in addition to the temporary supply during the first 90 days you are a member of our plan.

If you have a change in your level of care (e.g., are discharged from a hospital or long term care facility to the home), you may need to have a temporary supply of drugs filled when going from one setting to another. The pharmacy filling your medication may request an override by contacting our pharmacy help desk. We will cover up to a 30-day supply for each medication that is not on our formulary or if your ability to get the drug is limited to allow you time to talk to your doctor and switch to an appropriate drug that we cover or request a formulary exception.

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### B10. Can you ask for an exception to cover your drug?


Yes. You can ask Boston Medical Center HealthNet Plan Senior Care Options 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, our plan 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 prior approval requirements.

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### B11. How can you ask for an exception?

 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)

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 of the *Evidence of Coverage* to learn more about exceptions.

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

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

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.

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

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

Boston Medical Center HealthNet Plan Senior Care Options covers both brand name drugs and generic drugs.

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### **B14. What are OTC drugs?**

OTC stands for "over-the-counter". Boston Medical Center HealthNet Plan Senior Care Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the plan Drug List to see what OTC drugs are covered.

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### **B15. Does Boston Medical Center HealthNet Plan Senior Care Options cover long-term supplies of prescriptions?**


- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
  - **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.
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### **B16. Can I get prescriptions delivered to my home from my local pharmacy?**

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

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### **B17. What is your copay?**

 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)

Boston Medical Center HealthNet Plan Senior Care Options members have no copays for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. See questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

All drugs on our Drug List are Tier 1 and have \$0 copay.

OTCs have a \$0 copay.

If you have questions, call Member Services at 855-833-8125 (TTY: 711).

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## Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Boston Medical Center HealthNet Plan Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 121. The index alphabetically lists all drugs covered by Boston Medical Center HealthNet Plan Senior Care Options.

**Note:** The tier listed as Non-Part D 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 decision we made about your coverage 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 MassHealth.
- If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 855-833-8125 (TTY: 711). You can also read Chapter 9 of the *Evidence of Coverage* to learn how to appeal a decision.

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## C1. List of Drugs by Medical Condition

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


The first column of the chart lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *lisinopril*), brand name drugs are capitalized (e.g., BYSTOLIC), and OTC drugs and non-drug products are listed in lower case (e.g., aspirin). The information in the “Necessary actions, restrictions, or limits on use” column tells you if Boston Medical Center HealthNet Plan Senior Care Options has any rules for covering your drug.

 **If you have questions**, please call Boston Medical Center HealthNet Plan Senior Care Options at 855-833-8125 (TTY: 711), Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31). The call is free. **For more information**, visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org)


# Boston Medical Center HealthNet Plan Senior Care Options (List of Covered Drugs)

## List of Drugs by Medical Condition

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## Legend

**\$0 (1):** Covered Medications

**\$0 (Non-Part D):** Mass Health Covered Medications

**BvD:** Part B vs. Part D-This prescription drug may be covered under Medicare Part B or D depending upon the circumstances.

**HRM:** High Risk Medication (PA required)

**LA:** Limited Access-This prescription drug is limited to certain pharmacies.

**MO:** Mail Order Eligible-This prescription may also be available via mail.

**OTC:** Over-the-Counter Medication Covered by Mass Health

**PA1:** Prior Authorization-You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

**PA2:** Prior Authorization (New Starts Only)-You (or your physician) are required to get prior authorization before you fill your prescription for this drug unless you are a previous user of the drug. If you have a history of using this medication, you will not need prior authorization.

**QL:** Quantity Limit-There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

**ST1:** Step Therapy-In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

**ST2:** Step Therapy (New Starts Only)-In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug. If you have a history of using this medication, you will not need to try other medications first.

## Boston Medical Center HealthNet Plan Senior Care Options (List of Covered Drugs)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANALGESICS</b>		
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr</i>	\$0 (1)	PA1
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (1)	PA1
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg, 8 mg</i>	\$0 (1)	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	\$0 (1)	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	\$0 (1)	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	\$0 (1)	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	\$0 (1)	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 600 MCG, 800 MCG	\$0 (1)	PA1
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	\$0 (1)	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	\$0 (1)	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BUPAP ORAL TABLET 50-300 MG	\$0 (1)	PA1; HRM; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	\$0 (1)	PA1; HRM; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	\$0 (1)	PA1; HRM
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	\$0 (1)	PA1; HRM; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	\$0 (1)	PA1; HRM; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	\$0 (1)	PA1; HRM
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	\$0 (1)	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	\$0 (1)	
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	\$0 (1)	BvD
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	\$0 (1)	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	\$0 (1)	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	\$0 (1)	
<i>hydromorphone hcl injection solution 2 mg/ml</i>	\$0 (1)	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	\$0 (1)	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml</i>	\$0 (1)	PA1; HRM
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	\$0 (1)	
<i>morphine sulfate injection solution 5 mg/ml</i>	\$0 (1)	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	\$0 (1)	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxycodone hcl oral capsule 5 mg</i>	\$0 (1)	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	\$0 (1)	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0 (1)	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	\$0 (1)	
<i>oxycodone-ibuprofen oral tablet 5-400 mg</i>	\$0 (1)	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	\$0 (1)	PA1; HRM
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (1)	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (1)	
<b>ANESTHETICS</b>		
<b>LOCAL ANESTHETICS</b>		
<i>lidocaine external patch 5 %</i>	\$0 (1)	PA1; QL (90 EA per 30 days)
<i>lidocaine hcl external gel 2 %</i>	\$0 (1)	QL (30 ML per 30 days)
<i>lidocaine hcl external solution 4 %</i>	\$0 (1)	QL (50 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	\$0 (1)	
<b>ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS</b>		
<b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	\$0 (1)	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (1)	MO
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	\$0 (1)	
<i>naltrexone hcl oral tablet 50 mg</i>	\$0 (1)	
NARCAN NASAL LIQUID 4 MG/0.1ML	\$0 (1)	QL (2 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (1)	
<b>OPIOID DEPENDENCE TREATMENTS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	\$0 (1)	PA1
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	\$0 (1)	PA1
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	\$0 (1)	
<b>SMOKING CESSATION AGENTS</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0 (1)	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	\$0 (1)	QL (56 EA per 28 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0 (1)	QL (56 EA per 28 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	\$0 (1)	QL (56 EA per 28 days)
NICOTROL INHALATION INHALER 10 MG	\$0 (1)	QL (2688 EA per 365 days)
<b>ANTIBACTERIALS</b>		
<b>AMINOGLYCOSIDES</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	\$0 (1)	BvD
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	\$0 (1)	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	\$0 (1)	BvD
<i>neomycin sulfate oral tablet 500 mg</i>	\$0 (1)	
<i>paromomycin sulfate oral capsule 250 mg</i>	\$0 (1)	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	\$0 (1)	
TOBI PODHALER INHALATION CAPSULE 28 MG	\$0 (1)	PA1
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0 (1)	PA1

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	\$0 (1)	BvD
<b>ANTIBACTERIALS, OTHER</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (1)	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0 (1)	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	\$0 (1)	BvD
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0 (1)	BvD
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (1)	MO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	\$0 (1)	BvD
<i>linezolid intravenous solution 600 mg/300ml</i>	\$0 (1)	PA1
<i>linezolid oral tablet 600 mg</i>	\$0 (1)	PA1
<i>methenamine hippurate oral tablet 1 gm</i>	\$0 (1)	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	\$0 (1)	BvD
<i>metronidazole oral capsule 375 mg</i>	\$0 (1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (1)	
MONUROL ORAL PACKET 3 GM	\$0 (1)	QL (2 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	\$0 (1)	QL (180 EA per 365 days)
<i>tigecycline intravenous solution reconstituted 50 mg</i>	\$0 (1)	BvD
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	\$0 (1)	BvD
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	\$0 (1)	
XIFAXAN ORAL TABLET 200 MG	\$0 (1)	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (1)	MO; QL (84 EA per 28 days)
<b>BETA-LACTAM, CEPHALOSPORINS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (1)	
<i>cefadroxil oral tablet 1 gm</i>	\$0 (1)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	\$0 (1)	BvD
<i>cefdinir oral capsule 300 mg</i>	\$0 (1)	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (1)	
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	\$0 (1)	BvD
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	\$0 (1)	BvD
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	\$0 (1)	BvD
<i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	\$0 (1)	
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>	\$0 (1)	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>ceftazidime injection solution reconstituted 2 gm, 6 gm</i>	\$0 (1)	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	\$0 (1)	BvD
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	\$0 (1)	BvD
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	\$0 (1)	BvD
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0 (1)	BvD
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (1)	
<i>cephalexin oral tablet 250 mg</i>	\$0 (1)	
SUPRAX ORAL CAPSULE 400 MG	\$0 (1)	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0 (1)	BvD
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM	\$0 (1)	BvD
<b>BETA-LACTAM, OTHER</b>		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	\$0 (1)	BvD
<i>aztreonam injection solution reconstituted 1 gm</i>	\$0 (1)	BvD
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0 (1)	PA1; LA
<i>doripenem intravenous solution reconstituted 500 mg</i>	\$0 (1)	BvD
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	\$0 (1)	BvD
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	\$0 (1)	BvD
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	\$0 (1)	BvD
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	\$0 (1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	\$0 (1)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (1)	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	\$0 (1)	BvD
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	\$0 (1)	BvD
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	\$0 (1)	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	\$0 (1)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	\$0 (1)	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	\$0 (1)	BvD
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	\$0 (1)	BvD
<i>oxacillin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (1)	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	\$0 (1)	BvD
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	\$0 (1)	BvD
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	\$0 (1)	BvD
<b>MACROLIDES</b>		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	\$0 (1)	BvD
<i>azithromycin oral packet 1 gm</i>	\$0 (1)	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (1)	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (1)	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	\$0 (1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (1)	
DIFICID ORAL TABLET 200 MG	\$0 (1)	ST1; QL (20 EA per 10 days)
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	\$0 (1)	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	\$0 (1)	
ERY-TAB ORAL TABLET DELAYED RELEASE 500 MG	\$0 (1)	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (1)	BvD
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	\$0 (1)	
<i>erythromycin base oral tablet 250 mg</i>	\$0 (1)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	\$0 (1)	
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	\$0 (1)	BvD
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	\$0 (1)	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg, 500 mg</i>	\$0 (1)	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	\$0 (1)	BvD
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (1)	BvD
<i>levofloxacin oral solution 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	\$0 (1)	BvD
<i>moxifloxacin hcl oral tablet 400 mg</i>	\$0 (1)	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	\$0 (1)	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0 (1)	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (1)	
<b>TETRACYCLINES</b>		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	BvD
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (1)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (1)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (1)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	\$0 (1)	



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS, OTHER</b>		
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (1)	PA2; MO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (1)	PA2; MO
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0 (1)	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	\$0 (1)	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	\$0 (1)	MO
<i>carbamazepine oral tablet 200 mg</i>	\$0 (1)	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	\$0 (1)	MO
EPITOL ORAL TABLET 200 MG	\$0 (1)	MO
<i>felbamate oral suspension 600 mg/5ml</i>	\$0 (1)	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (1)	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (1)	MO; QL (720 ML per 30 days)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0 (1)	MO
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (1)	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (1)	MO
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	\$0 (1)	MO
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	\$0 (1)	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0 (1)	MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	\$0 (1)	MO; QL (120 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>BARBITURATES</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>	\$0 (1)	PA2; MO; HRM
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (1)	PA2; MO; HRM
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (1)	MO
<b>BENZODIAZEPINES</b>		
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	\$0 (1)	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	\$0 (1)	
ONFI ORAL SUSPENSION 2.5 MG/ML	\$0 (1)	MO; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG	\$0 (1)	MO; QL (120 EA per 30 days)
ONFI ORAL TABLET 20 MG	\$0 (1)	MO; QL (60 EA per 30 days)
<b>CALCIUM CHANNEL MODIFYING AGENTS</b>		
CELONTIN ORAL CAPSULE 300 MG	\$0 (1)	MO
<i>ethosuximide oral capsule 250 mg</i>	\$0 (1)	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0 (1)	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<b>GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS</b>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	\$0 (1)	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	\$0 (1)	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	\$0 (1)	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	\$0 (1)	MO
<i>gabapentin oral solution 250 mg/5ml</i>	\$0 (1)	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	\$0 (1)	MO
LYRICA ORAL CAPSULE 100 MG, 200 MG, 25 MG, 50 MG	\$0 (1)	MO; QL (90 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYRICA ORAL CAPSULE 225 MG, 300 MG	\$0 (1)	MO; QL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	\$0 (1)	MO
SABRIL ORAL TABLET 500 MG	\$0 (1)	PA2; LA; MO; QL (180 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (1)	MO
<i>valproate sodium oral solution 250 mg/5ml</i>	\$0 (1)	MO
<i>valproic acid oral capsule 250 mg</i>	\$0 (1)	MO
<i>vigabatrin oral packet 500 mg</i>	\$0 (1)	PA2; MO; QL (180 EA per 30 days)
<b>GLUTAMATE REDUCING AGENTS</b>		
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (1)	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (1)	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0 (1)	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>lamotrigine starter kit-blue oral kit 25 (35) mg</i>	\$0 (1)	
<i>lamotrigine starter kit-green oral kit 25 (84)-100(14) mg</i>	\$0 (1)	
<i>lamotrigine starter kit-orange oral kit 25 (42)-100 (7) mg</i>	\$0 (1)	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	\$0 (1)	MO
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	\$0 (1)	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	\$0 (1)	MO; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	\$0 (1)	MO; QL (2400 ML per 30 days)
BANZEL ORAL TABLET 200 MG	\$0 (1)	MO; QL (480 EA per 30 days)
BANZEL ORAL TABLET 400 MG	\$0 (1)	MO; QL (240 EA per 30 days)
DILANTIN ORAL CAPSULE 30 MG	\$0 (1)	MO
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	\$0 (1)	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (1)	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	\$0 (1)	MO; QL (480 EA per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	\$0 (1)	MO; QL (240 EA per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	\$0 (1)	MO; QL (120 EA per 30 days)
PEGANONE ORAL TABLET 250 MG	\$0 (1)	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	\$0 (1)	MO
<i>phenytoin oral tablet chewable 50 mg</i>	\$0 (1)	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (1)	MO
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (1)	MO
VIMPAT ORAL TABLET 100 MG	\$0 (1)	MO; QL (120 EA per 30 days)
VIMPAT ORAL TABLET 150 MG, 200 MG	\$0 (1)	MO; QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	\$0 (1)	MO; QL (240 EA per 30 days)
<b>ANTIDEMENTIA AGENTS</b>		
<b>CHOLINESTERASE INHIBITORS</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	\$0 (1)	MO; QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (1)	MO; QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	\$0 (1)	QL (49 EA per 28 days)
<i>memantine hcl oral tablet 5 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	\$0 (1)	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (1)	MO
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (1)	MO
<i>mirtazapine oral tablet 15 mg</i>	\$0 (1)	MO; QL (90 EA per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	\$0 (1)	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	\$0 (1)	MO; QL (180 EA per 30 days)
<i>mirtazapine oral tablet dispersible 15 mg</i>	\$0 (1)	MO; QL (90 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mirtazapine oral tablet dispersible 30 mg</i>	\$0 (1)	MO; QL (45 EA per 30 days)
<i>mirtazapine oral tablet dispersible 45 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (1)	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0 (1)	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (1)	MO; QL (30 EA per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (1)	MO; QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	\$0 (1)	QL (30 EA per 30 days)
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	\$0 (1)	PA2; MO
MARPLAN ORAL TABLET 10 MG	\$0 (1)	MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0 (1)	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	\$0 (1)	MO
<b>SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	\$0 (1)	MO; QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg</i>	\$0 (1)	MO; QL (45 EA per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>desvenlafaxine er oral tablet extended release 24 hour 50 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 50 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	\$0 (1)	MO; QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	\$0 (1)	MO; QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	\$0 (1)	MO; QL (45 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (1)	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0 (1)	QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 40 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral capsule 20 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	\$0 (1)	MO; QL (600 ML per 30 days)
<i>fluoxetine hcl oral tablet 10 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>fluoxetine hcl oral tablet 20 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>fluoxetine hcl oral tablet 60 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	MO; QL (90 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5ML	\$0 (1)	MO; QL (900 ML per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	\$0 (1)	MO; QL (300 ML per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sertraline hcl oral tablet 100 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	\$0 (1)	MO; QL (45 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	\$0 (1)	MO; QL (90 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (1)	MO; QL (90 EA per 30 days)

## TRICYCLICS

<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	PA2; MO; HRM
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (1)	PA2; MO; HRM
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (1)	PA2; MO; HRM
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	PA2; MO; HRM
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	PA2; MO; HRM
<i>doxepin hcl oral concentrate 10 mg/ml</i>	\$0 (1)	PA2; MO; HRM
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (1)	PA2; MO; HRM
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	\$0 (1)	PA2; MO; HRM
<i>nortriptyline hcl oral capsule 10 mg, 75 mg</i>	\$0 (1)	MO
<i>nortriptyline hcl oral capsule 25 mg, 50 mg</i>	\$0 (1)	PA2; MO; HRM
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	\$0 (1)	PA2; MO; HRM
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA2; MO; HRM
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	PA2; MO; HRM

## ANTIEMETICS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIEMETICS, OTHER</b>		
COMPRO RECTAL SUPPOSITORY 25 MG	\$0 (1)	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (1)	
<i>prochlorperazine maleate oral tablet 5 mg</i>	\$0 (1)	BvD; MO
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (1)	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	\$0 (1)	PA1; HRM
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	PA1; HRM
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	PA1; HRM
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	\$0 (1)	PA1; HRM
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	\$0 (1)	
<b>EMETOGENIC THERAPY ADJUNCTS</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	\$0 (1)	BvD; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	\$0 (1)	BvD; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	BvD; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (1)	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	\$0 (1)	BvD; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	\$0 (1)	BvD; QL (30 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (1)	BvD; QL (60 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	\$0 (1)	BvD; QL (60 EA per 30 days)
VARUBI ORAL TABLET 90 MG	\$0 (1)	BvD; QL (8 EA per 30 days)
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (1)	BvD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	\$0 (1)	BvD
<i>amphotericin b injection solution reconstituted 50 mg</i>	\$0 (1)	BvD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0 (1)	BvD
<i>ciclopirox external gel 0.77 %</i>	\$0 (1)	
<i>ciclopirox external shampoo 1 %</i>	\$0 (1)	
<i>ciclopirox external solution 8 %</i>	\$0 (1)	
<i>ciclopirox olamine external cream 0.77 %</i>	\$0 (1)	
<i>ciclopirox olamine external suspension 0.77 %</i>	\$0 (1)	
<i>clotrimazole external cream 1 %</i>	\$0 (1)	
<i>clotrimazole external solution 1 %</i>	\$0 (1)	
<i>clotrimazole mouth/throat lozenge 10 mg</i>	\$0 (1)	
<i>econazole nitrate external cream 1 %</i>	\$0 (1)	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	\$0 (1)	BvD
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0 (1)	BvD
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0 (1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0 (1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (1)	PA1
JUBLIA EXTERNAL SOLUTION 10 %	\$0 (1)	
<i>ketoconazole external cream 2 %</i>	\$0 (1)	
<i>ketoconazole external shampoo 2 %</i>	\$0 (1)	
<i>ketoconazole oral tablet 200 mg</i>	\$0 (1)	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	\$0 (1)	BvD
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOXAFIL ORAL SUSPENSION 40 MG/ML	\$0 (1)	PA1; MO
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	\$0 (1)	PA1; MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	\$0 (1)	
<i>nystatin external cream 100000 unit/gm</i>	\$0 (1)	
<i>nystatin external ointment 100000 unit/gm</i>	\$0 (1)	
<i>nystatin external powder 100000 unit/gm</i>	\$0 (1)	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	\$0 (1)	
<i>nystatin oral tablet 500000 unit</i>	\$0 (1)	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	\$0 (1)	
ORAVIG BUCCAL TABLET 50 MG	\$0 (1)	
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (1)	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	\$0 (1)	BvD
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	\$0 (1)	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0 (1)	
<b>ANTIGOUT AGENTS</b>		
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (1)	MO
<i>colchicine oral capsule 0.6 mg</i>	\$0 (1)	
<i>colchicine oral tablet 0.6 mg</i>	\$0 (1)	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	\$0 (1)	MO
<i>probenecid oral tablet 500 mg</i>	\$0 (1)	MO
ULORIC ORAL TABLET 40 MG, 80 MG	\$0 (1)	ST1; MO
<b>ANTI-INFLAMMATORY AGENTS</b>		
<b>NONSTEROIDAL ANTI-INFLAMMATORY DRUGS</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	\$0 (1)	ST1; MO; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	\$0 (1)	MO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	\$0 (1)	MO
<i>diclofenac sodium transdermal gel 1 %, 3 %</i>	\$0 (1)	PA1
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	\$0 (1)	MO
<i>diflunisal oral tablet 500 mg</i>	\$0 (1)	MO
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	\$0 (1)	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (1)	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (1)	MO
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	\$0 (1)	MO
IBU ORAL TABLET 600 MG, 800 MG	\$0 (1)	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	\$0 (1)	
<i>ibuprofen oral tablet 400 mg, 600 mg</i>	\$0 (1)	MO
<i>ibuprofen oral tablet 800 mg</i>	\$0 (1)	
<i>indomethacin er oral capsule extended release 75 mg</i>	\$0 (1)	PA1; MO; HRM
<i>indomethacin oral capsule 25 mg, 50 mg</i>	\$0 (1)	PA1; MO; HRM
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	\$0 (1)	MO
<i>ketorolac tromethamine oral tablet 10 mg</i>	\$0 (1)	PA1; HRM
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	\$0 (1)	MO
<i>meloxicam oral tablet 15 mg</i>	\$0 (1)	
<i>meloxicam oral tablet 7.5 mg</i>	\$0 (1)	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (1)	MO
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	\$0 (1)	MO
<i>naproxen oral tablet 250 mg, 375 mg</i>	\$0 (1)	MO
<i>naproxen oral tablet 500 mg</i>	\$0 (1)	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxaprozin oral tablet 600 mg</i>	\$0 (1)	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (1)	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (1)	MO
<i>tolmetin sodium oral capsule 400 mg</i>	\$0 (1)	MO
<i>tolmetin sodium oral tablet 600 mg</i>	\$0 (1)	MO
<b>ANTIMIGRAINE AGENTS</b>		
<b>ERGOT ALKALOIDS</b>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	\$0 (1)	QL (24 ML per 28 days)
<i>ergoloid mesylates oral tablet 1 mg</i>	\$0 (1)	PA1; MO; HRM
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (1)	QL (40 EA per 28 days)
<b>SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS</b>		
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	\$0 (1)	QL (9 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	\$0 (1)	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0 (1)	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0 (1)	QL (10 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0 (1)	QL (8 ML per 30 days)
<b>ANTIMYASTHENIC AGENTS</b>		
<b>PARASYMPATHOMIMETICS</b>		
<i>guanidine hcl oral tablet 125 mg</i>	\$0 (1)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (1)	
<b>ANTIMYCOBACTERIALS</b>		
<b>ANTIMYCOBACTERIALS, OTHER</b>		
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (1)	
<i>rifabutin oral capsule 150 mg</i>	\$0 (1)	
<b>ANTITUBERCULARS</b>		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	\$0 (1)	
<i>isoniazid oral syrup 50 mg/5ml</i>	\$0 (1)	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (1)	MO
PASER ORAL PACKET 4 GM	\$0 (1)	
PRIFTIN ORAL TABLET 150 MG	\$0 (1)	
<i>rifampin intravenous solution reconstituted 600 mg</i>	\$0 (1)	BvD
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (1)	
RIFATER ORAL TABLET 50-120-300 MG	\$0 (1)	
TRECTOR ORAL TABLET 250 MG	\$0 (1)	

## ANTINEOPLASTICS

### ALKYLATING AGENTS

<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (1)	BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$0 (1)	PA2
HEXALEN ORAL CAPSULE 50 MG	\$0 (1)	PA2
LEUKERAN ORAL TABLET 2 MG	\$0 (1)	

### ANTIANGIOGENIC AGENTS

DEPEN TITRATABS ORAL TABLET 250 MG	\$0 (1)	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA2; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	\$0 (1)	MO

### ANTIMETABOLITES

DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (1)	MO
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (1)	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	\$0 (1)	BvD
PURIXAN ORAL SUSPENSION 2000 MG/100ML	\$0 (1)	LA
TABLOID ORAL TABLET 40 MG	\$0 (1)	

## ANTINEOPLASTICS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	\$0 (1)	PA2
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	\$0 (1)	PA2
ALECENSA ORAL CAPSULE 150 MG	\$0 (1)	PA2
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0 (1)	PA2; LA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0 (1)	PA2; LA
<i>bexarotene oral capsule 75 mg</i>	\$0 (1)	PA2
<i>bicalutamide oral tablet 50 mg</i>	\$0 (1)	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (1)	PA2
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (1)	PA2; LA
CALQUENCE ORAL CAPSULE 100 MG	\$0 (1)	PA2; LA
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0 (1)	PA2; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	\$0 (1)	PA2; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	\$0 (1)	PA2; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0 (1)	PA2; LA
COTELLIC ORAL TABLET 20 MG	\$0 (1)	PA2; LA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0 (1)	PA2
EMCYT ORAL CAPSULE 140 MG	\$0 (1)	
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (1)	PA2
ERLEADA ORAL TABLET 60 MG	\$0 (1)	PA2; LA
FARESTON ORAL TABLET 60 MG	\$0 (1)	PA2; MO
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	\$0 (1)	PA2
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG	\$0 (1)	PA2
<i>fluorouracil external solution 2 %, 5 %</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>flutamide oral capsule 125 mg</i>	\$0 (1)	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (1)	PA2; LA
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (1)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (1)	PA2
ICLUSIG ORAL TABLET 15 MG, 45 MG	\$0 (1)	PA2; LA
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (1)	PA2; LA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	\$0 (1)	PA2
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	\$0 (1)	PA2; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 (1)	PA2; LA
INLYTA ORAL TABLET 1 MG, 5 MG	\$0 (1)	PA2
IRESSA ORAL TABLET 250 MG	\$0 (1)	PA2; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA2; LA
KISQALI 200 DOSE ORAL TABLET 200 MG	\$0 (1)	PA2
KISQALI 400 DOSE ORAL TABLET 200 MG	\$0 (1)	PA2
KISQALI 600 DOSE ORAL TABLET 200 MG	\$0 (1)	PA2
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (1)	PA2
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (1)	PA2
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (1)	PA2
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	\$0 (1)	PA2
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0 (1)	PA2
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 (2) MG	\$0 (1)	PA2
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	\$0 (1)	PA2
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	\$0 (1)	PA2

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 4 (2) MG	\$0 (1)	PA2
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (1)	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0 (1)	PA2
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (1)	PA2; LA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	\$0 (1)	PA2
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	\$0 (1)	PA2
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	\$0 (1)	PA2
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$0 (1)	PA2
LYNPARZA ORAL CAPSULE 50 MG	\$0 (1)	PA2; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA2; LA
LYSODREN ORAL TABLET 500 MG	\$0 (1)	
MATULANE ORAL CAPSULE 50 MG	\$0 (1)	LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	\$0 (1)	PA2; LA
MESNEX ORAL TABLET 400 MG	\$0 (1)	
NERLYNX ORAL TABLET 40 MG	\$0 (1)	PA2; LA
NEXAVAR ORAL TABLET 200 MG	\$0 (1)	PA2; LA
<i>nilutamide oral tablet 150 mg</i>	\$0 (1)	QL (60 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (1)	PA2
ODOMZO ORAL CAPSULE 200 MG	\$0 (1)	PA2; LA
PANRETIN EXTERNAL GEL 0.1 %	\$0 (1)	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	PA2; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (1)	PA2; LA
RYDAPT ORAL CAPSULE 25 MG	\$0 (1)	PA2

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	\$0 (1)	PA2
STIVARGA ORAL TABLET 40 MG	\$0 (1)	PA2; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 (1)	PA2
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (1)	PA2
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (1)	PA2; LA
TAGRISSEO ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA2; LA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0 (1)	MO
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	\$0 (1)	PA2
TARGRETIN EXTERNAL GEL 1 %	\$0 (1)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (1)	PA2
TOLAK EXTERNAL CREAM 4 %	\$0 (1)	
<i>tretinoin oral capsule 10 mg</i>	\$0 (1)	
TYKERB ORAL TABLET 250 MG	\$0 (1)	PA2
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (1)	PA2
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	\$0 (1)	PA2; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0 (1)	PA2; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (1)	PA2; LA
VOTRIENT ORAL TABLET 200 MG	\$0 (1)	PA2
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (1)	PA2
XTANDI ORAL CAPSULE 40 MG	\$0 (1)	PA2; LA
YONSA ORAL TABLET 125 MG	\$0 (1)	PA2
ZEJULA ORAL CAPSULE 100 MG	\$0 (1)	PA2; LA
ZELBORAF ORAL TABLET 240 MG	\$0 (1)	PA2
ZOLINZA ORAL CAPSULE 100 MG	\$0 (1)	PA2
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA2; LA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYKADIA ORAL CAPSULE 150 MG	\$0 (1)	PA2
ZYTIGA ORAL TABLET 250 MG, 500 MG	\$0 (1)	PA2
<b>AROMATASE INHIBITORS, 3RD GENERATION</b>		
<i>anastrozole oral tablet 1 mg</i>	\$0 (1)	MO
<i>exemestane oral tablet 25 mg</i>	\$0 (1)	MO
<i>letrozole oral tablet 2.5 mg</i>	\$0 (1)	MO
<b>ANTIPARASITICS</b>		
<b>ANTHELMINTICS</b>		
ALBENZA ORAL TABLET 200 MG	\$0 (1)	
EMVERM ORAL TABLET CHEWABLE 100 MG	\$0 (1)	
<i>ivermectin oral tablet 3 mg</i>	\$0 (1)	
<b>ANTIPROTOZOALS</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	\$0 (1)	
ALINIA ORAL TABLET 500 MG	\$0 (1)	
<i>atovaquone oral suspension 750 mg/5ml</i>	\$0 (1)	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (1)	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	\$0 (1)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (1)	MO
COARTEM ORAL TABLET 20-120 MG	\$0 (1)	
<i>mefloquine hcl oral tablet 250 mg</i>	\$0 (1)	MO
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	\$0 (1)	BvD
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	\$0 (1)	BvD
<i>primaquine phosphate oral tablet 26.3 mg</i>	\$0 (1)	
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (1)	
<b>PEDICULICIDES/SCABICIDES</b>		
<i>lindane external shampoo 1 %</i>	\$0 (1)	
<i>permethrin external cream 5 %</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTICHOLINERGICS</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	PA1; MO; HRM
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	\$0 (1)	PA1; MO; HRM
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	\$0 (1)	PA1; MO; HRM
<b>ANTIPARKINSON AGENTS, OTHER</b>		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (1)	MO
<i>amantadine hcl oral syrup 50 mg/5ml</i>	\$0 (1)	MO
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (1)	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (1)	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (1)	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (1)	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (1)	MO
<i>entacapone oral tablet 200 mg</i>	\$0 (1)	MO
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG	\$0 (1)	PA1; LA; MO
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	\$0 (1)	ST1; MO
<i>tolcapone oral tablet 100 mg</i>	\$0 (1)	MO; QL (180 EA per 30 days)
<b>DOPAMINE AGONISTS</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	\$0 (1)	PA1; LA
<i>bromocriptine mesylate oral capsule 5 mg</i>	\$0 (1)	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	\$0 (1)	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	\$0 (1)	ST1; MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (1)	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (1)	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (1)	MO
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	MO
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (1)	MO
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (1)	MO
<b>ANTIPSYCHOTICS</b>		
<b>1ST GENERATION/TYPICAL</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	PA2; MO; HRM
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 200 mg, 25 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (1)	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0 (1)	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate injection solution 5 mg/ml, 5 mg/ml(1 ml prefilled syringe)</i>	\$0 (1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (1)	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (1)	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (1)	PA2; MO; HRM
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	\$0 (1)	PA2; MO; HRM
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (1)	MO
<i>prochlorperazine maleate oral tablet 10 mg</i>	\$0 (1)	BvD; MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (1)	PA2; MO; HRM
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (1)	ST2
<b>2ND GENERATION/ATYPICAL</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0 (1)	MO; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0 (1)	MO; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (1)	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg, 5 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	ST2; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	\$0 (1)	ST2; QL (16 EA per 365 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	\$0 (1)	ST2

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	\$0 (1)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	\$0 (1)	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	\$0 (1)	MO; QL (30 EA per 30 days)
LATUDA ORAL TABLET 60 MG, 80 MG	\$0 (1)	MO; QL (60 EA per 30 days)
NUPLAZID ORAL TABLET 17 MG	\$0 (1)	PA2; LA; MO; QL (60 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 50 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	MO; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 (1)	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (1)	MO; QL (240 ML per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	\$0 (1)	ST2; MO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG	\$0 (1)	ST2; MO; QL (120 EA per 30 days)
VRAYLAR ORAL CAPSULE 3 MG	\$0 (1)	ST2; MO; QL (60 EA per 30 days)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG	\$0 (1)	ST2; MO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	\$0 (1)	ST2
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
ZYPREXA RELPREV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	\$0 (1)	ST2
<b>ANTIVIRALS</b>		
<b>ANTI-CYTOMEGALOVIRUS (CMV) AGENTS</b>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0 (1)	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0 (1)	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	\$0 (1)	
<b>ANTIHEPATITIS AGENTS</b>		
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	PA1; MO
EPIVIR HBV ORAL SOLUTION 5 MG/ML	\$0 (1)	MO
<i>lamivudine oral tablet 100 mg</i>	\$0 (1)	MO
REBETOL ORAL SOLUTION 40 MG/ML	\$0 (1)	
VEMLIDY ORAL TABLET 25 MG	\$0 (1)	PA1; MO
<b>ANTI-HEPATITIS B (HBV) AGENTS</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	\$0 (1)	PA1; MO
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (1)	PA1; MO
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	\$0 (1)	PA2; MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	\$0 (1)	PA2; MO
<b>ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING</b>		
MAVYRET ORAL TABLET 100-40 MG	\$0 (1)	PA1
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (1)	PA1
<b>ANTI-HEPATITIS C (HCV) AGENTS, OTHER</b>		
MODERIBA 1200 DOSE PACK ORAL TABLET 600 MG	\$0 (1)	
MODERIBA 800 DOSE PACK ORAL TABLET 400 MG	\$0 (1)	
MODERIBA ORAL TABLET 200 MG	\$0 (1)	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	\$0 (1)	PA1
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	\$0 (1)	PA1
RIBASPHERE ORAL CAPSULE 200 MG	\$0 (1)	
RIBASPHERE ORAL TABLET 200 MG, 400 MG, 600 MG	\$0 (1)	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	\$0 (1)	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK 200 & 400 MG, 400 & 600 MG	\$0 (1)	
<i>ribavirin oral capsule 200 mg</i>	\$0 (1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (1)	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	\$0 (1)	PA2; MO
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir external ointment 5 %</i>	\$0 (1)	
<i>acyclovir oral capsule 200 mg</i>	\$0 (1)	
<i>acyclovir oral suspension 200 mg/5ml</i>	\$0 (1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (1)	BvD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (1)	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0 (1)	
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b>		
ATRIPLA ORAL TABLET 600-200-300 MG	\$0 (1)	MO; QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (1)	MO; QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	\$0 (1)	MO; QL (60 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	\$0 (1)	MO; QL (360 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (1)	MO; QL (30 EA per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG	\$0 (1)	MO; QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	\$0 (1)	MO; QL (60 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>nevirapine oral tablet 200 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
RESCRIPTOR ORAL TABLET 100 MG	\$0 (1)	MO; QL (360 EA per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	\$0 (1)	MO; QL (180 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	\$0 (1)	MO; QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	\$0 (1)	MO; QL (30 EA per 30 days)
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	\$0 (1)	MO; QL (1200 ML per 30 days)
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	\$0 (1)	MO; QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	\$0 (1)	MO; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<i>didanosine oral capsule delayed release 200 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	\$0 (1)	MO; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (1)	MO; QL (720 ML per 30 days)
JULUCA ORAL TABLET 50-25 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (1)	MO; QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (1)	MO; QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	\$0 (1)	MO; QL (30 EA per 30 days)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	\$0 (1)	MO; QL (60 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	\$0 (1)	MO; QL (1200 ML per 30 days)
VIREAD ORAL POWDER 40 MG/GM	\$0 (1)	MO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (1)	MO; QL (30 EA per 30 days)
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	\$0 (1)	MO; QL (2480 ML per 30 days)
<i>zidovudine oral capsule 100 mg</i>	\$0 (1)	MO; QL (180 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0 (1)	MO; QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<b>ANTI-HIV AGENTS, OTHER</b>		
BIKTARVY ORAL TABLET 50-200-25 MG	\$0 (1)	MO; QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	\$0 (1)	MO; QL (60 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	\$0 (1)	MO; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	\$0 (1)	MO; QL (240 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	\$0 (1)	MO; QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (1)	MO; QL (240 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (1)	MO; QL (180 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (1)	MO; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (1)	MO; QL (360 ML per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (1)	MO; QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	\$0 (1)	MO; QL (120 EA per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	\$0 (1)	MO; QL (60 EA per 30 days)
TYBOST ORAL TABLET 150 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<b>ANTI-HIV AGENTS, PROTEASE INHIBITORS</b>		
APTIVUS ORAL CAPSULE 250 MG	\$0 (1)	MO; QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	\$0 (1)	MO; QL (300 ML per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	\$0 (1)	MO; QL (360 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	\$0 (1)	MO; QL (180 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
INVIRASE ORAL CAPSULE 200 MG	\$0 (1)	MO; QL (300 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	\$0 (1)	MO; QL (120 EA per 30 days)
KALETRA ORAL TABLET 100-25 MG	\$0 (1)	MO; QL (300 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KALETRA ORAL TABLET 200-50 MG	\$0 (1)	MO; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (1)	MO; QL (1800 ML per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	\$0 (1)	MO; QL (400 ML per 30 days)
NORVIR ORAL CAPSULE 100 MG	\$0 (1)	MO; QL (360 EA per 30 days)
NORVIR ORAL PACKET 100 MG	\$0 (1)	MO; QL (360 EA per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	\$0 (1)	MO; QL (480 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	\$0 (1)	MO; QL (30 EA per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0 (1)	MO; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	\$0 (1)	MO; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (1)	MO; QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	\$0 (1)	MO; QL (30 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	\$0 (1)	MO; QL (240 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	\$0 (1)	MO; QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	\$0 (1)	MO; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	\$0 (1)	MO; QL (120 EA per 30 days)
<b>ANTI-INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	\$0 (1)	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	\$0 (1)	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	\$0 (1)	QL (112 EA per 365 days)
<i>rimantadine hcl oral tablet 100 mg</i>	\$0 (1)	
<b>ANXIOLYTICS</b>		
<b>ANXIOLYTICS, OTHER</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (1)	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	\$0 (1)	PA1; HRM
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (1)	PA1; HRM

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	PA1; HRM
<i>meprobamate oral tablet 200 mg, 400 mg</i>	\$0 (1)	PA1; HRM
<b>BENZODIAZEPINES</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	MO
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	\$0 (1)	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	\$0 (1)	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (1)	QL (240 ML per 30 days)
<i>diazepam oral solution 1 mg/ml</i>	\$0 (1)	QL (1200 EA per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	\$0 (1)	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	\$0 (1)	QL (600 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (1)	QL (240 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg</i>	\$0 (1)	QL (600 EA per 30 days)
<i>lorazepam oral tablet 1 mg</i>	\$0 (1)	QL (300 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<b>BIPOLAR AGENTS</b>		
<b>MOOD STABILIZERS</b>		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0 (1)	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (1)	MO
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (1)	MO
<i>lithium oral solution 8 meq/5ml</i>	\$0 (1)	MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>	\$0 (1)	MO; QL (90 EA per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 6-50 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)

## BLOOD GLUCOSE REGULATORS

### ANTIDIABETIC AGENTS, SUPPLY

ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	\$0 (1)	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	\$0 (1)	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	\$0 (1)	
<i>global alcohol prep ease pad 70 %</i>	\$0 (1)	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	\$0 (1)	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	\$0 (1)	

### ANTIDIABETIC AGENTS

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	\$0 (1)	MO; QL (60 EA per 30 days)
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	\$0 (1)	PA1; MO; HRM
CYCLOSET ORAL TABLET 0.8 MG	\$0 (1)	MO; QL (180 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (1)	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	\$0 (1)	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	\$0 (1)	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	\$0 (1)	PA1; MO; HRM
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	\$0 (1)	PA1; MO; HRM
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	\$0 (1)	PA1; MO; HRM
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	\$0 (1)	MO; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	\$0 (1)	MO; QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG	\$0 (1)	MO; QL (90 EA per 30 days)
INVOKANA ORAL TABLET 300 MG	\$0 (1)	MO; QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0 (1)	MO; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0 (1)	MO; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0 (1)	MO; QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG	\$0 (1)	MO; QL (30 EA per 30 days)
JANUVIA ORAL TABLET 25 MG	\$0 (1)	MO; QL (120 EA per 30 days)
JANUVIA ORAL TABLET 50 MG	\$0 (1)	MO; QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0 (1)	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	\$0 (1)	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (1)	MO
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE, 1 MG/DOSE	\$0 (1)	MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (1)	MO
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	\$0 (1)	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	MO
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	\$0 (1)	MO
RIOMET ORAL SOLUTION 500 MG/5ML	\$0 (1)	MO
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (1)	MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	\$0 (1)	PA1; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	\$0 (1)	PA1; MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	\$0 (1)	MO; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	\$0 (1)	MO; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	\$0 (1)	MO; QL (60 EA per 30 days)
<i>tolazamide oral tablet 250 mg, 500 mg</i>	\$0 (1)	MO
<i>tolbutamide oral tablet 500 mg</i>	\$0 (1)	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	\$0 (1)	MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (1)	MO
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0 (1)	MO
<b>GLYCEMIC AGENTS</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	\$0 (1)	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	\$0 (1)	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	\$0 (1)	MO
<b>INSULINS</b>		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (1)	MO
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0 (1)	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (1)	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (1)	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (1)	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (1)	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (1)	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	MO
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (1)	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (1)	MO
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>		
<b>ANTICOAGULANTS</b>		
ELIQUIS ORAL TABLET 2.5 MG	\$0 (1)	MO; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (1)	MO; QL (74 EA per 30 days)
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	\$0 (1)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (1)	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	\$0 (1)	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	\$0 (1)	BvD
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (1)	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (1)	MO
XARELTO ORAL TABLET 10 MG	\$0 (1)	MO; QL (35 EA per 90 days)
XARELTO ORAL TABLET 15 MG	\$0 (1)	MO; QL (60 EA per 30 days)
XARELTO ORAL TABLET 20 MG	\$0 (1)	MO; QL (30 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (1)	QL (51 EA per 30 days)

**BLOOD FORMATION MODIFIERS**

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (1)	PA1
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	\$0 (1)	PA1
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML	\$0 (1)	PA1; LA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	\$0 (1)	PA1
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (1)	PA1
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0 (1)	MO
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	\$0 (1)	PA1
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	PA1; MO; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (1)	PA1; MO; QL (30 EA per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (1)	QL (30 EA per 5 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (1)	PA1
<b>PLATELET MODIFYING AGENTS</b>		
<i>anagrelide hcl oral capsule 0.5 mg</i>	\$0 (1)	MO
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0 (1)	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (1)	MO; QL (60 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (1)	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0 (1)	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (1)	PA1; MO; HRM
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	MO
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (1)	MO
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	\$0 (1)	MO
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	\$0 (1)	PA1; MO; HRM
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	\$0 (1)	PA1; MO; HRM
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (1)	MO
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (1)	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (1)	MO
<i>eprosartan mesylate oral tablet 600 mg</i>	\$0 (1)	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (1)	MO
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	\$0 (1)	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	\$0 (1)	MO
<b>ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (1)	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (1)	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	\$0 (1)	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (1)	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (1)	MO
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (1)	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (1)	PA1; MO; HRM
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (1)	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (1)	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (1)	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (1)	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (1)	MO
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (1)	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (1)	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (1)	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (1)	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (1)	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (1)	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (1)	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (1)	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	\$0 (1)	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (1)	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (1)	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (1)	PA1; MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (1)	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0 (1)	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (1)	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (1)	MO
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	\$0 (1)	PA1; MO; HRM
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (1)	MO
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	\$0 (1)	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	\$0 (1)	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (1)	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (1)	MO
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	\$0 (1)	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (1)	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	\$0 (1)	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	\$0 (1)	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (1)	MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	\$0 (1)	MO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	\$0 (1)	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0 (1)	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (1)	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (1)	MO
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	\$0 (1)	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	\$0 (1)	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (1)	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	\$0 (1)	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (1)	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (1)	MO



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (1)	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (1)	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0 (1)	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	MO
<i>sotalol hcl (af) oral tablet 120 mg</i>	\$0 (1)	MO
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	\$0 (1)	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	MO
<b>CALCIUM CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	MO
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (1)	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	\$0 (1)	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (1)	MO
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	\$0 (1)	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (1)	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (1)	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (1)	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	\$0 (1)	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (1)	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (1)	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	\$0 (1)	PA1; MO; HRM
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	\$0 (1)	MO
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (1)	MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (1)	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (1)	MO
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (1)	MO
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	\$0 (1)	PA1; LA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (1)	PA1; MO
DIGITEK ORAL TABLET 125 MCG	\$0 (1)	MO; QL (30 EA per 30 days)
DIGITEK ORAL TABLET 250 MCG	\$0 (1)	PA1; MO; HRM; QL (30 EA per 30 days)
DIGOX ORAL TABLET 125 MCG	\$0 (1)	MO; QL (30 EA per 30 days)
DIGOX ORAL TABLET 250 MCG	\$0 (1)	PA1; MO; HRM; QL (30 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	\$0 (1)	PA1; MO; HRM; QL (255 ML per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>digoxin oral tablet 125 mcg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	\$0 (1)	PA1; MO; HRM; QL (30 EA per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	\$0 (1)	PA1
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	\$0 (1)	PA1; LA
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	\$0 (1)	PA1; MO
TEKTURNA ORAL TABLET 150 MG, 300 MG	\$0 (1)	MO
<b>DIURETICS, CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	\$0 (1)	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (1)	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (1)	MO
<b>DIURETICS, LOOP</b>		
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	MO
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	\$0 (1)	BvD
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0 (1)	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (1)	MO
<b>DIURETICS, POTASSIUM-SPARING</b>		
<i>amiloride hcl oral tablet 5 mg</i>	\$0 (1)	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (1)	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<b>DIURETICS, THIAZIDE</b>		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	\$0 (1)	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (1)	MO
DIURIL ORAL SUSPENSION 250 MG/5ML	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (1)	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (1)	MO
<i>methyclothiazide oral tablet 5 mg</i>	\$0 (1)	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	MO
<b>DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (1)	MO
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	\$0 (1)	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0 (1)	MO
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	\$0 (1)	MO
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	\$0 (1)	MO
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (1)	MO
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (1)	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	\$0 (1)	MO
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	\$0 (1)	MO
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (1)	ST1; MO; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (1)	MO
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (1)	MO
<b>DYSLIPIDEMICS, OTHER</b>		
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0 (1)	MO
<i>cholestyramine oral packet 4 gm</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>colesevelam hcl oral tablet 625 mg</i>	\$0 (1)	MO
<i>colestipol hcl oral packet 5 gm</i>	\$0 (1)	MO
<i>colestipol hcl oral tablet 1 gm</i>	\$0 (1)	MO
<i>ezetimibe oral tablet 10 mg</i>	\$0 (1)	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	\$0 (1)	PA1; MO; QL (30 EA per 30 days)
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (1)	PA1; LA; MO; QL (4 ML per 28 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	\$0 (1)	MO
NIACOR ORAL TABLET 500 MG	\$0 (1)	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	\$0 (1)	MO
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML, 75 MG/ML	\$0 (1)	PA1; MO
PREVALITE ORAL PACKET 4 GM	\$0 (1)	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	\$0 (1)	PA1; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	\$0 (1)	PA1; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	\$0 (1)	PA1; MO
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	\$0 (1)	MO; QL (120 EA per 30 days)
WELCHOL ORAL PACKET 3.75 GM	\$0 (1)	MO
<b>VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS</b>		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	\$0 (1)	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	\$0 (1)	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (1)	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (1)	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$0 (1)	MO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (1)	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (1)	MO
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	\$0 (1)	MO
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	\$0 (1)	MO
<b>VASODILATORS, DIRECT-ACTING ARTERIAL</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (1)	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (1)	MO
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES</b>		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	\$0 (1)	MO; QL (360 EA per 30 days)
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	\$0 (1)	MO
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (1)	PA1; MO; HRM
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	MO; QL (90 EA per 30 days)
<b>CENTRAL NERVOUS SYSTEM, OTHER</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	\$0 (1)	PA1; MO
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (1)	PA1; MO; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	\$0 (1)	PA1; MO
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	\$0 (1)	PA1; MO
<b>FIBROMYALGIA AGENTS</b>		
LYRICA ORAL CAPSULE 150 MG, 75 MG	\$0 (1)	MO; QL (90 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (1)	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	\$0 (1)	QL (110 EA per 365 days)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	\$0 (1)	PA1; LA; MO
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 (1)	PA1; LA; MO
AVONEX INTRAMUSCULAR KIT 30 MCG	\$0 (1)	PA1; MO
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	\$0 (1)	PA1; MO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	\$0 (1)	PA1; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (1)	PA1; MO
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	\$0 (1)	PA1; MO
GILENYA ORAL CAPSULE 0.5 MG	\$0 (1)	PA1; MO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	\$0 (1)	PA1; MO
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	\$0 (1)	PA1

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	\$0 (1)	PA1; MO
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	\$0 (1)	PA1; MO
TECFIDERA ORAL 120 & 240 MG	\$0 (1)	PA1
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	\$0 (1)	PA1; MO

## DENTAL AND ORAL AGENTS

### DENTAL AND ORAL AGENTS

<i>cevimeline hcl oral capsule 30 mg</i>	\$0 (1)	MO
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	\$0 (1)	
<i>lidocaine viscous mouth/throat solution 2 %</i>	\$0 (1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (1)	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	\$0 (1)	

## DERMATOLOGICAL AGENTS

### DERMATOLOGICAL AGENTS

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (1)	PA1
<i>adapalene external cream 0.1 %</i>	\$0 (1)	PA1
<i>adapalene external gel 0.1 %, 0.3 %</i>	\$0 (1)	PA1
<i>alclometasone dipropionate external cream 0.05 %</i>	\$0 (1)	
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0 (1)	
<i>amcinonide external cream 0.1 %</i>	\$0 (1)	
<i>amcinonide external lotion 0.1 %</i>	\$0 (1)	
<i>amcinonide external ointment 0.1 %</i>	\$0 (1)	
<i>ammonium lactate external cream 12 %</i>	\$0 (1)	
<i>ammonium lactate external lotion 12 %</i>	\$0 (1)	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	\$0 (1)	



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	\$0 (1)	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0 (1)	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0 (1)	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0 (1)	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0 (1)	
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0 (1)	
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0 (1)	
<i>betamethasone dipropionate external ointment 0.05 %</i>	\$0 (1)	
<i>betamethasone valerate external cream 0.1 %</i>	\$0 (1)	
<i>betamethasone valerate external lotion 0.1 %</i>	\$0 (1)	
<i>betamethasone valerate external ointment 0.1 %</i>	\$0 (1)	
<i>calcipotriene external ointment 0.005 %</i>	\$0 (1)	
<i>calcipotriene external solution 0.005 %</i>	\$0 (1)	
<i>calcitriol external ointment 3 mcg/gm</i>	\$0 (1)	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (1)	
<i>clindamycin phosphate external gel 1 %</i>	\$0 (1)	
<i>clindamycin phosphate external lotion 1 %</i>	\$0 (1)	
<i>clindamycin phosphate external solution 1 %</i>	\$0 (1)	
<i>clindamycin phosphate external swab 1 %</i>	\$0 (1)	
<i>clobetasol prop emollient base external cream 0.05 %</i>	\$0 (1)	
<i>clobetasol propionate e external cream 0.05 %</i>	\$0 (1)	
<i>clobetasol propionate external cream 0.05 %</i>	\$0 (1)	
<i>clobetasol propionate external ointment 0.05 %</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobetasol propionate external solution 0.05 %</i>	\$0 (1)	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0 (1)	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	\$0 (1)	
CONDYLOX EXTERNAL GEL 0.5 %	\$0 (1)	ST2
<i>desonide external cream 0.05 %</i>	\$0 (1)	
<i>desonide external ointment 0.05 %</i>	\$0 (1)	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	\$0 (1)	
<i>desoximetasone external gel 0.05 %</i>	\$0 (1)	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	\$0 (1)	
<i>diflorasone diacetate external cream 0.05 %</i>	\$0 (1)	
ELIDEL EXTERNAL CREAM 1 %	\$0 (1)	
<i>ery external pad 2 %</i>	\$0 (1)	
<i>erythromycin external solution 2 %</i>	\$0 (1)	
EUCRISA EXTERNAL OINTMENT 2 %	\$0 (1)	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	\$0 (1)	
<i>fluocinolone acetonide external ointment 0.025 %</i>	\$0 (1)	
<i>fluocinolone acetonide external solution 0.01 %</i>	\$0 (1)	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	\$0 (1)	
<i>fluocinonide emulsified base external cream 0.05 %</i>	\$0 (1)	
<i>fluocinonide external gel 0.05 %</i>	\$0 (1)	
<i>fluocinonide external ointment 0.05 %</i>	\$0 (1)	
<i>fluocinonide external solution 0.05 %</i>	\$0 (1)	
<i>fluticasone propionate external cream 0.05 %</i>	\$0 (1)	
<i>fluticasone propionate external ointment 0.005 %</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gentamicin sulfate external cream 0.1 %</i>	\$0 (1)	
<i>gentamicin sulfate external ointment 0.1 %</i>	\$0 (1)	
<i>halobetasol propionate external cream 0.05 %</i>	\$0 (1)	
<i>halobetasol propionate external ointment 0.05 %</i>	\$0 (1)	
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	\$0 (1)	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	\$0 (1)	
<i>hydrocortisone butyrate external solution 0.1 %</i>	\$0 (1)	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$0 (1)	
<i>hydrocortisone external lotion 2.5 %</i>	\$0 (1)	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	\$0 (1)	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0 (1)	
<i>imiquimod external cream 5 %</i>	\$0 (1)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
<i>methoxsalen rapid oral capsule 10 mg</i>	\$0 (1)	
<i>metronidazole external gel 0.75 %, 1 %</i>	\$0 (1)	
<i>metronidazole external lotion 0.75 %</i>	\$0 (1)	
<i>mometasone furoate external cream 0.1 %</i>	\$0 (1)	
<i>mometasone furoate external ointment 0.1 %</i>	\$0 (1)	
<i>mometasone furoate external solution 0.1 %</i>	\$0 (1)	
<i>mupirocin calcium external cream 2 %</i>	\$0 (1)	
<i>mupirocin external ointment 2 %</i>	\$0 (1)	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	\$0 (1)	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	\$0 (1)	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	\$0 (1)	
<i>podofilox external solution 0.5 %</i>	\$0 (1)	
<i>prednicarbate external cream 0.1 %</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prednicarbate external ointment 0.1 %</i>	\$0 (1)	
PROCTO-MED HC RECTAL CREAM 2.5 %	\$0 (1)	
PROCTO-PAK RECTAL CREAM 1 %	\$0 (1)	
PROCTOSOL HC RECTAL CREAM 2.5 %	\$0 (1)	
PROCTOZONE-HC RECTAL CREAM 2.5 %	\$0 (1)	
REGRANEX EXTERNAL GEL 0.01 %	\$0 (1)	PA1
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	\$0 (1)	
<i>selenium sulfide external lotion 2.5 %</i>	\$0 (1)	
<i>silver sulfadiazine external cream 1 %</i>	\$0 (1)	
SSD EXTERNAL CREAM 1 %	\$0 (1)	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0 (1)	
<i>tazarotene external cream 0.1 %</i>	\$0 (1)	PA1
TAZORAC EXTERNAL CREAM 0.05 %	\$0 (1)	PA1
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	\$0 (1)	PA1
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (1)	PA1
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0 (1)	PA1
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (1)	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	\$0 (1)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (1)	
UCERIS RECTAL FOAM 2 MG/ACT	\$0 (1)	
<b>ELECTROLYTES/MINERALS/METALS/VITAMINS</b>		
<b>ELECTROLYTE/MINERAL REPLACEMENT</b>		
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	\$0 (1)	BvD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	\$0 (1)	BvD
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	\$0 (1)	BvD
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (1)	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (1)	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	\$0 (1)	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	\$0 (1)	MO
KLOR-CON ORAL PACKET 20 MEQ	\$0 (1)	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (1)	MO
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ	\$0 (1)	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	\$0 (1)	MO
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0 (1)	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	\$0 (1)	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	\$0 (1)	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (1)	MO
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	\$0 (1)	BvD
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	\$0 (1)	BvD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	\$0 (1)	BvD
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0 (1)	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0 (1)	
<i>prenatal oral tablet 27-1 mg</i>	\$0 (1)	
<i>sodium chloride injection solution 2.5 meq/ml</i>	\$0 (1)	BvD
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	\$0 (1)	BvD
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	\$0 (1)	
<i>sodium lactate intravenous solution 5 meq/ml</i>	\$0 (1)	BvD
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	\$0 (1)	PA1; LA; MO
FERRIPROX ORAL SOLUTION 100 MG/ML	\$0 (1)	LA; MO
FERRIPROX ORAL TABLET 500 MG	\$0 (1)	LA; MO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (1)	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	\$0 (1)	MO
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	\$0 (1)	MO
KIONEX ORAL SUSPENSION 15 GM/60ML	\$0 (1)	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	\$0 (1)	BvD
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	\$0 (1)	BvD
SAMSCA ORAL TABLET 15 MG, 30 MG	\$0 (1)	PA1
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (1)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (1)	
SPS ORAL SUSPENSION 15 GM/60ML	\$0 (1)	
<i>trientine hcl oral capsule 250 mg</i>	\$0 (1)	PA1

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	\$0 (1)	
<b>NUTRIENTS</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 8.5 %	\$0 (1)	BvD
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	\$0 (1)	BvD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %, 8.5 %	\$0 (1)	BvD
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	\$0 (1)	BvD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 %	\$0 (1)	BvD
AMINOSYN-RF INTRAVENOUS SOLUTION 5.2 %	\$0 (1)	BvD
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION 2.75 %	\$0 (1)	BvD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	\$0 (1)	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	BvD
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	\$0 (1)	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	\$0 (1)	BvD
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	\$0 (1)	BvD
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	\$0 (1)	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	BvD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	BvD
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	BvD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	\$0 (1)	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	\$0 (1)	BvD
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION 5 %	\$0 (1)	BvD
CLINISOL SF INTRAVENOUS SOLUTION 15 %	\$0 (1)	BvD
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0 (1)	BvD
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 %	\$0 (1)	BvD
HEPATAMINE INTRAVENOUS SOLUTION 8 %	\$0 (1)	BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (1)	BvD
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (1)	BvD
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 %	\$0 (1)	BvD
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	\$0 (1)	BvD
<i>nutrilipid intravenous emulsion 20 %</i>	\$0 (1)	BvD
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (1)	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (1)	BvD
PLENAMINE INTRAVENOUS SOLUTION 15 %	\$0 (1)	BvD
PREMASOL INTRAVENOUS SOLUTION 10 %, 6 %	\$0 (1)	BvD
PROCALAMINE INTRAVENOUS SOLUTION 3 %	\$0 (1)	BvD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROSOL INTRAVENOUS SOLUTION 20 %	\$0 (1)	BvD
TPN ELECTROLYTES INTRAVENOUS SOLUTION	\$0 (1)	BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %	\$0 (1)	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0 (1)	BvD
<b>EXTENDED COVERAGE</b>		
<b>NON-FRF</b>		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	\$0 (1)	PA1; LA; MO
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	\$0 (1)	
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	\$0 (1)	MO
<i>sotalol hcl oral tablet 120 mg</i>	\$0 (1)	MO
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTISPASMODICS, GASTROINTESTINAL</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	\$0 (1)	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	\$0 (1)	
<i>dicyclomine hcl oral tablet 20 mg</i>	\$0 (1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (1)	
<b>GASTROINTESTINAL AGENTS, OTHER</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	\$0 (1)	MO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	\$0 (1)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (1)	
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA1; LA; MO
<i>loperamide hcl oral capsule 2 mg</i>	\$0 (1)	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	\$0 (1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	\$0 (1)	PA1; MO
<i>ursodiol oral capsule 300 mg</i>	\$0 (1)	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (1)	MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	\$0 (1)	MO
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	\$0 (1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (1)	MO
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	\$0 (1)	MO
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	\$0 (1)	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	\$0 (1)	MO
<b>IRRITABLE BOWEL SYNDROME AGENTS</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	\$0 (1)	MO; QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (1)	MO; QL (30 EA per 30 days)
<b>LAXATIVES</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	\$0 (1)	
<i>enulose oral solution 10 gm/15ml</i>	\$0 (1)	MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	\$0 (1)	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (1)	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	\$0 (1)	
<i>generlac oral solution 10 gm/15ml</i>	\$0 (1)	MO
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lactulose oral solution 10 gm/15ml</i>	\$0 (1)	MO
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	\$0 (1)	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0 (1)	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0 (1)	
<i>polyethylene glycol 3350 oral powder</i>	\$0 (1)	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	\$0 (1)	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	\$0 (1)	
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	\$0 (1)	
<b>PROTECTANTS</b>		
CARAFATE ORAL SUSPENSION 1 GM/10ML	\$0 (1)	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (1)	MO
<i>sucralfate oral tablet 1 gm</i>	\$0 (1)	MO
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	\$0 (1)	ST1; MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	\$0 (1)	ST1; MO
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	\$0 (1)	ST1; MO
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	\$0 (1)	MO
<i>lansoprazole oral tablet dispersible 15 mg, 30 mg</i>	\$0 (1)	MO
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	\$0 (1)	MO
<i>omeprazole oral capsule delayed release 20 mg</i>	\$0 (1)	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>		
<b>ENZYME REPLACEMENT/MODIFIERS</b>		
CARBAGLU ORAL TABLET 200 MG	\$0 (1)	PA1; LA; MO
CYSTADANE ORAL POWDER	\$0 (1)	MO
ENDARI ORAL PACKET 5 GM	\$0 (1)	PA1; LA
KUVAN ORAL PACKET 100 MG, 500 MG	\$0 (1)	PA1; LA; MO
KUVAN ORAL TABLET SOLUBLE 100 MG	\$0 (1)	PA1; LA; MO
<i>levocarnitine oral solution 1 gm/10ml</i>	\$0 (1)	BvD
<i>levocarnitine oral tablet 330 mg</i>	\$0 (1)	BvD
<i>miglustat oral capsule 100 mg</i>	\$0 (1)	PA1; LA; MO; QL (90 EA per 30 days)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	\$0 (1)	LA; MO
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 (1)	LA; MO
RAVICTI ORAL LIQUID 1.1 GM/ML	\$0 (1)	LA; MO
XURIDEN ORAL PACKET 2 GM	\$0 (1)	PA1; MO
<b>GENITOURINARY AGENTS</b>		
<b>ANTISPASMODICS, URINARY</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>flavoxate hcl oral tablet 100 mg</i>	\$0 (1)	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	\$0 (1)	MO; QL (600 ML per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (1)	MO; QL (120 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<b>BENIGN PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	\$0 (1)	MO; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	\$0 (1)	MO; QL (60 EA per 30 days)
<b>GENITOURINARY AGENTS, OTHER</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (1)	LA; MO
ELMIRON ORAL CAPSULE 100 MG	\$0 (1)	
LITHOSTAT ORAL TABLET 250 MG	\$0 (1)	
<b>PHOSPHATE BINDERS</b>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	\$0 (1)	PA1; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	\$0 (1)	MO
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	\$0 (1)	MO
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	\$0 (1)	MO
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (1)	MO
VELPHORO ORAL TABLET CHEWABLE 500 MG	\$0 (1)	MO
<b>VAGINAL PRODUCTS</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (1)	
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (1)	MO
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (1)	MO

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INTRAROSA VAGINAL INSERT 6.5 MG	\$0 (1)	PA1; MO
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (1)	
<i>miconazole 3 vaginal suppository 200 mg</i>	\$0 (1)	
OSPHENA ORAL TABLET 60 MG	\$0 (1)	PA1; MO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (1)	
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)</b>		
<b>GLUCOCORTICOIDS/MINERALOCORTICOIDS</b>		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	\$0 (1)	
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0 (1)	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	\$0 (1)	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	
MEDROL ORAL TABLET 2 MG	\$0 (1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (1)	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	\$0 (1)	
<i>prednisolone oral solution 15 mg/5ml</i>	\$0 (1)	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	\$0 (1)	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	\$0 (1)	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (1)	
<i>prednisone oral solution 5 mg/5ml</i>	\$0 (1)	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	\$0 (1)	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)</b>		
DEMSER ORAL CAPSULE 250 MG	\$0 (1)	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	\$0 (1)	MO
<b>HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)</b>		
<b>ANABOLIC STEROIDS</b>		
ANADROL-50 ORAL TABLET 50 MG	\$0 (1)	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	\$0 (1)	PA1; QL (60 EA per 30 days)
<b>ANDROGENS</b>		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	\$0 (1)	PA2; MO
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	\$0 (1)	PA2; MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (1)	
<i>methyltestosterone oral capsule 10 mg</i>	\$0 (1)	MO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	\$0 (1)	PA2
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	\$0 (1)	PA2
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	\$0 (1)	PA2; MO
<i>testosterone transdermal solution 30 mg/act</i>	\$0 (1)	PA2; MO
<b>CONTRACEPTIVES</b>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (1)	MO
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	\$0 (1)	MO
APRI ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	\$0 (1)	MO
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0 (1)	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (1)	MO
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (1)	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (1)	MO
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	\$0 (1)	MO
CAZIAN ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	\$0 (1)	MO
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0 (1)	MO
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (1)	MO
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (1)	MO
DELYLA ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	\$0 (1)	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	\$0 (1)	MO
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
ENPRESSE-28 ORAL TABLET	\$0 (1)	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0 (1)	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (1)	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	\$0 (1)	MO
GIANVI ORAL TABLET 3-0.02 MG	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0 (1)	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (1)	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (1)	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (1)	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (1)	MO
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	\$0 (1)	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (1)	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (1)	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	\$0 (1)	MO
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (1)	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (1)	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (1)	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (1)	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (1)	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (1)	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
LEVONEST ORAL TABLET	\$0 (1)	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 mg</i>	\$0 (1)	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	\$0 (1)	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	\$0 (1)	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
LORYNA ORAL TABLET 3-0.02 MG	\$0 (1)	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0 (1)	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0 (1)	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0 (1)	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0 (1)	QL (1 ML per 90 days)
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (1)	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (1)	MO
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0 (1)	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (1)	MO
MILI ORAL TABLET 0.25-35 MG-MCG	\$0 (1)	MO
MONONESSA ORAL TABLET 0.25-35 MG-MCG	\$0 (1)	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (1)	MO
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (1)	MO
NIKKI ORAL TABLET 3-0.02 MG	\$0 (1)	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (1)	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	\$0 (1)	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0 (1)	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (1)	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0 (1)	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (1)	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0 (1)	MO
OGESTREL ORAL TABLET 0.5-50 MG-MCG	\$0 (1)	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0 (1)	MO
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	\$0 (1)	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0 (1)	MO
QUASENSE ORAL TABLET 0.15-0.03 MG	\$0 (1)	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0 (1)	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	\$0 (1)	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0 (1)	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0 (1)	MO
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (1)	MO
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0 (1)	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (1)	MO
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (1)	MO
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (1)	
TRIVORA (28) ORAL TABLET	\$0 (1)	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0 (1)	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	\$0 (1)	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0 (1)	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	\$0 (1)	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0 (1)	MO
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	\$0 (1)	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0 (1)	MO
<b>ESTROGENS</b>		
DIVIGEL TRANSDERMAL GEL 1 MG/GM	\$0 (1)	PA2; MO; HRM
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	\$0 (1)	PA2; MO; HRM
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	PA2; MO; HRM
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (1)	PA2; MO; HRM
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (1)	PA2; MO; HRM
<i>estropipate oral tablet 0.75 mg</i>	\$0 (1)	PA2; MO; HRM
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	\$0 (1)	PA2; MO; HRM
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	\$0 (1)	PA2; MO; HRM
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (1)	PA2; MO; HRM
<b>PROGESTINS</b>		
CAMILA ORAL TABLET 0.35 MG	\$0 (1)	MO
DEBLITANE ORAL TABLET 0.35 MG	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$0 (1)	BvD
ERRIN ORAL TABLET 0.35 MG	\$0 (1)	MO
INCASSIA ORAL TABLET 0.35 MG	\$0 (1)	MO
JOLIVETTE ORAL TABLET 0.35 MG	\$0 (1)	MO
LYZA ORAL TABLET 0.35 MG	\$0 (1)	MO
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	\$0 (1)	PA2; HRM
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$0 (1)	PA2; MO; HRM
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	\$0 (1)	PA2; HRM
NORA-BE ORAL TABLET 0.35 MG	\$0 (1)	MO
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (1)	MO
<i>norethindrone oral tablet 0.35 mg</i>	\$0 (1)	MO
NORLYROC ORAL TABLET 0.35 MG	\$0 (1)	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	\$0 (1)	MO
SHAROBEL ORAL TABLET 0.35 MG	\$0 (1)	MO
<b>SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	\$0 (1)	MO; QL (30 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0 (1)	PA2; MO
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)</b>		
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (1)	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	\$0 (1)	MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	\$0 (1)	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0 (1)	PA1; LA; MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	\$0 (1)	PA1; MO
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### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

#### HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (1)	MO
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<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	MO
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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	\$0 (1)	MO
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<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (1)	MO
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SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (1)	MO
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UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (1)	MO
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### HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

#### HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

KORLYM ORAL TABLET 300 MG	\$0 (1)	PA1; LA; MO
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<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0 (1)	PA1; MO
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SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (1)	PA1; LA; MO
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SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	\$0 (1)	PA2
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (1)	PA1; LA; MO
SYNAREL NASAL SOLUTION 2 MG/ML	\$0 (1)	PA1
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	\$0 (1)	PA2
<b>HORMONAL AGENTS, SUPPRESSANT (THYROID)</b>		
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (1)	MO
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (1)	MO
<b>IMMUNOLOGICAL AGENTS</b>		
<b>IMMUNE SUPPRESSANTS</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	\$0 (1)	BvD; MO
AZASAN ORAL TABLET 100 MG, 75 MG	\$0 (1)	BvD; MO
<i>azathioprine oral tablet 50 mg</i>	\$0 (1)	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (1)	PA1; MO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (1)	PA1; MO
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	\$0 (1)	PA1; MO
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$0 (1)	PA1
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (1)	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (1)	BvD; MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	\$0 (1)	BvD; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0 (1)	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	\$0 (1)	BvD; MO
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	\$0 (1)	PA1; MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methotrexate oral tablet 2.5 mg</i>	\$0 (1)	BvD
<i>methotrexate sodium injection solution 250 mg/10ml</i>	\$0 (1)	BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (1)	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0 (1)	BvD; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (1)	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0 (1)	BvD; MO
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	\$0 (1)	PA2; MO
RAPAMUNE ORAL SOLUTION 1 MG/ML	\$0 (1)	BvD; MO
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	\$0 (1)	PA2; MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	\$0 (1)	BvD; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (1)	BvD; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	BvD; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (1)	BvD; MO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (1)	BvD
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (1)	BvD
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	\$0 (1)	PA2; MO
<b>IMMUNOMODULATORS</b>		
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	\$0 (1)	PA1; MO
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	\$0 (1)	LA; MO
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0 (1)	PA1; LA; MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	\$0 (1)	PA1
COSENTYX 300 DOSE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (1)	PA1; MO
COSENTYX SENSOREADY 300 DOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (1)	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	\$0 (1)	PA1; MO
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	\$0 (1)	PA1; MO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	\$0 (1)	PA1; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	\$0 (1)	BvD
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	\$0 (1)	BvD
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0 (1)	BvD
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	\$0 (1)	BvD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$0 (1)	PA1; MO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (1)	PA1; MO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	\$0 (1)	PA1; MO
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$0 (1)	PA1; MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	\$0 (1)	PA1; MO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (1)	MO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	\$0 (1)	PA1; MO
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	\$0 (1)	PA1; MO
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	\$0 (1)	PA1; MO
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	\$0 (1)	PA1; MO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (1)	PA1; MO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	\$0 (1)	PA1; MO
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (1)	PA1; MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	\$0 (1)	PA1; MO
<b>VACCINES</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (1)	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0 (1)	
<i>bcg vaccine injection injectable</i>	\$0 (1)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	\$0 (1)	
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5	\$0 (1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 Iu/0.5ml</i>	\$0 (1)	BvD
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	\$0 (1)	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (1)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	\$0 (1)	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (1)	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	\$0 (1)	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (1)	
IPOL INJECTION INJECTABLE	\$0 (1)	
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (1)	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	\$0 (1)	
MENACTRA INTRAMUSCULAR INJECTABLE	\$0 (1)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (1)	
M-M-R II SUBCUTANEOUS INJECTABLE	\$0 (1)	
PEDIARIX INTRAMUSCULAR SUSPENSION	\$0 (1)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (1)	
PROQUAD SUBCUTANEOUS INJECTABLE	\$0 (1)	
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0 (1)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (1)	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	\$0 (1)	BvD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (1)	
ROTATEQ ORAL SOLUTION	\$0 (1)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	\$0 (1)	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	\$0 (1)	BvD
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	\$0 (1)	BvD
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	\$0 (1)	BvD
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	\$0 (1)	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0 (1)	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0 (1)	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML	\$0 (1)	PA1
YF-VAX SUBCUTANEOUS INJECTABLE	\$0 (1)	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	\$0 (1)	

## INFLAMMATORY BOWEL DISEASE AGENTS

### AMINOSALICYLATES

APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	\$0 (1)	MO
<i>balsalazide disodium oral capsule 750 mg</i>	\$0 (1)	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	\$0 (1)	
<i>mesalamine rectal enema 4 gm</i>	\$0 (1)	
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (1)	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfasalazine oral tablet delayed release 500 mg</i>	\$0 (1)	MO

## MASS HEALTH COVERED DRUGS

### NON-PART D RX ONLY

aerochamber mini chamber device	\$0 (Non-Part D)	
b-12 injection kit 1000 mcg/ml	\$0 (Non-Part D)	
cherry oral syrup	\$0 (Non-Part D)	
cyanocobalamin injection solution 1000 mcg/ml	\$0 (Non-Part D)	
fe-succ ac-c-thre ac-b12-fa oral capsule 50-100 mg	\$0 (Non-Part D)	
folic acid oral tablet 1 mg	\$0 (Non-Part D)	
hydroxocobalamin intramuscular solution 1000 mcg/ml	\$0 (Non-Part D)	
nascobal nasal solution 500 mcg/0.1ml	\$0 (Non-Part D)	
ora-plus oral liquid	\$0 (Non-Part D)	
pyridoxine hcl injection solution 100 mg/ml	\$0 (Non-Part D)	
reno caps oral capsule 1 mg	\$0 (Non-Part D)	
simple syrup oral syrup	\$0 (Non-Part D)	
sodium chloride inhalation nebulization solution 0.9 %	\$0 (Non-Part D)	
vitamin d (ergocalciferol) oral capsule 50000 unit	\$0 (Non-Part D)	

### OVER-THE-COUNTER

12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	\$0 (Non-Part D)	OTC
a-10000 oral capsule 10000 unit	\$0 (Non-Part D)	OTC
acetaminophen oral tablet 500 mg	\$0 (Non-Part D)	OTC
acidophilus oral capsule	\$0 (Non-Part D)	OTC
acidophilus probiotic oral tablet	\$0 (Non-Part D)	OTC
alaway ophthalmic solution 0.025 %	\$0 (Non-Part D)	OTC
aler-cap oral capsule 25 mg	\$0 (Non-Part D)	OTC
alertab oral tablet 25 mg	\$0 (Non-Part D)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
all day pain relief oral tablet 220 mg	\$0 (Non-Part D)	OTC
allergy multi-symptom night oral tablet 25-5-325 mg	\$0 (Non-Part D)	OTC
aminofen oral tablet 325 mg	\$0 (Non-Part D)	OTC
antacid oral tablet chewable 500 mg	\$0 (Non-Part D)	OTC
anti-diarrheal oral tablet 2 mg	\$0 (Non-Part D)	OTC
antiseptic external solution 10 %	\$0 (Non-Part D)	OTC
antiseptic skin cleanser external solution 4 %	\$0 (Non-Part D)	OTC
artificial tears ophthalmic solution 1-0.3 %	\$0 (Non-Part D)	OTC
aspir-81 oral tablet delayed release 81 mg	\$0 (Non-Part D)	OTC
aspirin oral tablet 325 mg	\$0 (Non-Part D)	OTC
b complex vitamins oral capsule	\$0 (Non-Part D)	OTC
b-1 high potency oral tablet 100 mg	\$0 (Non-Part D)	OTC
b-12 microlozenge sublingual tablet sublingual 500 mcg	\$0 (Non-Part D)	OTC
b2 oral tablet 100 mg	\$0 (Non-Part D)	OTC
b-50 complex oral tablet extended release	\$0 (Non-Part D)	OTC
bisacodyl ec oral tablet delayed release 5 mg	\$0 (Non-Part D)	OTC
bismuth oral tablet chewable 262 mg	\$0 (Non-Part D)	OTC
c 500 oral tablet 500 mg	\$0 (Non-Part D)	OTC
calcidol oral solution 8000 unit/ml	\$0 (Non-Part D)	OTC
calcionate oral syrup 1.8 gm/5ml	\$0 (Non-Part D)	OTC
calcitrate oral tablet 950 mg	\$0 (Non-Part D)	OTC
calcium 600+d oral tablet 600-400 mg-unit	\$0 (Non-Part D)	OTC
calcium acetate oral tablet 668 (169 ca) mg	\$0 (Non-Part D)	OTC
calcium carbonate antacid oral suspension 1250 mg/5ml	\$0 (Non-Part D)	OTC
calcium gluconate intravenous solution 10 %	\$0 (Non-Part D)	OTC
calcium lactate oral tablet 648 mg, 750 mg	\$0 (Non-Part D)	OTC
calcium oral tablet 600 mg	\$0 (Non-Part D)	OTC
cal-lac oral capsule 500 mg	\$0 (Non-Part D)	OTC
calphron oral tablet 667 mg	\$0 (Non-Part D)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
capsaicin external cream 0.1 %	\$0 (Non-Part D)	OTC
childrens allergy oral liquid 12.5 mg/5ml	\$0 (Non-Part D)	OTC
childrens aspirin free oral elixir 80 mg/2.5ml	\$0 (Non-Part D)	OTC
childrens aspirin oral tablet chewable 81 mg	\$0 (Non-Part D)	OTC
childrens ibuprofen oral suspension 40 mg/ml	\$0 (Non-Part D)	OTC
childrens pain reliever oral tablet chewable 80 mg	\$0 (Non-Part D)	OTC
childrens silapap oral liquid 160 mg/5ml	\$0 (Non-Part D)	OTC
cimetidine 200 oral tablet 200 mg	\$0 (Non-Part D)	OTC
coral calcium oral capsule 500 mg	\$0 (Non-Part D)	OTC
coral calcium oral tablet 500 mg	\$0 (Non-Part D)	OTC
cranberry oral tablet 400 mg	\$0 (Non-Part D)	OTC
cvs allergy relief oral capsule 10 mg	\$0 (Non-Part D)	OTC
cvs childrens ibuprofen oral suspension 100 mg/5ml	\$0 (Non-Part D)	OTC
cvs digestive probiotic oral capsule 250 mg	\$0 (Non-Part D)	OTC
cvs loperamide hcl oral suspension 1 mg/7.5ml	\$0 (Non-Part D)	OTC
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	\$0 (Non-Part D)	OTC
cvs nts step 1 transdermal patch 24 hour 21 mg/24hr	\$0 (Non-Part D)	OTC
cvs omeprazole oral capsule delayed release 20.6 (20 base) mg	\$0 (Non-Part D)	OTC
cvs ranitidine oral tablet 75 mg	\$0 (Non-Part D)	OTC
d3 maximum strength oral liquid 5000 unit/ml	\$0 (Non-Part D)	OTC
d-3-5 oral capsule 5000 unit	\$0 (Non-Part D)	OTC
d-400 oral tablet 400 unit	\$0 (Non-Part D)	OTC
daily multiple vitamins/iron oral tablet	\$0 (Non-Part D)	OTC
dandrex external shampoo 1 %	\$0 (Non-Part D)	OTC
decongestant 60 oral tablet 60 mg	\$0 (Non-Part D)	OTC
decongestant oral tablet 30 mg	\$0 (Non-Part D)	OTC
desitin clear external ointment	\$0 (Non-Part D)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
docusate calcium oral capsule 240 mg	\$0 (Non-Part D)	OTC
docusate sodium oral capsule 250 mg	\$0 (Non-Part D)	OTC
dormin oral capsule 25 mg	\$0 (Non-Part D)	OTC
dss oral capsule 100 mg	\$0 (Non-Part D)	OTC
enema ready-to-use rectal enema 7-19 gm/118ml	\$0 (Non-Part D)	OTC
eq nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	\$0 (Non-Part D)	OTC
eq ranitidine oral tablet 75 mg	\$0 (Non-Part D)	OTC
eq acetaminophen oral tablet dispersible 80 mg	\$0 (Non-Part D)	OTC
eq aller-ease oral tablet 180 mg	\$0 (Non-Part D)	OTC
eq antacid extra strength oral tablet chewable 160-105 mg	\$0 (Non-Part D)	OTC
eq ear drops otic solution 6.5 %	\$0 (Non-Part D)	OTC
eq folic acid oral tablet 400 mcg	\$0 (Non-Part D)	OTC
eq gas relief ultra strength oral capsule 180 mg	\$0 (Non-Part D)	OTC
eq lice killing max st external shampoo 0.33-4 %	\$0 (Non-Part D)	OTC
eq nicotine polacrilex mouth/throat gum 4 mg	\$0 (Non-Part D)	OTC
famotidine oral tablet 10 mg	\$0 (Non-Part D)	OTC
ferrogels forte oral capsule 460-60-0.01-1 mg	\$0 (Non-Part D)	OTC
ferrous fumarate oral tablet 324 (106 fe) mg	\$0 (Non-Part D)	OTC
fexofenadine hcl oral tablet 180 mg, 60 mg	\$0 (Non-Part D)	OTC
flonase sensimist nasal suspension 27.5 mcg/spray	\$0 (Non-Part D)	OTC
glycerin (pediatric) rectal suppository 1.2 gm	\$0 (Non-Part D)	OTC
gnp all day allergy oral tablet 10 mg	\$0 (Non-Part D)	OTC
gnp antacid ultra strength oral tablet chewable 1000 mg	\$0 (Non-Part D)	OTC
gnp terbinafine hydrochloride external cream 1 %	\$0 (Non-Part D)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
goodsense naproxen sodium oral tablet 220 mg	\$0 (Non-Part D)	OTC
heartburn antacid ex st oral tablet chewable 160-105 mg	\$0 (Non-Part D)	OTC
hydrocortisone external cream 0.5 %	\$0 (Non-Part D)	OTC
hydrogen peroxide external solution 3 %	\$0 (Non-Part D)	OTC
ibu oral tablet 400 mg	\$0 (Non-Part D)	OTC
ibuprofen oral tablet 200 mg	\$0 (Non-Part D)	OTC
infants gas relief oral suspension 40 mg/0.6ml	\$0 (Non-Part D)	OTC
iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg	\$0 (Non-Part D)	OTC
isopropyl alcohol solution 91 %	\$0 (Non-Part D)	OTC
i-vite oral tablet	\$0 (Non-Part D)	OTC
johnsons diaper rash medicated external ointment 40 %	\$0 (Non-Part D)	OTC
just tears eye drops ophthalmic solution	\$0 (Non-Part D)	OTC
kaolin powder	\$0 (Non-Part D)	OTC
ketostix in vitro strip	\$0 (Non-Part D)	OTC
lac-dose oral tablet 3000 unit	\$0 (Non-Part D)	OTC
lactic acid e external cream 10-3500 %-unt/30gm	\$0 (Non-Part D)	OTC
lactinex oral tablet chewable	\$0 (Non-Part D)	OTC
lanabiotic external ointment 5-500-10000	\$0 (Non-Part D)	OTC
lice treatment max st combination kit 0.33-4-0.5 %	\$0 (Non-Part D)	OTC
lidocream external cream 4 %	\$0 (Non-Part D)	OTC
long lasting antacid oral tablet chewable 500 mg	\$0 (Non-Part D)	OTC
loperamide hcl oral liquid 1 mg/5ml	\$0 (Non-Part D)	OTC
loradamed oral tablet 10 mg	\$0 (Non-Part D)	OTC
lotrimin af deodorant powder external aerosol powder 2 %	\$0 (Non-Part D)	OTC
maalox max oral suspension 400-400-40 mg/5ml	\$0 (Non-Part D)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
magnesium oral tablet 200 mg	\$0 (Non-Part D)	OTC
magnesium oxide -mg supplement oral tablet 250 mg	\$0 (Non-Part D)	OTC
magnesium oxide oral tablet 250 mg, 400 (240 mg) mg, 400 mg, 500 mg	\$0 (Non-Part D)	OTC
magnesium-chelated zinc oral tablet 133.33-5 mg	\$0 (Non-Part D)	OTC
magnesium-oxide oral tablet 400 (241.3 mg) mg	\$0 (Non-Part D)	OTC
maox oral tablet 420 mg	\$0 (Non-Part D)	OTC
mapap acetaminophen extra str oral liquid 500 mg/15ml	\$0 (Non-Part D)	OTC
meclizine hcl oral tablet chewable 25 mg	\$0 (Non-Part D)	OTC
meijer aspirin ec oral tablet delayed release 325 mg	\$0 (Non-Part D)	OTC
meijer aspirin free oral tablet 325 mg	\$0 (Non-Part D)	OTC
meijer calamine external lotion	\$0 (Non-Part D)	OTC
meijer glucose oral tablet chewable 4-6 gm-mg	\$0 (Non-Part D)	OTC
meijer saline nasal spray nasal solution 0.65 %	\$0 (Non-Part D)	OTC
meijer triple antibiotic external ointment 3.5-400-5000	\$0 (Non-Part D)	OTC
melatonin oral tablet 1 mg	\$0 (Non-Part D)	OTC
melatonin oral tablet dispersible 3 mg	\$0 (Non-Part D)	OTC
miconazole 3 vaginal cream 4 %	\$0 (Non-Part D)	OTC
milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml	\$0 (Non-Part D)	OTC
minerin external cream	\$0 (Non-Part D)	OTC
minerin external lotion	\$0 (Non-Part D)	OTC
multi vitamin oral tablet	\$0 (Non-Part D)	OTC
muscle rub ultra strength external cream 8-30 %	\$0 (Non-Part D)	OTC
naphazoline hcl ophthalmic solution 0.1 %	\$0 (Non-Part D)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
naproxen sodium oral tablet 220 mg	\$0 (Non-Part D)	OTC
nasal allergy 24 hour nasal aerosol 55 mcg/act	\$0 (Non-Part D)	OTC
natural oatmeal bath treatment external packet 100 %	\$0 (Non-Part D)	OTC
nexium 24hr oral tablet delayed release 20 mg	\$0 (Non-Part D)	OTC
niacin er oral capsule extended release 250 mg	\$0 (Non-Part D)	OTC
nicotine polacrilex mouth/throat gum 2 mg	\$0 (Non-Part D)	OTC
no flush niacin oral tablet 500 mg	\$0 (Non-Part D)	OTC
non-aspirin extra strength oral capsule 500 mg	\$0 (Non-Part D)	OTC
opurity vitamin d oral tablet chewable 5000 unit	\$0 (Non-Part D)	OTC
orazinc oral capsule 220 (50 zn) mg	\$0 (Non-Part D)	OTC
oysco 500+d oral tablet 500-200 mg-unit	\$0 (Non-Part D)	OTC
oyster shell calcium oral tablet 500 mg	\$0 (Non-Part D)	OTC
oyster shell calcium/d oral tablet 500-200 mg-unit	\$0 (Non-Part D)	OTC
oyster-cal 500 oral tablet 500 mg	\$0 (Non-Part D)	OTC
pa vitamin d-3 gummy oral tablet chewable 400 unit	\$0 (Non-Part D)	OTC
pa vitamin d-3 oral capsule 2000 unit	\$0 (Non-Part D)	OTC
pediatric electrolyte oral solution	\$0 (Non-Part D)	OTC
permethrin external lotion 1 %	\$0 (Non-Part D)	OTC
phenazo oral tablet 200 mg	\$0 (Non-Part D)	OTC
psyllium husk oral powder 100 %	\$0 (Non-Part D)	OTC
px artificial tears ophthalmic solution 5-6 mg/ml	\$0 (Non-Part D)	OTC
pyridoxine hcl oral tablet 25 mg	\$0 (Non-Part D)	OTC
qc acid controller oral tablet 10 mg	\$0 (Non-Part D)	OTC
qc allergy relief childrens oral syrup 5 mg/5ml	\$0 (Non-Part D)	OTC
qc aspirin low dose oral tablet delayed release 81 mg	\$0 (Non-Part D)	OTC
qc bacitracin external ointment 500 unit/gm	\$0 (Non-Part D)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
qc complete allergy medicine oral tablet 25 mg	\$0 (Non-Part D)	OTC
qc effervescent antacid/pain oral tablet effervescent 325-1000-1916 mg	\$0 (Non-Part D)	OTC
qc gentle laxative oral tablet delayed release 5 mg	\$0 (Non-Part D)	OTC
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	\$0 (Non-Part D)	OTC
qc tolnaftate external cream 1 %	\$0 (Non-Part D)	OTC
ra athletes foot external cream 1 %	\$0 (Non-Part D)	OTC
ra b-complex with b-12 oral tablet	\$0 (Non-Part D)	OTC
ra calcium 600 oral tablet 600 mg	\$0 (Non-Part D)	OTC
ra calcium citrate plus vit d oral tablet 315-200 mg-unit	\$0 (Non-Part D)	OTC
ra clotrimazole 7 vaginal cream 1 %	\$0 (Non-Part D)	OTC
ra fiber-cap oral tablet 625 mg	\$0 (Non-Part D)	OTC
ra hi-cal plus vitamin d oral tablet 500-200 mg-unit	\$0 (Non-Part D)	OTC
ra instant hand sanitizer/aloe external liquid 62 %	\$0 (Non-Part D)	OTC
ra lansoprazole oral capsule delayed release 15 mg	\$0 (Non-Part D)	OTC
ra niacin oral tablet 100 mg	\$0 (Non-Part D)	OTC
ra nicotine polacrilex mouth/throat lozenge 2 mg	\$0 (Non-Part D)	OTC
ra omeprazole-sodium bicarb oral capsule 20-1100 mg	\$0 (Non-Part D)	OTC
ra sleep aid oral tablet 25 mg	\$0 (Non-Part D)	OTC
ra soluble fiber oral tablet 500 mg	\$0 (Non-Part D)	OTC
ra vitamin a & d external ointment	\$0 (Non-Part D)	OTC
refresh lacri-lube ophthalmic ointment	\$0 (Non-Part D)	OTC
salese/xylitol mouth/throat lozenge	\$0 (Non-Part D)	OTC
salicylic acid wart remover external liquid 27.5 %	\$0 (Non-Part D)	OTC

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
senexon oral liquid 8.8 mg/5ml	\$0 (Non-Part D)	OTC
senna-plus oral tablet 8.6-50 mg	\$0 (Non-Part D)	OTC
silace oral liquid 150 mg/15ml	\$0 (Non-Part D)	OTC
simethicone oral tablet chewable 80 mg	\$0 (Non-Part D)	OTC
sm antibiotic external ointment 500 unit/gm	\$0 (Non-Part D)	OTC
sm calcium antacid ex st oral tablet chewable 750 mg	\$0 (Non-Part D)	OTC
sm clearlax oral powder	\$0 (Non-Part D)	OTC
sm coral calcium oral tablet 1000 (390 ca) mg	\$0 (Non-Part D)	OTC
sm ibuprofen oral capsule 200 mg	\$0 (Non-Part D)	OTC
sm magnesium citrate oral solution 1.745 gm/30ml	\$0 (Non-Part D)	OTC
sm mineral oil oral oil	\$0 (Non-Part D)	OTC
sodium bicarbonate oral tablet 325 mg, 650 mg	\$0 (Non-Part D)	OTC
sodium chloride inhalation nebulization solution 7 %	\$0 (Non-Part D)	OTC
sodium chloride oral tablet 1 gm	\$0 (Non-Part D)	OTC
stool softener oral tablet 100 mg	\$0 (Non-Part D)	OTC
sudafed 12 hour oral tablet extended release 12 hour 120 mg	\$0 (Non-Part D)	OTC
super omega-3 oral capsule 1000 mg	\$0 (Non-Part D)	OTC
th magnesium oral tablet 200 mg	\$0 (Non-Part D)	OTC
the magic bullet rectal suppository 10 mg	\$0 (Non-Part D)	OTC
titralac oral tablet chewable 420 mg	\$0 (Non-Part D)	OTC
trav-tabs oral tablet 50 mg	\$0 (Non-Part D)	OTC
tri-buffered aspirin oral tablet 325 mg	\$0 (Non-Part D)	OTC
triple antibiotic external ointment 5-400-5000	\$0 (Non-Part D)	OTC
value plus glucose oral gel 40 %	\$0 (Non-Part D)	OTC
vcf vaginal contraceptive vaginal gel 4 %	\$0 (Non-Part D)	OTC
vitamin a palmitate oral tablet 10000 unit	\$0 (Non-Part D)	OTC

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin b-6 er oral tablet extended release 200 mg	\$0 (Non-Part D)	OTC
vitamin b-6 oral tablet 100 mg, 250 mg, 50 mg, 500 mg	\$0 (Non-Part D)	OTC
vitamin b6 oral tablet 250 mg	\$0 (Non-Part D)	OTC
vitamin d (cholecalciferol) oral capsule 1000 unit	\$0 (Non-Part D)	OTC
vitamin d oral liquid 400 unit/ml	\$0 (Non-Part D)	OTC
vitamin d3 oral capsule 1000 unit, 400 unit	\$0 (Non-Part D)	OTC
vitamin d3 oral tablet 1000 unit, 2000 unit, 5000 unit	\$0 (Non-Part D)	OTC
vitamin d3 oral tablet chewable 2000 unit	\$0 (Non-Part D)	OTC
vitamin e oral capsule 100 unit, 200 unit, 400 unit	\$0 (Non-Part D)	OTC
wal-dryl allergy/sinus headache oral tablet 12.5-5-325 mg	\$0 (Non-Part D)	OTC
wal-dryl-d allergy/sinus oral tablet 25-10 mg	\$0 (Non-Part D)	OTC
wal-finate oral tablet 4 mg	\$0 (Non-Part D)	OTC
<b>METABOLIC BONE DISEASE AGENTS</b>		
<b>METABOLIC BONE DISEASE AGENTS</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	\$0 (1)	MO
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	\$0 (1)	MO
<i>alendronate sodium oral tablet 40 mg</i>	\$0 (1)	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	\$0 (1)	BvD; MO; QL (3.7 ML per 30 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (1)	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (1)	BvD; MO
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	\$0 (1)	PA1; MO; QL (2.4 ML per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	\$0 (1)	MO
<i>ibandronate sodium oral tablet 150 mg</i>	\$0 (1)	MO
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	\$0 (1)	PA1; LA; MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (1)	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	\$0 (1)	ST1
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0 (1)	MO
<i>risedronate sodium oral tablet 30 mg</i>	\$0 (1)	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	\$0 (1)	MO
SENSIPAR ORAL TABLET 30 MG, 60 MG	\$0 (1)	BvD; MO; QL (60 EA per 30 days)
SENSIPAR ORAL TABLET 90 MG	\$0 (1)	BvD; MO; QL (120 EA per 30 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	\$0 (1)	PA1; MO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0 (1)	PA1; QL (1.7 ML per 28 days)
<b>MISCELLANEOUS</b>		
<b>MISCELLANEOUS</b>		
<i>cvs gauze sterile pad 2"x2"</i>	\$0 (1)	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	\$0 (1)	MO
<b>OPHTHALMIC AGENTS</b>		
<b>OPHTHALMIC AGENTS, OTHER</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	\$0 (1)	MO
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0 (1)	PA1; MO
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0 (1)	MO; QL (60 EA per 30 days)
<b>OPHTHALMIC ANTI-ALLERGY AGENTS</b>		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	\$0 (1)	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	\$0 (1)	
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (1)	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	\$0 (1)	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	\$0 (1)	
PAZEO OPHTHALMIC SOLUTION 0.7 %	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>OPHTHALMIC ANTIGLAUCOMA AGENTS</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$0 (1)	MO
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	\$0 (1)	
AZOPT OPHTHALMIC SUSPENSION 1 %	\$0 (1)	MO
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	\$0 (1)	MO
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	\$0 (1)	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	\$0 (1)	MO
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	\$0 (1)	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	\$0 (1)	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	\$0 (1)	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	\$0 (1)	MO
<i>metipranolol ophthalmic solution 0.3 %</i>	\$0 (1)	MO
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	\$0 (1)	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$0 (1)	MO
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0 (1)	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	\$0 (1)	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)</i>	\$0 (1)	MO
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	\$0 (1)	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$0 (1)	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	\$0 (1)	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	\$0 (1)	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gatifloxacin ophthalmic solution 0.5 %</i>	\$0 (1)	
GENTAK OPHTHALMIC OINTMENT 0.3 %	\$0 (1)	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	\$0 (1)	
<i>levofloxacin ophthalmic solution 0.5 %</i>	\$0 (1)	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	\$0 (1)	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	\$0 (1)	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	\$0 (1)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$0 (1)	
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (1)	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0 (1)	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0 (1)	
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0 (1)	
<i>trifluridine ophthalmic solution 1 %</i>	\$0 (1)	
<b>OPHTHALMIC ANTI-INFLAMMATORIES</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	\$0 (1)	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	\$0 (1)	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	\$0 (1)	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	\$0 (1)	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	\$0 (1)	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	\$0 (1)	
DUREZOL OPHTHALMIC EMULSION 0.05 %	\$0 (1)	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	\$0 (1)	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	\$0 (1)	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	\$0 (1)	
LOTEMAX OPHTHALMIC GEL 0.5 %	\$0 (1)	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	\$0 (1)	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	\$0 (1)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	\$0 (1)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0 (1)	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$0 (1)	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	\$0 (1)	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	\$0 (1)	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	\$0 (1)	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	\$0 (1)	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	\$0 (1)	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	\$0 (1)	
<b>OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>	\$0 (1)	MO
<i>latanoprost ophthalmic solution 0.005 %</i>	\$0 (1)	MO; QL (2.5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0 (1)	MO; QL (2.5 ML per 25 days)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	\$0 (1)	MO; QL (2.5 ML per 25 days)
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid otic solution 2 %</i>	\$0 (1)	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	\$0 (1)	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	\$0 (1)	
<i>fluocinolone acetonide otic oil 0.01 %</i>	\$0 (1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	\$0 (1)	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	\$0 (1)	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	\$0 (1)	
<i>ofloxacin otic solution 0.3 %</i>	\$0 (1)	

## RESPIRATORY TRACT AGENTS

### ANTIHISTAMINES

<i>carbinoxamine maleate oral tablet 4 mg</i>	\$0 (1)	PA1; HRM
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0 (1)	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0 (1)	PA1; HRM
<i>cyproheptadine hcl oral tablet 4 mg</i>	\$0 (1)	PA1; HRM
<i>desloratadine oral tablet 5 mg</i>	\$0 (1)	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	\$0 (1)	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	\$0 (1)	

### ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0 (1)	MO; QL (30 EA per 30 days)
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	\$0 (1)	MO; QL (2 EA per 30 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	\$0 (1)	MO; QL (2 EA per 30 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	\$0 (1)	MO; QL (2 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	\$0 (1)	MO; QL (26 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	\$0 (1)	BvD; MO; QL (120 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	\$0 (1)	MO; QL (60 EA per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	\$0 (1)	MO; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	\$0 (1)	MO; QL (21.2 GM per 30 days)
<b>ANTILEUKOTRIENES</b>		
<i>montelukast sodium oral packet 4 mg</i>	\$0 (1)	MO
<i>montelukast sodium oral tablet 10 mg</i>	\$0 (1)	MO
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	\$0 (1)	MO
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (1)	MO
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	\$0 (1)	BvD
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (1)	BvD; MO; QL (252 ML per 25 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	\$0 (1)	MO; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	\$0 (1)	MO; QL (4 GM per 30 days)
<b>BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	\$0 (1)	PA1; MO
<i>sildenafil citrate oral tablet 20 mg</i>	\$0 (1)	PA1; MO
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0 (1)	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	\$0 (1)	MO
<b>BRONCHODILATORS, SYMPATHOMIMETIC</b>		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	\$0 (1)	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	\$0 (1)	BvD; MO; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	\$0 (1)	BvD; MO; QL (120 EA per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	\$0 (1)	BvD; MO; QL (375 ML per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0 (1)	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (1)	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0 (1)	MO; QL (4 GM per 20 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0 (1)	BvD; MO; QL (540 ML per 30 days)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	\$0 (1)	MO
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	\$0 (1)	MO; QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	\$0 (1)	MO; QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	\$0 (1)	MO; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	MO
<b>NASAL AGENTS</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	\$0 (1)	QL (30 ML per 25 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0 (1)	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	\$0 (1)	QL (16 GM per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	\$0 (1)	MO; QL (60 ML per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	\$0 (1)	MO; QL (30 ML per 30 days)
<b>PULMONARY ANTIHYPERTENSIVES</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (1)	PA1; LA; MO
LETAIRIS ORAL TABLET 10 MG, 5 MG	\$0 (1)	PA1; LA; MO
OPSUMIT ORAL TABLET 10 MG	\$0 (1)	PA1; LA; MO
TRACLEER ORAL TABLET 125 MG, 62.5 MG	\$0 (1)	PA1; LA; MO
TRACLEER ORAL TABLET SOLUBLE 32 MG	\$0 (1)	PA1; LA; MO
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	\$0 (1)	PA1; LA; MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	\$0 (1)	PA1; LA
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET ORAL CAPSULE 267 MG	\$0 (1)	PA1; MO
ESBRIET ORAL TABLET 267 MG, 801 MG	\$0 (1)	PA1; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (1)	PA1; LA; MO
<b>RESPIRATORY TRACT AGENTS, OTHER</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	\$0 (1)	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0 (1)	MO; QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	\$0 (1)	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	\$0 (1)	MO; QL (60 EA per 30 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0 (1)	BvD; MO; QL (240 ML per 25 days)
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	\$0 (1)	MO
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0 (1)	QL (2 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	\$0 (1)	MO; QL (1 EA per 30 days)
KALYDECO ORAL TABLET 150 MG	\$0 (1)	PA1; LA; MO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	PA1; MO
ORKAMBI ORAL TABLET 200-125 MG	\$0 (1)	PA1; LA; MO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (1)	PA1; LA
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (1)	PA1; MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	\$0 (1)	MO; QL (4 GM per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	\$0 (1)	PA1; LA; MO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	\$0 (1)	ST1; MO; QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0 (1)	PA1; LA

## SKELETAL MUSCLE RELAXANTS

### SKELETAL MUSCLE RELAXANTS

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	MO
<i>carisoprodol oral tablet 350 mg</i>	\$0 (1)	PA1; HRM
<i>chlorzoxazone oral tablet 500 mg</i>	\$0 (1)	PA1; HRM
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA1; HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0 (1)	PA1; HRM
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	\$0 (1)	PA1; HRM
<i>tizanidine hcl oral tablet 2 mg</i>	\$0 (1)	MO
<i>tizanidine hcl oral tablet 4 mg</i>	\$0 (1)	

## SLEEP DISORDER AGENTS

### BENZODIAZEPINES

<i>estazolam oral tablet 1 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>estazolam oral tablet 2 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule 15 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>flurazepam hcl oral capsule 30 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	\$0 (1)	QL (60 EA per 30 days)

## GABA RECEPTOR MODULATORS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zaleplon oral capsule 10 mg</i>	\$0 (1)	PA1; HRM; QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	\$0 (1)	PA1; HRM; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	\$0 (1)	PA1; HRM; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA1; HRM; QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	\$0 (1)	PA1; HRM; QL (30 EA per 30 days)
<b>SLEEP DISORDERS, OTHER</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (1)	PA1; MO; QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
BUTISOL SODIUM ORAL TABLET 30 MG	\$0 (1)	PA1; HRM
<i>modafinil oral tablet 100 mg, 200 mg</i>	\$0 (1)	PA1; MO; QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 (1)	MO; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	\$0 (1)	PA1; LA



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This formulary was updated on 11/12/2018. For more recent information of other questions, please contact us, Boston Medical Center HealthNet Plan Senior Care Options Member Services at 855-833-8125 or, for TTY users, 711, 8:00am – 8:00pm Monday – Friday. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from Oct. 1 – Mar. 31), or visit [www.SeniorsGetMore.org](http://www.SeniorsGetMore.org).