



2025 List of Covered Drugs

(Drug List or Formulary)

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This List of Covered Drugs was updated 08/26/2024. For more recent information or other questions, please contact First Choice VIP Care Plus Member Services at **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m., or visit www.firstchoicevipcareplus.com.

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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 and items are covered by First Choice VIP Care Plus. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by First Choice VIP Care Plus. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in First Choice VIP Care Plus.

- First Choice VIP Care Plus is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs may change at any time. You will receive notice when necessary.
- This document is available for free in Spanish.
- You can get this document for free in other formats, such as large print, Braille, or audio. Call **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. – 8 p.m. The call is free.
- You can make a request to get this document, now and in the future, in a language other than English or in another format simply by calling Member Services at **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. We'll also ask for your preference during our Welcome Call and later in the year, when you contact the plan. The plan will store your request and continue to send all future documents in this requested language or format, unless you ask us to cancel or change the request. You can cancel or change your request at any time, simply by calling Member Services. The calls are free.

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B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* in section C1 are the drugs covered by First Choice VIP Care Plus. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- First Choice VIP Care Plus will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a First Choice VIP Care Plus network pharmacy.
- First Choice VIP Care Plus may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website listed at the bottom of the page or by calling Member Services at the number at the bottom of the page.

B2. Does the *Drug List* ever change?

Yes, and First Choice VIP Care Plus must follow Medicare and Healthy Connections Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

- Decide to require or not require prior approval (PA) for a drug. (PA is permission from First Choice VIP Care Plus before you can get a drug).
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug).

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

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

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



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

- You can always check First Choice VIP Care Plus' up to date *Drug List* on www.firstchoicevipcareplus.com. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at the number at the bottom of the page.

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

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

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - _ Is a new generic version of a brand name drug, or
 - _ Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).

Some of these drug types may be new to you. For more information, refer to Section B14.

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

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market **or**



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- we remove an original biological product when adding a biosimilar, **or**
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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


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 authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from First Choice VIP Care Plus before you fill your prescription. First Choice VIP Care Plus may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes First Choice VIP Care Plus limits the amount of a drug you can get.
- **Step therapy:** Sometimes First Choice VIP Care Plus 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.
- **Indication-based coverage:** If First Choice VIP Care Plus covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables on in section C1. You can also get more information by visiting our website listed at the bottom of these pages. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs in section C1 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if First Choice VIP Care Plus changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it after the *Drug Listing* in section D. The Index provides an alphabetical list of all of the drugs included in this document. Brand and generic Part D drugs and non-Medicare prescription and over-the-counter drugs covered by Healthy Connections Medicaid are all listed in the Index. Look in the index and find your drug. Each drug will have a page number listed. This number tells you on what page the coverage information is listed.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" in section C1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the *Drug List*, call Member Services at the number at the bottom of the page, and ask about it. If you learn that First Choice VIP Care Plus will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**



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- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10 – B12 for more information about exceptions.

B9. What if I am a new First Choice VIP Care Plus member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We will cover a temporary 30-day supply of your Part D drug and a 90-day supply of your Healthy Connections Medicaid drug during the first 180 days you are a member of First Choice VIP Care Plus. This will give you time to talk to your doctor or other prescriber. They will determine if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

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

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

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by First Choice VIP Care Plus, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility, and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 180 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 First Choice VIP Care Plus member.
- This is in addition to the temporary supply during the first 180 days you are a member of First Choice VIP Care Plus.

A Level of Care change occurs when a member changes from one treatment setting to another. Examples include entering a long-term care facility from an acute-care hospital or being discharged from hospital to home. Current members who experience a Level of Care change are eligible to receive a transition supply of a Non-Formulary drug (a drug not on the *Drug List*) upon admission or discharge from an applicable setting.

If you need assistance getting a transition supply, please have the pharmacy call our Pharmacy Member Services at **1-855-327-0511**, 24 hours a day, 7 days a week.

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

Yes. You can ask First Choice VIP Care Plus 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, First Choice VIP Care Plus may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
 - Other examples: You can ask us to drop step therapy restrictions or PA requirements.
-

B11. How can I ask for an exception?

To ask for an exception, call Member Services at the number at the bottom of the page. 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 *Member Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. For more information on how to submit your request for an exception, call Member Services at the number at the bottom of the page.


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

B13. What are generic drugs?

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

There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription, depending on state laws.

First Choice VIP Care Plus covers both brand name drugs and generic drugs.

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

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

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

B15. What are OTC drugs?

OTC stands for “over-the-counter.” First Choice VIP Care Plus covers some OTC drugs when they are written as prescriptions by your provider.

You can read the First Choice VIP Care Plus *Drug List* to find out what OTC drugs are covered.

B16. Does First Choice VIP Care Plus cover non-drug OTC products?

First Choice VIP Care Plus covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include facial cleanser, artificial tears, and capsaicin cream.

You can read the First Choice VIP Care Plus *Drug List* to find out what non-drug OTC products are covered.

B17. What is my copay?

As a First Choice VIP Care Plus member, you have no copays for prescription and OTC drugs as long as you follow First Choice VIP Care Plus’ rules.

B18. What are drug tiers?

Tiers are groups of drugs on our *Drug List*.

There are no copays in any of the tiers, which include:

- Tier 1 drugs are Medicare-covered generic drugs.
 - Tier 2 drugs are Medicare-covered brand name drugs and some generic drugs.
 - Tier 3 drugs are non-Medicare-covered prescription and over-the-counter drugs. These drugs are covered by Healthy Connections Medicaid.
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C. Overview of the List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by First Choice VIP Care Plus. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by First Choice VIP Care Plus.

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

The information in the necessary actions, restrictions, or limits on use column tells you if First Choice VIP Care Plus has any rules for covering your drug.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:


B/D: This prescription drug may be paid by your medical benefit or by your pharmacy benefit, depending on how it is used. The pharmacy will work together with the health plan and your provider to determine whether the medication should be authorized under your medical benefit or your pharmacy benefit.

NMO: This Prescription cannot be filled by the mail order pharmacy. Please review your Provider and Pharmacy Directory for more information about which pharmacies offer mail order service. For more information consult your Provider and Pharmacy Directory or call our Member Services department.

QL: Quantity Limit. For certain drugs, we limit the amount of the drug that you can have. For example, the plan might limit how many refills you can get, or how much of a drug you can get each time you fill your prescription. For example, if it is not normally considered safe to take more than one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

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

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

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LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at the number at the bottom of the page.

MME stands for morphine milligram equivalents, a measurement physicians use to determine how different opioids relate to each other. Using morphine as the standard, MME is a tool for doctors to compare different drugs in an easy measurement.

DCR This indicates that an appropriate diagnosis code is required for coverage of this medication.

Note: The DP next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Healthy Connections Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at the number at the bottom of the page. You can also read Chapter 9, page 25 of the *Member Handbook* to learn how to appeal a decision.



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C1. Drugs Grouped by Medical Condition

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

Prescription Drug Classification	Medical Condition
Analgesics	Treatment of pain
Anesthetics	Local treatment of pain
Anti-Addiction/ Substance Abuse Treatment Agents	Treatment of substance abuse disorders
Antibacterials	Treatment of bacterial infections
Anticonvulsants	Treatment of seizures
Antidementia Agents	Management of dementia
Antidepressants	Treatment of depression
Antiemetics	Treatment of vomiting or nausea
Antifungals	Treatment of fungal or yeast infections
Antigout Agents	Treatment or prevention of gouty arthritis
Anti-Inflammatory Agents	Treatment of inflammation
Antimigraine Agents	Treatment of migraine headaches
Antimyasthenic Agents	Treatment for myasthenia
Antimycobacterials	Treatment for infections by Tuberculosis type organisms
Antineoplastics	Treatment of cancer


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Prescription Drug Classification	Medical Condition
Antiparasitics	Treatment of infections from parasites
Antiparkinson Agents	Treatment of Parkinson's Disease
Antipsychotics	Treatment of behavioral and emotional disorders
Antispasticity Agents	Treatment of muscle spasms
Antivirals	Treatment of infections by viruses
Anxiolytics	Treatment of anxiety or nervousness
Bipolar Agents	Treatment for bipolar illnesses
Blood Glucose Regulators	Control of Diabetes
Blood Products/Modifiers/Volume Expanders	Prevention of clotting and increasing blood cell production
Cardiovascular Agents	Treatment of conditions affecting the heart and blood vessels
Central Nervous System Agents	Treatment of disorders of the brain and spinal column
Dental and Oral Agents	Treatment of mouth and gum disorders
Dermatological Agents	Treatment of skin conditions
Diabetic Supplies	Supplies used for diabetes
Enzyme Replacement/Modifiers	Medications to replace missing or deficient enzyme production
Gastrointestinal Agents	Treatment of stomach and intestinal conditions
Genitourinary Agents	Treatment of urinary tract and prostate conditions

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Prescription Drug Classification	Medical Condition
Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal)	Treatment of conditions requiring steroids
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary)	Treatment of pituitary gland conditions
Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers)	For the replacement or modification of sex hormones
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid)	Treatment of thyroid conditions
Hormonal Agents, Suppressant (Adrenal)	Treatment of inoperable adrenal cancer
Hormonal Agents, Suppressant (Parathyroid)	Treatment of Parathyroid conditions
Hormonal Agents, Suppressant (Pituitary)	Treatment of or modification of pituitary hormone secretion
Hormonal Agents, Suppressant (Thyroid)	Treatment for overactive thyroid
Immunological Agents	Medications that alter the immune system including vaccinations
Inflammatory Bowel Disease Agents	Treatment of Ulcerative colitis or Crohns Disease
Metabolic Bone Disease Agents	Treatment of bone diseases including osteoporosis
Ophthalmic Agents	Treatment of eye conditions
Otic Agents	Treatment of ear conditions
Respiratory Tract Agents	Treatment of breathing conditions
Respiratory Tract/Pulmonary Agents	Treatment of breathing conditions


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Prescription Drug Classification	Medical Condition
Skeletal Muscle Relaxants	Treatment of muscle tightness
Sleep Disorder Agents	Treatment of insomnia
Therapeutic Nutrients/Minerals/ Electrolytes	Replacement or supplementation of minerals, nutrients, and vitamins

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2025 Member Formulary

Formulary ID 25404

CURRENT AS OF 1/1/2025

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
Analgesics		
ACETADRYL TABLET 25-500 MG ORAL	\$0 (Tier 3)	DP
<i>added strength headache relief tablet 250-250-65 mg oral</i>	\$0 (Tier 3)	DP
<i>apap-plus tablet 500-65 mg oral</i>	\$0 (Tier 3)	DP
ASPERCREME LIDOCAINE CREAM 4 % EXTERNAL	\$0 (Tier 3)	DP
AVEDANA HEMORRHOID PAIN RELIEF CREAM 1-0.25-14.4-15 % EXTERNAL	\$0 (Tier 3)	DP
AVEDANA HEMORRHOID PAIN RELIEF OINTMENT 0.25-14-74.9 % RECTAL	\$0 (Tier 3)	DP
AVEDANA HEMORRHOIDAL SUPPOSITORY 0.25-88.44 % RECTAL	\$0 (Tier 3)	DP
<i>burn relief gel 1 % external</i>	\$0 (Tier 3)	DP
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	\$0 (Tier 1)	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	\$0 (Tier 1)	PA; MME
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	\$0 (Tier 1)	PA
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	\$0 (Tier 1)	PA
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	\$0 (Tier 1)	PA; MME
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	\$0 (Tier 1)	PA
CEPACOL SORE THROAT LOZENGE 15-2.6 MG MOUTH/THROAT	\$0 (Tier 3)	DP
CEPACOL SORE THROAT LOZENGE 15-3.6 MG MOUTH/THROAT	\$0 (Tier 3)	DP

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHERACOL SORE THROAT LIQUID 1.4 % MOUTH/THROAT	\$0 (Tier 3)	DP
LIDAFLEX PATCH 4 % EXTERNAL	\$0 (Tier 3)	DP
<i>nalbuphine hcl injection solution 10 mg/ml</i>	\$0 (Tier 1)	
Nonsteroidal Anti-Inflammatory Drugs		
<i>af-naproxen sodium tablet 220 mg oral</i>	\$0 (Tier 3)	DP
ALEVE CAPSULE 220 MG ORAL	\$0 (Tier 3)	DP
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	\$0 (Tier 1)	
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium external gel 1 %</i>	\$0 (Tier 1)	QL (1000 GM per 28 days)
<i>diclofenac sodium external gel 3 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium external solution 1.5 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>ibuprofen oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>indomethacin er oral capsule extended release 75 mg</i>	\$0 (Tier 1)	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>ketorolac tromethamine oral tablet 10 mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days)

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<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>naproxen oral suspension 125 mg/5ml</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	\$0 (Tier 1)	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	\$0 (Tier 1)	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr</i>	\$0 (Tier 1)	PA; MME; QL (10 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	\$0 (Tier 1)	MME; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1)	MME; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	MME; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	\$0 (Tier 1)	PA; MME; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	\$0 (Tier 1)	PA; MME
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	MME; QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	\$0 (Tier 1)	PA; MME; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	\$0 (Tier 1)	PA; 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
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	\$0 (Tier 1)	MME; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	\$0 (Tier 1)	MME; QL (5 ML per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	MME
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; MME; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	\$0 (Tier 1)	MME; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 1)	MME; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	\$0 (Tier 1)	MME
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	\$0 (Tier 1)	MME; QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 4 mg/ml, 500 mg/50ml</i>	\$0 (Tier 1)	
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	\$0 (Tier 1)	MME
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	\$0 (Tier 1)	MME
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1)	MME; QL (120 EA per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	MME; QL (1200 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	MME; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	\$0 (Tier 1)	MME

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<i>tramadol hcl oral tablet 100 mg</i>	\$0 (Tier 1)	MME; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (Tier 1)	MME; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1)	MME; QL (240 EA per 30 days)
Anesthetics		
Local Anesthetics		
ASPERCREME LIDOCAINE ESSENTIAL LIQUID 4 % EXTERNAL	\$0 (Tier 3)	DP
<i>lidocaine external ointment 5 %</i>	\$0 (Tier 1)	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	\$0 (Tier 1)	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0 (Tier 1)	
MUCINEX INSTASOOOHE THROAT/PN LIQUID 7-1 % MOUTH/THROAT	\$0 (Tier 3)	DP
<i>pramoxine hcl foam 1 % rectal</i>	\$0 (Tier 3)	DP
ZTLIDO EXTERNAL PATCH 1.8 %	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents		
Opioid Reversal Agents		
<i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i>	\$0 (Tier 3)	DP
Smoking Cessation Agents		
COMMIT LOZENGE 2 MG MOUTH/THROAT	\$0 (Tier 3)	DP
COMMIT LOZENGE 4 MG MOUTH/THROAT	\$0 (Tier 3)	DP
<i>cvs nicotine gum 2 mg mouth/throat</i>	\$0 (Tier 3)	DP
<i>cvs nicotine gum 4 mg mouth/throat</i>	\$0 (Tier 3)	DP
<i>cvs nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0 (Tier 3)	DP
<i>cvs nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0 (Tier 3)	DP
<i>cvs nicotine patch 24 hour 7 mg/24hr transdermal</i>	\$0 (Tier 3)	DP
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	\$0 (Tier 1)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	\$0 (Tier 1)	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	\$0 (Tier 1)	
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	\$0 (Tier 2)	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	\$0 (Tier 1)	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	\$0 (Tier 1)	
<i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i>	\$0 (Tier 3)	DP
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	\$0 (Tier 2)	
REXTOVY NASAL LIQUID 4 MG/0.25ML	\$0 (Tier 2)	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0 (Tier 1)	
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	\$0 (Tier 3)	DP
NICOTROL INHALATION INHALER 10 MG	\$0 (Tier 2)	
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (Tier 2)	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	\$0 (Tier 1)	QL (56 EA per 28 days)

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<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	\$0 (Tier 1)	QL (56 EA per 28 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	\$0 (Tier 1)	QL (56 EA per 28 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	\$0 (Tier 1)	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	\$0 (Tier 2)	PA
<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 (Tier 1)	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	\$0 (Tier 1)	
<i>neomycin sulfate oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	\$0 (Tier 1)	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	\$0 (Tier 1)	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ointment 500-10000 unit/gm external</i>	\$0 (Tier 3)	DP
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0 (Tier 1)	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection solution 300 mg/2ml, 900 mg/6ml</i>	\$0 (Tier 1)	

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<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0 (Tier 1)	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	\$0 (Tier 1)	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	\$0 (Tier 1)	
<i>linezolid intravenous solution 600 mg/300ml</i>	\$0 (Tier 1)	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	\$0 (Tier 1)	
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1)	
<i>methenamine hippurate oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>metronidazole intravenous solution 500 mg/100ml</i>	\$0 (Tier 1)	
<i>metronidazole oral capsule 375 mg</i>	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	\$0 (Tier 1)	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	\$0 (Tier 1)	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>vancomycin hcl oral capsule 125 mg</i>	\$0 (Tier 1)	QL (40 EA per 10 days)
<i>vancomycin hcl oral capsule 250 mg</i>	\$0 (Tier 1)	QL (80 EA per 10 days)
Beta-Lactam, Cephalosporins		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	\$0 (Tier 1)	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)	

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<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	\$0 (Tier 1)	
<i>cefadroxil oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 3 gm, 500 mg</i>	\$0 (Tier 1)	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	\$0 (Tier 1)	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%</i>	\$0 (Tier 1)	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml)</i>	\$0 (Tier 1)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	\$0 (Tier 1)	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	\$0 (Tier 1)	
<i>cefixime oral capsule 400 mg</i>	\$0 (Tier 1)	
<i>cefotaxime sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	\$0 (Tier 1)	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	\$0 (Tier 1)	

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<i>cefazidime injection solution reconstituted 1 gm, 6 gm</i>	\$0 (Tier 1)	
<i>cefazidime intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (Tier 1)	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	\$0 (Tier 1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0 (Tier 1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0 (Tier 2)	PA
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	\$0 (Tier 1)	

Last updated: 8/26/2024

You can find information on what the symbols and abbreviations in this table mean by going to Section C. Medications that are contained within a compound may require prior authorization.

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	\$0 (Tier 1)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	\$0 (Tier 2)	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>nafcillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/100ml</i>	\$0 (Tier 1)	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (Tier 1)	
<i>nafcillin sodium intravenous solution reconstituted 2 gm</i>	\$0 (Tier 1)	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	\$0 (Tier 1)	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	\$0 (Tier 1)	
Carbapenems		

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	\$0 (Tier 1)	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>	\$0 (Tier 1)	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	\$0 (Tier 1)	
<i>azithromycin oral packet 1 gm</i>	\$0 (Tier 1)	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1)	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	\$0 (Tier 2)	PA; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (20 EA per 10 days)
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (Tier 2)	
<i>erythrocin stearate oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	

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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 (Tier 1)	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	\$0 (Tier 1)	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0 (Tier 1)	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
Anticonvulsants		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (Tier 2)	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	\$0 (Tier 2)	PA; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	\$0 (Tier 1)	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (Tier 2)	PA; QL (480 ML per 30 days)
<i>felbamate oral suspension 600 mg/5ml</i>	\$0 (Tier 1)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (Tier 2)	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2)	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	ST; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	\$0 (Tier 2)	ST; QL (60 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	\$0 (Tier 1)	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>roweepra oral tablet 500 mg</i>	\$0 (Tier 1)	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0 (Tier 2)	ST; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0 (Tier 2)	ST; QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0 (Tier 2)	ST; QL (180 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0 (Tier 2)	ST; QL (120 EA per 30 days)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>valproic acid oral solution 250 mg/5ml</i>	\$0 (Tier 1)	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$0 (Tier 2)	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0 (Tier 2)	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET 25 MG	\$0 (Tier 2)	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	\$0 (Tier 2)	ST; QL (28 EA per 28 days)
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0 (Tier 1)	
<i>methsuximide oral capsule 300 mg</i>	\$0 (Tier 1)	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (Tier 1)	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gabapentin oral capsule 100 mg, 400 mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	\$0 (Tier 1)	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	\$0 (Tier 1)	PA
<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 (Tier 1)	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	ST; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	\$0 (Tier 2)	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	PA; QL (1100 ML per 30 days)
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 (Tier 2)	QL (60 EA per 30 days)

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral suspension 100 mg/5ml</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral tablet chewable 100 mg</i>	\$0 (Tier 1)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 2)	
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	\$0 (Tier 1)	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	\$0 (Tier 1)	
<i>phenytoin oral tablet chewable 50 mg</i>	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (Tier 1)	PA; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	PA; QL (240 EA per 30 days)
ZONISADE ORAL SUSPENSION 100 MG/5ML	\$0 (Tier 2)	ST; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet 1 mg</i>	\$0 (Tier 1)	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	\$0 (Tier 2)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (Tier 2)	
Cholinesterase Inhibitors		

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	\$0 (Tier 1)	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 1)	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 (Tier 1)	QL (30 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	\$0 (Tier 1)	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (Tier 2)	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (Tier 2)	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2)	
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0 (Tier 1)	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	\$0 (Tier 1)	
Ssri/Snri (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	\$0 (Tier 1)	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (Tier 2)	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0 (Tier 2)	ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	\$0 (Tier 1)	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	\$0 (Tier 1)	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0 (Tier 1)	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>sertraline hcl oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>amitriptyline hcl oral tablet 150 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>amoxapine oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>amoxapine oral tablet 150 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>clomipramine hcl oral capsule 25 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	\$0 (Tier 1)	PA; QL (150 EA per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>desipramine hcl oral tablet 10 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>desipramine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	PA; QL (450 ML per 30 days)
<i>imipramine hcl oral tablet 10 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>imipramine hcl oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>imipramine pamoate oral capsule 100 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg, 150 mg, 75 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	\$0 (Tier 1)	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
<i>nortriptyline hcl oral capsule 50 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>nortriptyline hcl oral capsule 75 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1)	QL (2250 ML per 30 days)
<i>protriptyline hcl oral tablet 10 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>protriptyline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>trimipramine maleate oral capsule 100 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)

Antiemetics

Antiemetics, Other

<i>anti-nausea/rekematol solution 1.87-1.87-21.5 oral</i>	\$0 (Tier 3)	DP
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0 (Tier 1)	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>cvs motion sickness tablet 50 mg oral</i>	\$0 (Tier 3)	DP
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	\$0 (Tier 1)	QL (3600 ML per 30 days)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>promethazine hcl oral tablet 50 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>promethegan rectal suppository 50 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	\$0 (Tier 1)	QL (10 EA per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	\$0 (Tier 1)	

Emetogenic Therapy Adjuncts

<i>aprepitant oral 80 & 125 mg</i>	\$0 (Tier 1)	B/D
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	\$0 (Tier 1)	B/D
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	B/D; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	\$0 (Tier 2)	B/D
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl oral solution 4 mg/5ml</i>	\$0 (Tier 1)	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	B/D
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	\$0 (Tier 1)	B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 2)	B/D
<i>af-miconazole 7 cream 2 % vaginal</i>	\$0 (Tier 3)	DP
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	\$0 (Tier 1)	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	\$0 (Tier 1)	B/D
<i>anti-fungal cream 2 % external</i>	\$0 (Tier 3)	DP
<i>antifungal foot cream 1 % external</i>	\$0 (Tier 3)	DP
<i>antifungal foot/sneaker spray aerosol powder 1 % external</i>	\$0 (Tier 3)	DP
<i>antifungal maximum strength solution 1 % external</i>	\$0 (Tier 3)	DP
<i>athletes foot cream 1 % external</i>	\$0 (Tier 3)	DP
<i>athletes foot powder 2 % external</i>	\$0 (Tier 3)	DP
<i>athletes foot spray aerosol powder 2 % external</i>	\$0 (Tier 3)	DP
AZOLEN ANTI-FUNGAL WASH SOLUTION 2 % EXTERNAL	\$0 (Tier 3)	DP
<i>casprofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0 (Tier 1)	PA
<i>clotrimazole external cream 1 %</i>	\$0 (Tier 1)	QL (45 GM per 28 days)
<i>clotrimazole external solution 1 %</i>	\$0 (Tier 1)	QL (30 ML per 28 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	\$0 (Tier 1)	QL (150 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>clotrimazole ointment 1 % external</i>	\$0 (Tier 3)	DP
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0 (Tier 2)	PA
<i>cvs antifungal cream 1 % external</i>	\$0 (Tier 3)	DP
<i>econazole nitrate external cream 1 %</i>	\$0 (Tier 1)	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0 (Tier 1)	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	PA
FUNGICURE INTENSIVE/NAILGUARD SOLUTION 1 % EXTERNAL	\$0 (Tier 3)	DP
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0 (Tier 1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>ketoconazole external cream 2 %</i>	\$0 (Tier 1)	
<i>ketoconazole external shampoo 2 %</i>	\$0 (Tier 1)	
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	
LAMISIL AF DEFENSE POWDER 1 % EXTERNAL	\$0 (Tier 3)	DP
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nystatin external cream 100000 unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	\$0 (Tier 1)	QL (180 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	\$0 (Tier 1)	
<i>nystatin oral tablet 500000 unit</i>	\$0 (Tier 1)	
<i>posaconazole oral suspension 40 mg/ml</i>	\$0 (Tier 1)	PA; QL (630 ML per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0 (Tier 1)	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	\$0 (Tier 1)	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	\$0 (Tier 1)	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0 (Tier 1)	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
<i>colchicine oral tablet 0.6 mg</i>	\$0 (Tier 1)	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	\$0 (Tier 1)	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (Tier 1)	ST
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)	
Antimigraine Agents		
Antimigraine Agents		
NURTEC ORAL TABLET DISPERSIBLE 75 MG	\$0 (Tier 2)	PA; QL (16 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT	\$0 (Tier 2)	PA; QL (8 EA per 30 days)
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	\$0 (Tier 1)	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (Tier 1)	PA
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	\$0 (Tier 2)	PA; QL (2 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
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (36 EA per 28 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (36 EA per 28 days)
<i>sumatriptan nasal solution 20 mg/act</i>	\$0 (Tier 1)	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	\$0 (Tier 1)	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (18 EA per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0 (Tier 1)	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0 (Tier 1)	QL (6 ML per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	
PRETOMANID ORAL TABLET 200 MG	\$0 (Tier 2)	PA
PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)	

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>rifampin intravenous solution reconstituted 600 mg</i>	\$0 (Tier 1)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (Tier 2)	PA
TRECTOR ORAL TABLET 250 MG	\$0 (Tier 2)	
Antineoplastics		
Alkylating Agents		
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	\$0 (Tier 1)	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	B/D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	\$0 (Tier 2)	
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 2)	
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (Tier 2)	PA
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)	
ERLEADA ORAL TABLET 240 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 1)	PA
NUBEQA ORAL TABLET 300 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 2)	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
Antiestrogens/Modifiers		
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	\$0 (Tier 1)	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0 (Tier 2)	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>toremifene citrate oral tablet 60 mg</i>	\$0 (Tier 1)	PA
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)	
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)	
INQOVI ORAL TABLET 35-100 MG	\$0 (Tier 2)	PA; QL (5 EA per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2)	PA; QL (14 EA per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML	\$0 (Tier 2)	PA
TABLOID ORAL TABLET 40 MG	\$0 (Tier 2)	PA
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
<i>azacitidine injection suspension reconstituted 100 mg</i>	\$0 (Tier 1)	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	\$0 (Tier 2)	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	\$0 (Tier 2)	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (Tier 2)	PA; QL (91 EA per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KRAZATI ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 2)	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	\$0 (Tier 2)	PA
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2)	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA; QL (3 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 345 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	\$0 (Tier 2)	PA
TIBSOVO ORAL TABLET 250 MG	\$0 (Tier 2)	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	\$0 (Tier 2)	
WELIREG ORAL TABLET 40 MG	\$0 (Tier 2)	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	\$0 (Tier 2)	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	\$0 (Tier 2)	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2)	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (Tier 2)	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (Tier 2)	PA; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)	
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0 (Tier 2)	PA; QL (30 EA per 180 days)
AUGTYRO ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (Tier 2)	PA
BOSULIF ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (360 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0 (Tier 2)	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (63 EA per 28 days)

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DAURISMO ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	\$0 (Tier 1)	PA
EXKIVITY ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (Tier 2)	PA; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2)	PA; 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
JAYPIRCA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (Tier 2)	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
LORBRENA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (Tier 2)	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	\$0 (Tier 2)	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2)	PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA
OGSIVEO ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	\$0 (Tier 2)	PA
OJEMDA ORAL TABLET 100 MG	\$0 (Tier 2)	PA
<i>pazopanib hcl oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (Tier 2)	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (Tier 2)	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	\$0 (Tier 2)	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	\$0 (Tier 2)	PA
QINLOCK ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	\$0 (Tier 2)	PA
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PACKET 50 MG	\$0 (Tier 2)	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2)	PA; QL (224 EA per 28 days)
SCSEMBLIX ORAL TABLET 100 MG	\$0 (Tier 2)	PA

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SCEMBLIX ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	\$0 (Tier 2)	PA; QL (840 EA per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2)	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	\$0 (Tier 2)	PA
TEPMETKO ORAL TABLET 225 MG	\$0 (Tier 2)	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (Tier 2)	PA; QL (64 EA per 28 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	\$0 (Tier 2)	PA; QL (21 EA per 21 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	\$0 (Tier 2)	PA; QL (42 EA per 21 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2)	PA; QL (42 EA per 21 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (Tier 2)	PA; QL (63 EA per 21 days)
TUKYSA ORAL TABLET 150 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENCLEXTA ORAL TABLET 100 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	\$0 (Tier 2)	PA; QL (28 EA per 28 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0 (Tier 2)	PA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
VIJOICE ORAL PACKET 50 MG	\$0 (Tier 2)	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2)	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	\$0 (Tier 1)	PA
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 1)	PA
PANRETIN EXTERNAL GEL 0.1 %	\$0 (Tier 2)	PA
<i>tretinoin oral capsule 10 mg</i>	\$0 (Tier 1)	PA

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Treatment Adjuncts		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2)	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	QL (20 EA per 30 days)
<i>praziquantel oral tablet 600 mg</i>	\$0 (Tier 1)	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	\$0 (Tier 1)	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier 1)	
IMPAVIDO ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)
<i>mefloquine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	\$0 (Tier 1)	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	\$0 (Tier 1)	PA
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	\$0 (Tier 1)	
<i>pyrimethamine oral tablet 25 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1)	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	PA
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>amantadine hcl oral solution 50 mg/5ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
<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 (Tier 1)	
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	\$0 (Tier 2)	ST
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	\$0 (Tier 2)	PA
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	\$0 (Tier 1)	PA; QL (90 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	\$0 (Tier 1)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	\$0 (Tier 2)	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	\$0 (Tier 1)	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (Tier 1)	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		

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<i>carbidopa oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
Antipsychotics		
1St Generation/Typical		
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (Tier 1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	

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<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	\$0 (Tier 2)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	\$0 (Tier 2)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0 (Tier 2)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0 (Tier 2)	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0 (Tier 2)	PA; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0 (Tier 2)	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0 (Tier 2)	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0 (Tier 2)	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0 (Tier 2)	PA; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	\$0 (Tier 2)	PA
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	\$0 (Tier 2)	QL (3.5 ML per 180 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	\$0 (Tier 2)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (Tier 2)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (Tier 2)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (Tier 2)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (Tier 2)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (Tier 2)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	\$0 (Tier 2)	QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	\$0 (Tier 2)	QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0 (Tier 2)	QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	\$0 (Tier 2)	QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	\$0 (Tier 2)	PA; QL (1 EA per 28 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 300 mg, 400 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
RISPERIDONE MICROSPHERES ER INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 (Tier 2)	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	\$0 (Tier 2)	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	\$0 (Tier 2)	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	\$0 (Tier 2)	PA; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	\$0 (Tier 2)	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	\$0 (Tier 2)	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	\$0 (Tier 2)	PA; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	\$0 (Tier 2)	PA; QL (0.21 ML per 28 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	\$0 (Tier 1)	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	\$0 (Tier 2)	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0 (Tier 2)	PA; QL (1 EA per 28 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet dispersible 150 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	\$0 (Tier 1)	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
<i>clozapine oral tablet dispersible 25 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY ORAL TABLET 200 MG	\$0 (Tier 2)	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (Tier 2)	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0 (Tier 1)	
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0 (Tier 1)	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 2)	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	\$0 (Tier 2)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	\$0 (Tier 2)	PA
VIREAD ORAL POWDER 40 MG/GM	\$0 (Tier 2)	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	\$0 (Tier 2)	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET 100-40 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	
SOFOBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (Tier 2)	PA; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (Tier 2)	PA; QL (28 EA per 28 days)
Antitherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>acyclovir oral suspension 200 mg/5ml</i>	\$0 (Tier 1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>trifluridine ophthalmic solution 1 %</i>	\$0 (Tier 1)	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0 (Tier 1)	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
VOCABRIA ORAL TABLET 30 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	\$0 (Tier 2)	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
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	\$0 (Tier 1)	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0 (Tier 1)	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
Anti-Hiv Agents, Other		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	\$0 (Tier 2)	QL (52 ML per 365 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	\$0 (Tier 2)	QL (36 ML per 365 days)
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (Tier 2)	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
DOVATO ORAL TABLET 50-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	\$0 (Tier 2)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>maraviroc oral tablet 150 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	QL (1840 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	\$0 (Tier 2)	QL (240 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	\$0 (Tier 2)	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	\$0 (Tier 2)	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	\$0 (Tier 2)	QL (6 ML per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
TYBOST ORAL TABLET 150 MG	\$0 (Tier 2)	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
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	\$0 (Tier 1)	QL (390 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	\$0 (Tier 2)	QL (360 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2)	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0 (Tier 2)	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (Tier 2)	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	\$0 (Tier 2)	
<i>ritonavir oral tablet 100 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	\$0 (Tier 2)	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	\$0 (Tier 2)	QL (120 EA per 30 days)
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$0 (Tier 1)	QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$0 (Tier 1)	QL (42 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	\$0 (Tier 1)	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	\$0 (Tier 2)	QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
Antiviral, Coronavirus Agents		
<i>paxlovid (150/100) oral tablet therapy pack 10 x 150 mg & 10 x 100mg</i>	\$0 (Tier 1)	QL (20 EA per 5 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paxlovid (300/100) oral tablet therapy pack 20 x 150 mg & 10 x 100mg</i>	\$0 (Tier 1)	QL (30 EA per 5 days)
Antivirals		
<i>lagevrio oral capsule 200 mg</i>	\$0 (Tier 1)	QL (40 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA
Benzodiazepines		
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	\$0 (Tier 1)	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	\$0 (Tier 1)	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	\$0 (Tier 1)	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	\$0 (Tier 2)	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium oral solution 8 meq/5ml</i>	\$0 (Tier 1)	

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose oral tablet 100 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	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
<i>glyburide micronized oral tablet 1.5 mg, 3 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	\$0 (Tier 1)	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	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
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	\$0 (Tier 2)	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	\$0 (Tier 2)	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (Tier 2)	PA; QL (9 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
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	\$0 (Tier 2)	QL (4 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	\$0 (Tier 2)	QL (4 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (Tier 1)	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	\$0 (Tier 2)	QL (4 EA per 30 days)
<i>glucagon emergency injection kit 1 mg</i>	\$0 (Tier 1)	QL (4 EA per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	\$0 (Tier 1)	QL (4 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
Insulins		
<i>gauze pad 2"x2"</i>	\$0 (Tier 1)	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (Tier 2)	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	\$0 (Tier 2)	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	\$0 (Tier 2)	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	\$0 (Tier 2)	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2)	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0 (Tier 2)	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin aspart injection solution 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro injection solution 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	\$0 (Tier 1)	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>insulin syringe 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 27g x 5/8" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 31g x 6mm 0.5 ml, u-100 1 ml</i>	\$0 (Tier 1)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (Tier 2)	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	
OMNIPOD 5 G6 INTRO (GEN 5) KIT	\$0 (Tier 2)	
OMNIPOD 5 G6 PODS (GEN 5)	\$0 (Tier 2)	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	\$0 (Tier 2)	
OMNIPOD 5 G7 PODS (GEN 5)	\$0 (Tier 2)	
OMNIPOD 5 LIBRE2 PLUS G6 KIT	\$0 (Tier 2)	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0 (Tier 2)	
OMNIPOD DASH INTRO (GEN 4) KIT	\$0 (Tier 2)	
OMNIPOD DASH PDM (GEN 4) KIT	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OMNIPOD DASH PODS (GEN 4)	\$0 (Tier 2)	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	\$0 (Tier 2)	
<i>pen needles 29g x 12.7mm , 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	\$0 (Tier 1)	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (Tier 2)	QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (Tier 2)	
V-GO 20 KIT 20 UNIT/24HR	\$0 (Tier 2)	
V-GO 30 KIT 30 UNIT/24HR	\$0 (Tier 2)	
V-GO 40 KIT 40 UNIT/24HR	\$0 (Tier 2)	
Blood Products And Modifiers		
Anticoagulants		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	\$0 (Tier 2)	PA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	\$0 (Tier 2)	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (Tier 2)	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	\$0 (Tier 1)	
<i>enoxaparin sodium injection solution prefilled syringe 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 (Tier 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 (Tier 1)	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	\$0 (Tier 1)	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
<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 (Tier 1)	
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (Tier 2)	QL (51 EA per 30 days)
Blood Products And Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	\$0 (Tier 2)	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	\$0 (Tier 2)	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (Tier 2)	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	\$0 (Tier 2)	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	\$0 (Tier 2)	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (Tier 2)	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
OXBRYTA ORAL TABLET 300 MG	\$0 (Tier 2)	PA; QL (150 EA per 30 days)
OXBRYTA ORAL TABLET 500 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
OXBRYTA ORAL TABLET SOLUBLE 300 MG	\$0 (Tier 2)	PA; QL (150 EA per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	\$0 (Tier 2)	PA
PROMACTA ORAL PACKET 12.5 MG	\$0 (Tier 2)	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	\$0 (Tier 2)	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	\$0 (Tier 2)	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	\$0 (Tier 2)	PA
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (Tier 2)	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	\$0 (Tier 2)	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
TAVNEOS ORAL CAPSULE 10 MG	\$0 (Tier 2)	PA
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	\$0 (Tier 2)	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
XOLREMDI ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (Tier 2)	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA
Platelet Modifying Agents		
<i>adult aspirin ec low strength tablet delayed release 81 mg oral</i>	\$0 (Tier 3)	DP
<i>af-aspirin childrens tablet chewable 81 mg oral</i>	\$0 (Tier 3)	DP
<i>aspirin adult tablet 325 mg oral</i>	\$0 (Tier 3)	DP
<i>aspirin buf(cacarb-mgcarb-mgo) tablet 325 mg oral</i>	\$0 (Tier 3)	DP
<i>aspirin suppository 300 mg rectal</i>	\$0 (Tier 3)	DP
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0 (Tier 1)	
<i>aspir-trin tablet delayed release 325 mg oral</i>	\$0 (Tier 3)	DP
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (Tier 2)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0 (Tier 1)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	\$0 (Tier 2)	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	\$0 (Tier 1)	QL (4 EA per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>droxidopa oral capsule 100 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>guanfacine hcl oral tablet 2 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>doxazosin mesylate oral tablet 8 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	\$0 (Tier 1)	PA
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terazosin hcl oral capsule 1 mg, 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>terazosin hcl oral capsule 2 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	

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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 (Tier 1)	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 1)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 1)	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	\$0 (Tier 2)	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	\$0 (Tier 1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0 (Tier 1)	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	PA
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)	
Calcium Channel Blocking Agents, Nondihydropyridines		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<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 (Tier 1)	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
Cardiovascular Agents, Other		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<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 (Tier 1)	QL (30 EA per 30 days)
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<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 (Tier 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
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<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 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML	\$0 (Tier 2)	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
<i>digoxin oral solution 0.05 mg/ml</i>	\$0 (Tier 1)	QL (150 ML per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	\$0 (Tier 2)	QL (240 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LODOCO ORAL TABLET 0.5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>metyrosine oral capsule 250 mg</i>	\$0 (Tier 1)	PA
NEXLETOL ORAL TABLET 180 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<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 (Tier 1)	QL (30 EA per 30 days)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	\$0 (Tier 1)	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	\$0 (Tier 1)	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)	
<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 (Tier 1)	QL (30 EA per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	\$0 (Tier 2)	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)

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Diuretics, Loop		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0 (Tier 1)	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	\$0 (Tier 1)	
<i>fenofibric acid oral tablet 35 mg</i>	\$0 (Tier 1)	
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1)	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	\$0 (Tier 1)	
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0 (Tier 1)	
<i>cholestyramine oral packet 4 gm</i>	\$0 (Tier 1)	
<i>cholestyramine oral powder 4 gm/dose</i>	\$0 (Tier 1)	
<i>colesevelam hcl oral packet 3.75 gm</i>	\$0 (Tier 1)	
<i>colesevelam hcl oral tablet 625 mg</i>	\$0 (Tier 1)	
<i>colestipol hcl oral granules 5 gm</i>	\$0 (Tier 1)	
<i>colestipol hcl oral packet 5 gm</i>	\$0 (Tier 1)	
<i>colestipol hcl oral tablet 1 gm</i>	\$0 (Tier 1)	
<i>cvs fish oil capsule 1000 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs fish oil capsule 500 mg oral</i>	\$0 (Tier 3)	DP
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>ezetimibe-rosuvastatin oral tablet 10-5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 0.5 gm</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	\$0 (Tier 2)	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	\$0 (Tier 1)	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	\$0 (Tier 2)	PA
<i>prevalite oral packet 4 gm</i>	\$0 (Tier 1)	
<i>prevalite oral powder 4 gm/dose</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	\$0 (Tier 2)	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	\$0 (Tier 2)	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	\$0 (Tier 2)	PA
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (Tier 2)	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$0 (Tier 2)	
<i>nitroglycerin rectal ointment 0.4 %</i>	\$0 (Tier 1)	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	\$0 (Tier 1)	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (Tier 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
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1)	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	\$0 (Tier 1)	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	\$0 (Tier 2)	PA; QL (42 EA per 28 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	\$0 (Tier 2)	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	\$0 (Tier 2)	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	\$0 (Tier 2)	PA; QL (240 ML per 30 days)
FIRDAPSE ORAL TABLET 10 MG	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	\$0 (Tier 2)	PA; QL (28 EA per 180 days)
NUDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	\$0 (Tier 2)	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	\$0 (Tier 2)	PA
RELYVRIO ORAL PACKET 3-1 GM	\$0 (Tier 2)	PA
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
VEOZAH ORAL TABLET 45 MG	\$0 (Tier 2)	PA
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (Tier 2)	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	\$0 (Tier 2)	ST; QL (55 EA per 180 days)
Multiple Sclerosis Agents		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	\$0 (Tier 2)	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2)	PA; QL (14 EA per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	\$0 (Tier 1)	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	\$0 (Tier 1)	PA
<i>fingolimod hcl oral capsule 0.5 mg</i>	\$0 (Tier 1)	PA; 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>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (Tier 1)	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (Tier 1)	PA; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (Tier 1)	PA; QL (30 ML per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (Tier 1)	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	\$0 (Tier 2)	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	\$0 (Tier 2)	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	\$0 (Tier 2)	PA; QL (12 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	\$0 (Tier 2)	PA; QL (7 EA per 180 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	\$0 (Tier 2)	PA; QL (20 ML per 180 days)
PONVORY ORAL TABLET 20 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG	\$0 (Tier 2)	PA; QL (14 EA per 180 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	\$0 (Tier 2)	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	\$0 (Tier 2)	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	\$0 (Tier 2)	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	\$0 (Tier 2)	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	\$0 (Tier 2)	PA; QL (7 EA per 180 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	\$0 (Tier 2)	PA; QL (28 EA per 180 days)
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	\$0 (Tier 1)	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>triamcinolone acetate mouth/throat paste 0.1 %</i>	\$0 (Tier 1)	
Dermatological Agents		
Acne And Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)	PA
<i>acne 10 lotion 10 % external</i>	\$0 (Tier 3)	DP
<i>acne foaming wash liquid 10 % external</i>	\$0 (Tier 3)	DP
<i>acne medication 2.5 gel 2.5 % external</i>	\$0 (Tier 3)	DP

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>acne pimple medication gel 10 % external</i>	\$0 (Tier 3)	DP
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	\$0 (Tier 1)	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
BENZAC AC 5 % EXTERNAL	\$0 (Tier 3)	DP
BENZAC AC WASH LIQUID 5 % EXTERNAL	\$0 (Tier 3)	DP
BENZEPRO FOAM 5.3 % EXTERNAL	\$0 (Tier 3)	DP
BENZEPRO FOAMING CLOTHS 6 % EXTERNAL	\$0 (Tier 3)	DP
<i>benzoyl peroxide lotion 5 % external</i>	\$0 (Tier 3)	DP
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	\$0 (Tier 1)	
<i>cvs adapalene gel 0.1 % external</i>	\$0 (Tier 3)	DP
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lintera wash foam 10 % external</i>	\$0 (Tier 3)	DP
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
<i>tazarotene external cream 0.1 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	\$0 (Tier 1)	
TAZORAC EXTERNAL CREAM 0.05 %	\$0 (Tier 2)	QL (60 GM per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
Dermatitis And Pruritus Agents		
ALA SEB SHAMPOO 2-2 % EXTERNAL	\$0 (Tier 3)	DP
<i>ala-cort cream 1 % external</i>	\$0 (Tier 3)	DP
<i>alclometasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>allergy cream 2-0.1 % external</i>	\$0 (Tier 3)	DP

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>allergy relief max st liquid 2-0.1 % external</i>	\$0 (Tier 3)	DP
<i>ammonium lactate external cream 12 %</i>	\$0 (Tier 1)	
<i>ammonium lactate external lotion 12 %</i>	\$0 (Tier 1)	
AQUAPHOR ITCH RELIEF CHILDREN OINTMENT 1 % EXTERNAL	\$0 (Tier 3)	DP
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0 (Tier 1)	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0 (Tier 1)	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	\$0 (Tier 1)	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
BETASAL SHAMPOO 3 % EXTERNAL	\$0 (Tier 3)	DP
BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL	\$0 (Tier 3)	DP
CERAVE ITCH RELIEF LOTION 1 % EXTERNAL	\$0 (Tier 3)	DP
<i>clobetasol prop emollient base external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	\$0 (Tier 1)	QL (50 ML per 30 days)
<i>cvs hydrocortisone anti-itch cream 0.5 % external</i>	\$0 (Tier 3)	DP

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<i>cvs zinc oxide ointment 20 % external</i>	\$0 (Tier 3)	DP
DELAZINC OINTMENT 25 % EXTERNAL	\$0 (Tier 3)	DP
<i>desonide external cream 0.05 %</i>	\$0 (Tier 1)	
<i>desonide external lotion 0.05 %</i>	\$0 (Tier 1)	
<i>desonide external ointment 0.05 %</i>	\$0 (Tier 1)	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	\$0 (Tier 1)	
<i>desoximetasone external gel 0.05 %</i>	\$0 (Tier 1)	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	\$0 (Tier 1)	
<i>doxepin hcl external cream 5 %</i>	\$0 (Tier 1)	PA; QL (90 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	\$0 (Tier 2)	PA
FLAC OTIC OIL 0.01 %	\$0 (Tier 2)	
<i>fluocinolone acetonide external cream 0.01 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	\$0 (Tier 1)	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	\$0 (Tier 1)	QL (118.28 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate external lotion 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate external ointment 0.005 %</i>	\$0 (Tier 1)	
<i>halobetasol propionate external cream 0.05 %</i>	\$0 (Tier 1)	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	\$0 (Tier 1)	QL (50 GM per 30 days)
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	\$0 (Tier 1)	
<i>hydrocortisone butyrate external cream 0.1 %</i>	\$0 (Tier 1)	

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<i>hydrocortisone butyrate external ointment 0.1 %</i>	\$0 (Tier 1)	
<i>hydrocortisone butyrate external solution 0.1 %</i>	\$0 (Tier 1)	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone external lotion 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone valerate external cream 0.2 %</i>	\$0 (Tier 1)	
<i>hydrocortisone valerate external ointment 0.2 %</i>	\$0 (Tier 1)	
HYFTOR EXTERNAL GEL 0.2 %	\$0 (Tier 2)	PA
<i>mometasone furoate external cream 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone furoate external ointment 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone furoate external solution 0.1 %</i>	\$0 (Tier 1)	
<i>pimecrolimus external cream 1 %</i>	\$0 (Tier 1)	ST
<i>prednicarbate external ointment 0.1 %</i>	\$0 (Tier 1)	
<i>selenium sulfide external lotion 2.5 %</i>	\$0 (Tier 1)	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0 (Tier 1)	ST
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide external cream 0.1 %</i>	\$0 (Tier 1)	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	\$0 (Tier 1)	
Z-BUM CREAM 22 % EXTERNAL	\$0 (Tier 3)	DP
ZINCTRAL PASTE 20 % EXTERNAL	\$0 (Tier 3)	DP
Dermatological Agents, Other		
<i>acne wash liquid 2 % external</i>	\$0 (Tier 3)	DP
<i>alcohol pad , 70 %</i>	\$0 (Tier 1)	
<i>alcohol sheet , 70 %</i>	\$0 (Tier 1)	
<i>aum alcohol prep pads pad 70 %</i>	\$0 (Tier 1)	
AVEENO CLEAR COMPLEXION CREAM 2 % EXTERNAL	\$0 (Tier 3)	DP
<i>bl minoxidil extra strength solution 5 % external</i>	\$0 (Tier 3)	DP

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<i>bl petroleum jelly ointment external</i>	\$0 (Tier 3)	DP
<i>calamine-zinc oxide lotion 8-8 % external</i>	\$0 (Tier 3)	DP
<i>calcipotriene external cream 0.005 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	\$0 (Tier 1)	QL (120 ML per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i>	\$0 (Tier 1)	
<i>callus removers extra thick pad 40 % external</i>	\$0 (Tier 3)	DP
CLEAR AWAY LIQUID 17 % EXTERNAL	\$0 (Tier 3)	DP
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0 (Tier 1)	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	\$0 (Tier 1)	QL (60 ML per 28 days)
<i>fluorouracil external cream 0.5 %</i>	\$0 (Tier 1)	PA
<i>fluorouracil external cream 5 %</i>	\$0 (Tier 1)	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	\$0 (Tier 1)	QL (10 ML per 30 days)
<i>imiquimod external cream 5 %</i>	\$0 (Tier 1)	QL (24 EA per 30 days)
<i>ivy wash poison ivy cleanser lotion 1 % external</i>	\$0 (Tier 3)	DP
<i>methoxsalen rapid oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	\$0 (Tier 1)	QL (60 GM per 28 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	\$0 (Tier 1)	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 20 MG	\$0 (Tier 2)	PA
OTEZLA ORAL TABLET 30 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	\$0 (Tier 2)	PA; QL (55 EA per 180 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	\$0 (Tier 2)	PA
<i>podofilox external solution 0.5 %</i>	\$0 (Tier 1)	
REGRANEX EXTERNAL GEL 0.01 %	\$0 (Tier 2)	PA; QL (15 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	\$0 (Tier 2)	QL (180 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	\$0 (Tier 1)	
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Pediculicides/Scabicides		
<i>cvs lice killing shampoo 0.33-4 % external</i>	\$0 (Tier 3)	DP
<i>malathion external lotion 0.5 %</i>	\$0 (Tier 1)	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>pyrethrins-piperonyl butoxide gel 0.3-3.5 % external</i>	\$0 (Tier 3)	DP
Topical Anti-Infectives		
<i>acyclovir external cream 5 %</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>acyclovir external ointment 5 %</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>antibiotic ointment 500 unit/gm external</i>	\$0 (Tier 3)	DP
<i>antiseptic skin cleanser solution 7.5 % external</i>	\$0 (Tier 3)	DP
<i>antiseptic solution 10 % external</i>	\$0 (Tier 3)	DP
<i>bacitracin-neomycin-polymyxin ointment 400-5-5000 external</i>	\$0 (Tier 3)	DP
BETADINE SWAB AID SWAB 10 % EXTERNAL	\$0 (Tier 3)	DP
<i>ciclopirox external solution 8 %</i>	\$0 (Tier 1)	QL (6.6 ML per 28 days)
<i>ciclopirox olamine external cream 0.77 %</i>	\$0 (Tier 1)	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>clindamycin phosphate external gel 1 %</i>	\$0 (Tier 1)	QL (120 GM per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>cvs bacitracin zinc ointment 500 unit/gm external</i>	\$0 (Tier 3)	DP
<i>cvs butenafine hcl cream 1 % external</i>	\$0 (Tier 3)	DP
<i>cvs disposable douche solution 0.3 % vaginal</i>	\$0 (Tier 3)	DP
<i>cvs povidone iodine max st ointment 10 % external</i>	\$0 (Tier 3)	DP
<i>dakins (1/2 strength) solution 0.25 % external</i>	\$0 (Tier 3)	DP
<i>dakins (full strength) solution 0.5 % external</i>	\$0 (Tier 3)	DP
<i>ery external pad 2 %</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>erythromycin external gel 2 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>erythromycin external solution 2 %</i>	\$0 (Tier 1)	QL (60 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>gentamicin sulfate external cream 0.1 %</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	\$0 (Tier 1)	QL (30 GM per 30 days)
<i>metronidazole external cream 0.75 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	\$0 (Tier 1)	QL (45 GM per 30 days)
<i>metronidazole external gel 1 %</i>	\$0 (Tier 1)	QL (60 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	\$0 (Tier 1)	QL (59 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	\$0 (Tier 1)	QL (44 GM per 30 days)
NUPREP 5% POVIDONE-IODINE SOLUTION 5 % EXTERNAL	\$0 (Tier 3)	DP
<i>penciclovir external cream 1 %</i>	\$0 (Tier 1)	QL (5 GM per 30 days)
<i>votriza-al lotion 1 % external</i>	\$0 (Tier 3)	DP
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
<i>av-phos 250 neutral tablet 155-852-130 mg oral</i>	\$0 (Tier 3)	DP
<i>calcarb 600 tablet 1500 (600 ca) mg oral</i>	\$0 (Tier 3)	DP
CALCI-CHEW TABLET CHEWABLE 1250 (500 CA) MG ORAL	\$0 (Tier 3)	DP
<i>calcium acetate tablet 668 (169 ca) mg oral</i>	\$0 (Tier 3)	DP
<i>calcium oyster shell tablet 500 mg oral</i>	\$0 (Tier 3)	DP
<i>carglumic acid oral tablet soluble 200 mg</i>	\$0 (Tier 1)	PA
<i>cvs magnesium oxide tablet 500 mg oral</i>	\$0 (Tier 3)	DP
<i>ft magnesium oxide tablet 400 (240 mg) mg oral</i>	\$0 (Tier 3)	DP
<i>hm magnesium tablet 400 mg oral</i>	\$0 (Tier 3)	DP
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (Tier 2)	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	\$0 (Tier 2)	
<i>kcl in dextrose-nacl intravenous solution 20-5- 0.45 meq/l-%-%</i>	\$0 (Tier 1)	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 2)	
<i>klor-con m10 oral tablet extended release 10 meq</i>	\$0 (Tier 1)	
<i>klor-con m15 oral tablet extended release 15 meq</i>	\$0 (Tier 1)	
<i>klor-con m20 oral tablet extended release 20 meq</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KLOR-CON ORAL PACKET 20 MEQ	\$0 (Tier 2)	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 2)	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0 (Tier 1)	
MAOX TABLET 420 MG ORAL	\$0 (Tier 3)	DP
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 40 meq/100ml</i>	\$0 (Tier 1)	
<i>potassium chloride oral packet 20 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0 (Tier 1)	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0 (Tier 1)	
<i>sodium bicarbonate tablet 325 mg oral</i>	\$0 (Tier 3)	DP
<i>sodium bicarbonate tablet 648 mg oral</i>	\$0 (Tier 3)	DP
<i>sodium chloride (pf) injection solution 0.9 %</i>	\$0 (Tier 1)	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %</i>	\$0 (Tier 1)	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	\$0 (Tier 1)	
Electrolyte/Mineral/Metal Modifiers		
CUVRIOR ORAL TABLET 300 MG	\$0 (Tier 2)	PA
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 1)	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 1)	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	\$0 (Tier 1)	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>penicillamine oral tablet 250 mg</i>	\$0 (Tier 1)	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1)	PA
<i>trientine hcl oral capsule 250 mg</i>	\$0 (Tier 1)	PA
Electrolytes/Minerals/Metals/Vitamins		
<i>50+ adult eye health capsule oral</i>	\$0 (Tier 3)	DP
<i>600+d3 tablet 600-20 mg-mcg oral</i>	\$0 (Tier 3)	DP
<i>a thru z advanced adult tablet oral</i>	\$0 (Tier 3)	DP
<i>a-10000 capsule 3 mg (10000 ut) oral</i>	\$0 (Tier 3)	DP
<i>acerola c-500 tablet chewable 500 mg oral</i>	\$0 (Tier 3)	DP
ALZ-NAC TABLET 6-2-600 MG ORAL	\$0 (Tier 3)	DP
<i>aqueous vitamin e solution 15 mg/0.67ml oral</i>	\$0 (Tier 3)	DP
<i>ascorbic acid tablet 250 mg oral</i>	\$0 (Tier 3)	DP
<i>asco-tabs-1000 tablet 1000 mg oral</i>	\$0 (Tier 3)	DP
<i>b complex 1 tablet oral</i>	\$0 (Tier 3)	DP
<i>b complex capsule oral</i>	\$0 (Tier 3)	DP
<i>b1 tablet 100 mg oral</i>	\$0 (Tier 3)	DP
<i>b-12 tablet 100 mcg oral</i>	\$0 (Tier 3)	DP
<i>b-12 tablet 1000 mcg oral</i>	\$0 (Tier 3)	DP
<i>b-12 tablet 500 mcg oral</i>	\$0 (Tier 3)	DP
<i>bl vitamin c tablet 500 mg oral</i>	\$0 (Tier 3)	DP
BPROTECTED PEDIA D-VITE LIQUID 10 MCG/ML ORAL	\$0 (Tier 3)	DP
CALCIFEROL SOLUTION 200 MCG/ML ORAL	\$0 (Tier 3)	DP
<i>calcium + vitamin d3 tablet 500-5 mg-mcg oral</i>	\$0 (Tier 3)	DP
<i>calcium + vitamin d3 tablet 600-10 mg-mcg oral</i>	\$0 (Tier 3)	DP
<i>calcium 500 + d3 tablet 500-15 mg-mcg oral</i>	\$0 (Tier 3)	DP
<i>clinisol sf intravenous solution 15 %</i>	\$0 (Tier 1)	B/D
<i>co q-10 capsule 30 mg oral</i>	\$0 (Tier 3)	DP
<i>co q10 maximum strength capsule 200 mg oral</i>	\$0 (Tier 3)	DP
<i>cobal-1000 solution 1000 mcg/ml injection</i>	\$0 (Tier 3)	DP
<i>coenzyme q10 capsule 50 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs d3 capsule 10 mcg (400 unit) oral</i>	\$0 (Tier 3)	DP

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cvs d3 capsule 125 mcg (5000 ut) oral</i>	\$0 (Tier 3)	DP
<i>cvs d3 capsule 25 mcg (1000 ut) oral</i>	\$0 (Tier 3)	DP
<i>cvs d3 capsule 250 mcg (10000 ut) oral</i>	\$0 (Tier 3)	DP
<i>cvs d3 capsule 50 mcg (2000 ut) oral</i>	\$0 (Tier 3)	DP
<i>cvs e capsule 90 mg (200 unit) oral</i>	\$0 (Tier 3)	DP
<i>cvs high potency vitamin d tablet 1000 unit oral</i>	\$0 (Tier 3)	DP
<i>cvs iron tablet 240 (27 fe) mg oral</i>	\$0 (Tier 3)	DP
<i>cvs iron tablet 325 (65 fe) mg oral</i>	\$0 (Tier 3)	DP
<i>cvs vitamin e capsule 180 mg (400 unit) oral</i>	\$0 (Tier 3)	DP
<i>cvs vitamin e capsule 450 mg (1000 ut) oral</i>	\$0 (Tier 3)	DP
<i>d 2000 tablet 50 mcg (2000 ut) oral</i>	\$0 (Tier 3)	DP
<i>d 400 tablet 10 mcg (400 unit) oral</i>	\$0 (Tier 3)	DP
<i>d 5000 tablet 125 mcg (5000 ut) oral</i>	\$0 (Tier 3)	DP
D3-50 CAPSULE 1.25 MG (50000 UT) ORAL	\$0 (Tier 3)	DP
<i>davite tablet 1 mg oral</i>	\$0 (Tier 3)	DP
DECARA CAPSULE 625 MCG (25000 UT) ORAL	\$0 (Tier 3)	DP
DEPLIN 15 CAPSULE 15-90.314 MG ORAL	\$0 (Tier 3)	DP
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0 (Tier 1)	
<i>dextrose-nacl intravenous solution 10-0.2 %, 2.5-0.45 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	\$0 (Tier 1)	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	\$0 (Tier 1)	
DIALYVITE 800 WAFER 0.8 MG ORAL	\$0 (Tier 3)	DP
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	\$0 (Tier 3)	DP
<i>fe tabs tablet delayed release 325 (65 fe) mg oral</i>	\$0 (Tier 3)	DP
FEMIRON-FA TABLET ORAL	\$0 (Tier 3)	DP
FERROCITE TABLET 324 MG ORAL	\$0 (Tier 3)	DP
<i>ferrous gluconate tablet 324 (38 fe) mg oral</i>	\$0 (Tier 3)	DP
<i>ferrous sulfate solution 220 (44 fe) mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>ferrous sulfate tablet delayed release 324 mg oral</i>	\$0 (Tier 3)	DP

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FOLGARD TABLET 800-10-115 MCG-MG-MCG ORAL	\$0 (Tier 3)	DP
FOLTX TABLET 1.13-25-2 MG ORAL	\$0 (Tier 3)	DP
<i>full spectrum b/vitamin c tablet 0.8 mg oral</i>	\$0 (Tier 3)	DP
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (Tier 2)	B/D
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (Tier 2)	
IVITES RX TABLET 1 MG ORAL	\$0 (Tier 3)	DP
<i>levocarnitine oral solution 1 gm/10ml</i>	\$0 (Tier 1)	
<i>levocarnitine oral tablet 330 mg</i>	\$0 (Tier 1)	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	\$0 (Tier 1)	
<i>l-methylfolate-algae-b12-b6 capsule 3-90.314-2-35 mg oral</i>	\$0 (Tier 3)	DP
MAG-TAB SR TABLET EXTENDED RELEASE 84 MG (7MEQ) ORAL	\$0 (Tier 3)	DP
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 2)	B/D
OYSCO D TABLET 250-125 MG-UNIT ORAL	\$0 (Tier 3)	DP
<i>phos-nak packet 280-160-250 mg oral</i>	\$0 (Tier 3)	DP
<i>phytonadione solution 10 mg/ml injection</i>	\$0 (Tier 3)	DP
<i>phytonadione tablet 5 mg oral</i>	\$0 (Tier 3)	DP
<i>plenamine intravenous solution 15 %</i>	\$0 (Tier 1)	B/D
S.S.S. TONIC LIQUID ORAL	\$0 (Tier 3)	DP
<i>true folic acid tablet 1 mg oral</i>	\$0 (Tier 3)	DP
<i>true vitamin b1 tablet 50 mg oral</i>	\$0 (Tier 3)	DP
<i>true vitamin d3 tablet 1.25 mg (50000 ut) oral</i>	\$0 (Tier 3)	DP
<i>true vitamin d3 tablet 250 mcg (10000 ut) oral</i>	\$0 (Tier 3)	DP
VITALINE BIOTIN FORTE/ZINC TABLET 0.8 MG ORAL	\$0 (Tier 3)	DP
<i>vitamin k1 solution 2 mg/ml injection</i>	\$0 (Tier 3)	DP
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	\$0 (Tier 1)	QL (360 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>calcium acetate (phos binder) oral tablet 667 mg</i>	\$0 (Tier 1)	QL (360 EA per 30 days)
<i>calcium acetate tablet 667 mg oral</i>	\$0 (Tier 3)	DP
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>sevelamer carbonate oral packet 0.8 gm</i>	\$0 (Tier 1)	QL (270 EA per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	\$0 (Tier 1)	QL (180 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1)	QL (540 EA per 30 days)
Potassium Binders		
LOKELMA ORAL PACKET 10 GM, 5 GM	\$0 (Tier 2)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	
<i>sps oral suspension 15 gm/60ml</i>	\$0 (Tier 1)	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	\$0 (Tier 2)	QL (30 EA per 30 days)
VELTASSA ORAL PACKET 8.4 GM	\$0 (Tier 2)	QL (90 EA per 30 days)
Vitamins		
<i>trinatal rx 1 oral tablet 60-1 mg</i>	\$0 (Tier 1)	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>af-cwmn laxative tablet delayed release 5 mg oral</i>	\$0 (Tier 3)	DP
AVEDANA GLYCERIN (ADULT) SUPPOSITORY 2 GM RECTAL	\$0 (Tier 3)	DP
BISAC-EVAC SUPPOSITORY 10 MG RECTAL	\$0 (Tier 3)	DP
<i>bl epsom salt granules oral</i>	\$0 (Tier 3)	DP
<i>bl fiber therapy powder oral</i>	\$0 (Tier 3)	DP
<i>bl laxative pills tablet 15 mg oral</i>	\$0 (Tier 3)	DP
<i>bl laxative pills tablet 25 mg oral</i>	\$0 (Tier 3)	DP
<i>bl magnesium citrate solution 1.745 gm/30ml oral</i>	\$0 (Tier 3)	DP
<i>bl stool softener capsule 100 mg oral</i>	\$0 (Tier 3)	DP
<i>bl stool softener/laxative tablet 8.6-50 mg oral</i>	\$0 (Tier 3)	DP
<i>calcium polycarbophil tablet 625 mg oral</i>	\$0 (Tier 3)	DP
CLEARLAX PACKET ORAL	\$0 (Tier 3)	DP
COLACE CAPSULE 50 MG ORAL	\$0 (Tier 3)	DP

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COLACE LIQUID† 150 MG/15ML ORAL	\$0 (Tier 3)	DP
COLACE PEDIATRIC SUPPOSITORY 1.2 GM	\$0 (Tier 3)	DP
<i>complete ready-to-use enema enema 7-19 gm/118ml rectal</i>	\$0 (Tier 3)	DP
<i>constulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>cvs chocolate laxative pieces tablet chewable 15 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs glycerin child suppository 1 gm rectal</i>	\$0 (Tier 3)	DP
<i>cvs milk of magnesia suspension 1200 mg/15ml oral</i>	\$0 (Tier 3)	DP
<i>cvs mini enema enema 20-283 mg rectal</i>	\$0 (Tier 3)	DP
<i>cvs mini enema kids enema 100 mg/5ml rectal</i>	\$0 (Tier 3)	DP
CVS PURELAX POWDER 17 GM/SCOOP ORAL	\$0 (Tier 3)	DP
<i>cvs senna capsule 8.6 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs senna tablet 8.6 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs senna-extra tablet 17.2 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs stool softener capsule 240 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs stool softener capsule 250 mg oral</i>	\$0 (Tier 3)	DP
<i>docuprene tablet 100 mg oral</i>	\$0 (Tier 3)	DP
<i>enema pediatric enema 3.5-9.5 gm/59ml rectal</i>	\$0 (Tier 3)	DP
<i>enulose oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
FLEET BISACODYL ENEMA 10 MG/30ML RECTAL	\$0 (Tier 3)	DP
FLEET LIQUID GLYCERIN SUPP ENEMA 5.4 GM/DOSE RECTAL	\$0 (Tier 3)	DP
<i>gavilyte-c oral solution reconstituted 240 gm</i>	\$0 (Tier 1)	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	\$0 (Tier 1)	
<i>generlac oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	\$0 (Tier 1)	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	\$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (Tier 2)	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>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>medi-laxx capsule 8.6-50 mg oral</i>	\$0 (Tier 3)	DP
<i>milk of magnesia concentrate suspension 2400 mg/10ml oral</i>	\$0 (Tier 3)	DP
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2)	QL (30 EA per 30 days)
ONELAX SENNA SYRUP 8.8 MG/5ML ORAL	\$0 (Tier 3)	DP
PEDIA-LAX LIQUID 50 MG/15ML ORAL	\$0 (Tier 3)	DP
PEDIA-LAX SUPPOSITORY 2.8 GM RECTAL	\$0 (Tier 3)	DP
PEDIA-LAX TABLET CHEWABLE 400 MG ORAL	\$0 (Tier 3)	DP
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0 (Tier 1)	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0 (Tier 1)	
RELISTOR ORAL TABLET 150 MG	\$0 (Tier 2)	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	\$0 (Tier 2)	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	\$0 (Tier 2)	PA; QL (12 ML per 30 days)
VACUANT MINI-ENEMA ENEMA 283 MG RECTAL	\$0 (Tier 3)	DP
Anti-Diarrheal Agents		
<i>af-loperamide hcl tablet 2 mg oral</i>	\$0 (Tier 3)	DP
<i>alose tron hcl oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	\$0 (Tier 1)	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 1)	PA
<i>eq loperamide hcl solution 1 mg/7.5ml oral</i>	\$0 (Tier 3)	DP
<i>ft anti-diarrheal capsule 2 mg oral</i>	\$0 (Tier 3)	DP
<i>loperamide hcl oral capsule 2 mg</i>	\$0 (Tier 1)	
XERMELO ORAL TABLET 250 MG	\$0 (Tier 2)	PA
XIFAXAN ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dicyclomine hcl oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	\$0 (Tier 1)	
<i>dicyclomine hcl oral tablet 20 mg</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
Gastrointestinal Agents, Other		
<i>4x probiotic tablet oral</i>	\$0 (Tier 3)	DP
<i>acidophilus (probiotic) capsule oral</i>	\$0 (Tier 3)	DP
<i>acidophilus probiotic formula tablet oral</i>	\$0 (Tier 3)	DP
<i>af-gas relief ultra capsule 125 mg oral</i>	\$0 (Tier 3)	DP
<i>alamag plus tablet chewable 200-200-25 mg oral</i>	\$0 (Tier 3)	DP
<i>aldroxicon i suspension 200-200-20 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>aldroxicon ii suspension 400-400-40 mg/5ml oral</i>	\$0 (Tier 3)	DP
ALKA-SELTZER HEARTBURN TABLET CHEWABLE 750 MG ORAL	\$0 (Tier 3)	DP
<i>antacid calcium rich tablet chewable 500 mg oral</i>	\$0 (Tier 3)	DP
<i>antacid maximum tablet chewable 1000 mg oral</i>	\$0 (Tier 3)	DP
<i>anti-gas ultra strength capsule 180 mg oral</i>	\$0 (Tier 3)	DP
<i>bismatrol maximum strength suspension 525 mg/15ml oral</i>	\$0 (Tier 3)	DP
<i>bismatrol suspension 262 mg/15ml oral</i>	\$0 (Tier 3)	DP
<i>bismuth tablet chewable 262 mg oral</i>	\$0 (Tier 3)	DP
<i>calcium carbonate antacid suspension 1250 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>calcium carbonate antacid tablet 648 mg oral</i>	\$0 (Tier 3)	DP
CHENODAL ORAL TABLET 250 MG	\$0 (Tier 2)	PA
<i>colic drops suspension 40 mg/0.6ml oral</i>	\$0 (Tier 3)	DP
<i>cvs bismuth tablet 262 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs gas relief extra strength tablet chewable 125 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs gas relief tablet chewable 80 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs heartburn relief ex st tablet chewable 160-105 mg oral</i>	\$0 (Tier 3)	DP
FLORA ASSIST PACKET ORAL	\$0 (Tier 3)	DP

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2)	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	\$0 (Tier 2)	PA
OCALIVA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
PHAZYME ULTIMATE CAPSULE 500 MG ORAL	\$0 (Tier 3)	DP
<i>qc gas relief capsule 250 mg oral</i>	\$0 (Tier 3)	DP
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
VOWST ORAL CAPSULE	\$0 (Tier 2)	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 400 mg/6.67ml</i>	\$0 (Tier 1)	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	
<i>sucralfate oral tablet 1 gm</i>	\$0 (Tier 1)	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>omeprazole oral capsule delayed release 40 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	\$0 (Tier 1)	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
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0 (Tier 2)	PA
<i>betaine oral powder</i>	\$0 (Tier 1)	
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 2)	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	\$0 (Tier 2)	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	\$0 (Tier 2)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2)	PA
<i>dichlorphenamide oral tablet 50 mg</i>	\$0 (Tier 1)	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	\$0 (Tier 2)	PA
ENDARI ORAL PACKET 5 GM	\$0 (Tier 2)	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0 (Tier 2)	PA
GALAFOLD ORAL CAPSULE 123 MG	\$0 (Tier 2)	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	\$0 (Tier 2)	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	\$0 (Tier 2)	PA
<i>l-glutamine oral packet 5 gm</i>	\$0 (Tier 1)	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2)	PA
<i>miglustat oral capsule 100 mg</i>	\$0 (Tier 1)	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0 (Tier 2)	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	\$0 (Tier 2)	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (Tier 2)	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	\$0 (Tier 2)	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	\$0 (Tier 1)	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	\$0 (Tier 1)	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (Tier 1)	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	\$0 (Tier 2)	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML	\$0 (Tier 2)	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	\$0 (Tier 2)	PA
XURIDEN ORAL PACKET 2 GM	\$0 (Tier 2)	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	\$0 (Tier 2)	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	\$0 (Tier 2)	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	\$0 (Tier 1)	ST; QL (30 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0 (Tier 2)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0 (Tier 2)	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>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	\$0 (Tier 1)	ST; QL (30 EA per 30 days)
<i>tropium chloride oral tablet 20 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>tadalafil oral tablet 5 mg</i>	\$0 (Tier 1)	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	\$0 (Tier 1)	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
ELMIRON ORAL CAPSULE 100 MG	\$0 (Tier 2)	
FILSPARI ORAL TABLET 200 MG, 400 MG	\$0 (Tier 2)	PA
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	\$0 (Tier 2)	PA
<i>tiopronin oral tablet 100 mg</i>	\$0 (Tier 1)	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	\$0 (Tier 1)	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	\$0 (Tier 2)	PA
ACTHAR INJECTION GEL 80 UNIT/ML	\$0 (Tier 2)	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	\$0 (Tier 2)	PA
<i>dexamethasone oral solution 0.5 mg/5ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	\$0 (Tier 1)	
<i>prednisolone oral solution 15 mg/5ml</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	\$0 (Tier 1)	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	\$0 (Tier 1)	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	\$0 (Tier 2)	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	\$0 (Tier 2)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	\$0 (Tier 2)	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG	\$0 (Tier 2)	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML	\$0 (Tier 2)	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	\$0 (Tier 2)	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	\$0 (Tier 2)	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	\$0 (Tier 2)	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	\$0 (Tier 2)	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	\$0 (Tier 2)	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	\$0 (Tier 2)	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	\$0 (Tier 2)	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	\$0 (Tier 2)	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>methyltestosterone oral capsule 10 mg</i>	\$0 (Tier 1)	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	\$0 (Tier 1)	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	\$0 (Tier 1)	PA
<i>testosterone transdermal gel 1.62 %</i>	\$0 (Tier 1)	PA; QL (75 GM 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>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	\$0 (Tier 1)	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	\$0 (Tier 1)	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	\$0 (Tier 1)	PA; QL (180 ML per 30 days)
Estrogens		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA
<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 (Tier 1)	PA; QL (8 EA per 28 days)
<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 (Tier 1)	PA; QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (Tier 1)	
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (Tier 1)	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	\$0 (Tier 2)	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	\$0 (Tier 2)	PA
PREMARIN VAGINAL CREAM 0.625 MG/GM	\$0 (Tier 2)	
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>apri oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>balziva oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	\$0 (Tier 2)	QL (8 EA per 28 days)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (Tier 1)	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (Tier 1)	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 1)	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>introvale oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (Tier 1)	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	\$0 (Tier 2)	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0 (Tier 2)	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>lutera oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	\$0 (Tier 2)	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	\$0 (Tier 2)	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 1)	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	
<i>pimtreea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (Tier 1)	
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
PREMPHASE ORAL TABLET 0.625-5 MG	\$0 (Tier 2)	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	\$0 (Tier 2)	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	\$0 (Tier 1)	
<i>setlakin oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	\$0 (Tier 2)	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (Tier 1)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (Tier 1)	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	\$0 (Tier 1)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (Tier 1)	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
Progestins		
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>deblitane oral tablet 0.35 mg</i>	\$0 (Tier 1)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0 (Tier 2)	
<i>errin oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>incassia oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>lyza oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	\$0 (Tier 1)	PA
<i>megestrol acetate oral suspension 400 mg/10ml, 800 mg/20ml</i>	\$0 (Tier 1)	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	PA
<i>nora-be oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>norethindrone oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>progesterone oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>sharobel oral tablet 0.35 mg</i>	\$0 (Tier 1)	
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET 0.45-20 MG	\$0 (Tier 2)	
<i>raloxifene hcl oral tablet 60 mg</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
EUTHYROX 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 (Tier 2)	
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 (Tier 2)	
<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 (Tier 1)	
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 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)	
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 (Tier 2)	
UNITHROID 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 (Tier 2)	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG	\$0 (Tier 2)	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0 (Tier 2)	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	\$0 (Tier 2)	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	\$0 (Tier 2)	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	\$0 (Tier 1)	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0 (Tier 1)	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	\$0 (Tier 2)	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	\$0 (Tier 2)	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	\$0 (Tier 2)	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$0 (Tier 2)	PA
MYFEMBREE ORAL TABLET 40-1-0.5 MG	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 1)	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	\$0 (Tier 1)	
ORGOVYX ORAL TABLET 120 MG	\$0 (Tier 2)	PA; QL (30 EA per 28 days)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	\$0 (Tier 2)	PA
ORLISSA ORAL TABLET 150 MG, 200 MG	\$0 (Tier 2)	PA
RECORLEV ORAL TABLET 150 MG	\$0 (Tier 2)	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (Tier 2)	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (Tier 2)	PA
SYNAREL NASAL SOLUTION 2 MG/ML	\$0 (Tier 2)	PA
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	\$0 (Tier 2)	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	\$0 (Tier 2)	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT 500 UNIT	\$0 (Tier 2)	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	\$0 (Tier 2)	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0 (Tier 2)	PA; QL (20 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>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	\$0 (Tier 1)	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	\$0 (Tier 2)	PA
Immunoglobulins		
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (Tier 2)	B/D
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0 (Tier 2)	B/D
GAMMAKED INJECTION SOLUTION 1 GM/10ML	\$0 (Tier 2)	B/D
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	\$0 (Tier 2)	B/D
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	\$0 (Tier 2)	B/D
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (Tier 2)	B/D
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	\$0 (Tier 2)	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	\$0 (Tier 2)	PA; QL (3.6 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0 (Tier 2)	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
CABLIVI INJECTION KIT 11 MG	\$0 (Tier 2)	PA
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	\$0 (Tier 2)	PA; 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
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2)	PA
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	\$0 (Tier 2)	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	\$0 (Tier 2)	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	\$0 (Tier 2)	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	\$0 (Tier 2)	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
FABHALTA ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2)	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	\$0 (Tier 2)	PA
LITFULO ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (Tier 2)	PA; QL (4 EA per 28 days)

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ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	\$0 (Tier 2)	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	\$0 (Tier 2)	PA; QL (2.8 ML per 28 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2)	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML	\$0 (Tier 2)	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0 (Tier 2)	PA; QL (60 ML per 365 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	\$0 (Tier 2)	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	\$0 (Tier 2)	PA; QL (1 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
SOTYKTU ORAL TABLET 6 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (Tier 2)	PA; QL (104 ML per 180 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (Tier 2)	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	\$0 (Tier 2)	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	\$0 (Tier 2)	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2)	PA
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (Tier 2)	PA; QL (480 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	\$0 (Tier 2)	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	\$0 (Tier 2)	PA; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	\$0 (Tier 2)	PA; QL (22.68 ML per 28 days)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	\$0 (Tier 2)	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	\$0 (Tier 2)	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	\$0 (Tier 2)	PA; QL (2 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	\$0 (Tier 2)	B/D
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1)	B/D
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	\$0 (Tier 2)	PA; QL (2 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	\$0 (Tier 2)	PA; QL (3 EA per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	\$0 (Tier 2)	PA; QL (2 EA per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	\$0 (Tier 2)	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (Tier 1)	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	B/D
<i>gengraf oral solution 100 mg/ml</i>	\$0 (Tier 1)	B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	\$0 (Tier 2)	PA; QL (4 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 ML per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	\$0 (Tier 2)	PA; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	\$0 (Tier 2)	PA; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (Tier 2)	PA; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (3 EA per 180 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (Tier 2)	PA; QL (4 EA per 180 days)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$0 (Tier 2)	PA; QL (3 EA per 180 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	\$0 (Tier 2)	PA; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	\$0 (Tier 1)	
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0 (Tier 1)	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0 (Tier 1)	B/D
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	\$0 (Tier 1)	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (Tier 2)	B/D
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	\$0 (Tier 2)	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0 (Tier 2)	B/D
REZUROCK ORAL TABLET 200 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	\$0 (Tier 2)	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	\$0 (Tier 2)	PA
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (Tier 1)	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	B/D
Vaccines		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 2)	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2)	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0 (Tier 2)	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0 (Tier 2)	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	\$0 (Tier 2)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	\$0 (Tier 2)	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2)	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0 (Tier 2)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0 (Tier 2)	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	\$0 (Tier 2)	B/D
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0 (Tier 2)	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0 (Tier 2)	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (Tier 2)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0 (Tier 2)	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (Tier 2)	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	\$0 (Tier 2)	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (Tier 2)	
IPOL INJECTION INJECTABLE	\$0 (Tier 2)	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2)	
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (Tier 2)	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	\$0 (Tier 2)	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 2)	
MENACTRA INTRAMUSCULAR SOLUTION	\$0 (Tier 2)	
MENQUADFI INTRAMUSCULAR SOLUTION	\$0 (Tier 2)	
MENVEO INTRAMUSCULAR SOLUTION	\$0 (Tier 2)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (Tier 2)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (Tier 2)	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	\$0 (Tier 2)	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (Tier 2)	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (Tier 2)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	\$0 (Tier 2)	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (Tier 2)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (Tier 2)	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2)	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0 (Tier 2)	B/D
ROTARIX ORAL SUSPENSION	\$0 (Tier 2)	
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
ROTATEQ ORAL SOLUTION	\$0 (Tier 2)	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0 (Tier 2)	QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0 (Tier 2)	B/D
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (Tier 2)	B/D
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0 (Tier 2)	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	\$0 (Tier 2)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0 (Tier 2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0 (Tier 2)	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0 (Tier 2)	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0 (Tier 2)	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	\$0 (Tier 2)	
VAXELIS INTRAMUSCULAR SUSPENSION	\$0 (Tier 2)	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (Tier 2)	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (Tier 2)	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	\$0 (Tier 2)	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium oral capsule 750 mg</i>	\$0 (Tier 1)	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	\$0 (Tier 1)	
<i>mesalamine oral capsule delayed release 400 mg</i>	\$0 (Tier 1)	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	\$0 (Tier 1)	
<i>mesalamine rectal enema 4 gm</i>	\$0 (Tier 1)	
<i>mesalamine rectal suppository 1000 mg</i>	\$0 (Tier 1)	
<i>mesalamine-cleanser rectal kit 4 gm</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	\$0 (Tier 1)	

Glucocorticoids

<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0 (Tier 1)	QL (90 EA per 30 days)
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	\$0 (Tier 1)	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0 (Tier 1)	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	\$0 (Tier 1)	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>prednisone oral solution 5 mg/5ml</i>	\$0 (Tier 1)	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	\$0 (Tier 1)	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	\$0 (Tier 1)	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	\$0 (Tier 1)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)	
<i>ibandronate sodium oral tablet 150 mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	\$0 (Tier 2)	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0 (Tier 2)	QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg</i>	\$0 (Tier 1)	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (Tier 1)	QL (4 EA per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	\$0 (Tier 2)	PA
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	\$0 (Tier 2)	PA; QL (2.48 ML per 28 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	\$0 (Tier 2)	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	\$0 (Tier 2)	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0 (Tier 2)	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
ALTACHLORE OINTMENT 5 % OPTHALMIC	\$0 (Tier 3)	DP
ALTACHLORE SOLUTION 5 % OPTHALMIC	\$0 (Tier 3)	DP
ALTALUBE OINTMENT 85-15 % OPTHALMIC	\$0 (Tier 3)	DP
ALTAZINE MOISTURE RELIEF SOLUTION 0.05 % OPTHALMIC	\$0 (Tier 3)	DP
<i>atropine sulfate ophthalmic solution 1 %</i>	\$0 (Tier 1)	
<i>bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.5 mg/0.1ml, 3 mg/0.12ml, 3.25 mg/0.13ml, 3.75 mg/0.15ml</i>	\$0 (Tier 1)	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	\$0 (Tier 1)	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	\$0 (Tier 1)	
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	\$0 (Tier 1)	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
CYSTARAN OPTHALMIC SOLUTION 0.44 %	\$0 (Tier 2)	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	\$0 (Tier 1)	

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<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	\$0 (Tier 1)	
MURO 128 SOLUTION 2 % OPHTHALMIC	\$0 (Tier 3)	DP
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$0 (Tier 1)	
OXERVATE OPHTHALMIC SOLUTION 0.002 %	\$0 (Tier 2)	PA
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	\$0 (Tier 1)	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	\$0 (Tier 2)	PA
Ophthalmic Anti-Allergy Agents		
ALAWAY SOLUTION 0.035 % OPHTHALMIC	\$0 (Tier 3)	DP
<i>azelastine hcl ophthalmic solution 0.05 %</i>	\$0 (Tier 1)	
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (Tier 1)	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	\$0 (Tier 1)	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	\$0 (Tier 1)	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0 (Tier 2)	
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0 (Tier 1)	
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0 (Tier 1)	
Ophthalmic Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	\$0 (Tier 1)	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	\$0 (Tier 1)	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	\$0 (Tier 1)	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	\$0 (Tier 1)	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	\$0 (Tier 1)	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	\$0 (Tier 1)	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	\$0 (Tier 1)	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>carteolol hcl ophthalmic solution 1 %</i>	\$0 (Tier 1)	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	\$0 (Tier 1)	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	\$0 (Tier 1)	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	\$0 (Tier 1)	
<i>brinzolamide ophthalmic suspension 1 %</i>	\$0 (Tier 1)	ST
<i>dorzolamide hcl ophthalmic solution 2 %</i>	\$0 (Tier 1)	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	

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RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	\$0 (Tier 2)	ST
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	\$0 (Tier 2)	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0 (Tier 2)	
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	\$0 (Tier 1)	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0 (Tier 2)	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	\$0 (Tier 1)	
Otic Agents		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	\$0 (Tier 1)	
<i>auraphene-b solution 6.5 % otic</i>	\$0 (Tier 3)	DP
AURO DRI SWIMMERS EARS LIQUID 95 % OTIC	\$0 (Tier 3)	DP
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	\$0 (Tier 1)	QL (7.5 ML per 7 days)
DEBROX SWIMMERS EAR LIQUID 95-5 % OTIC	\$0 (Tier 3)	DP
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	\$0 (Tier 1)	
<i>ofloxacin otic solution 0.3 %</i>	\$0 (Tier 1)	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>aler-cap capsule 25 mg oral</i>	\$0 (Tier 3)	DP
<i>alertab tablet 25 mg oral</i>	\$0 (Tier 3)	DP
ALLEGRA ALLERGY CHILDRENS SUSPENSION 30 MG/5ML ORAL	\$0 (Tier 3)	DP

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALLEGRA ALLERGY TABLET 180 MG ORAL	\$0 (Tier 3)	DP
ALLEGRA ALLERGY TABLET 60 MG ORAL	\$0 (Tier 3)	DP
<i>aller-chlor syrup 2 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>allergy 4 hour tablet 4 mg oral</i>	\$0 (Tier 3)	DP
<i>allergy medication childrens liquid 12.5 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>allergy rapid melts childrens tablet chewable 12.5 mg oral</i>	\$0 (Tier 3)	DP
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	\$0 (Tier 1)	QL (60 ML per 30 days)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	\$0 (Tier 1)	
<i>childrens cold & allergy elixir 1-2.5 mg/5ml oral</i>	\$0 (Tier 3)	DP
<i>cvs allergy relief tablet chewable 25 mg oral</i>	\$0 (Tier 3)	DP
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0 (Tier 1)	PA
<i>cyproheptadine hcl oral tablet 4 mg</i>	\$0 (Tier 1)	PA
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	\$0 (Tier 1)	PA
<i>hydroxyzine hcl oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	PA
<i>kp diphenhydramine hcl capsule 50 mg oral</i>	\$0 (Tier 3)	DP
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	\$0 (Tier 1)	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	\$0 (Tier 1)	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0 (Tier 1)	B/D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	\$0 (Tier 1)	B/D; QL (60 ML per 30 days)
CLARISPRAY SUSPENSION 50 MCG/ACT NASAL	\$0 (Tier 3)	DP
<i>cvs budesonide suspension 32 mcg/act nasal</i>	\$0 (Tier 3)	DP
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0 (Tier 1)	QL (50 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>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	\$0 (Tier 1)	QL (240 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 50 mcg/act</i>	\$0 (Tier 1)	QL (120 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	\$0 (Tier 1)	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	\$0 (Tier 1)	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	\$0 (Tier 1)	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	\$0 (Tier 1)	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	\$0 (Tier 1)	QL (34 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	\$0 (Tier 2)	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0 (Tier 2)	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	\$0 (Tier 2)	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	\$0 (Tier 1)	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	\$0 (Tier 2)	QL (4 GM per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	\$0 (Tier 1)	QL (90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	\$0 (Tier 1)	QL (36 GM per 30 days)

Last updated: 8/26/2024

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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 inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0 (Tier 1)	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0 (Tier 1)	QL (2 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	\$0 (Tier 1)	B/D; QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	\$0 (Tier 1)	B/D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	\$0 (Tier 2)	QL (36 GM per 30 days)
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	\$0 (Tier 2)	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0 (Tier 2)	PA; QL (84 ML per 56 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 5.8 MG	\$0 (Tier 2)	PA
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (Tier 2)	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	\$0 (Tier 2)	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	\$0 (Tier 1)	B/D
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0 (Tier 1)	B/D; QL (280 ML per 56 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0 (Tier 2)	PA; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	\$0 (Tier 2)	PA; QL (56 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0 (Tier 1)	B/D
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	\$0 (Tier 1)	
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (Tier 1)	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	\$0 (Tier 1)	
<i>theophylline oral elixir 80 mg/15ml</i>	\$0 (Tier 1)	
<i>theophylline oral solution 80 mg/15ml</i>	\$0 (Tier 1)	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 2)	PA; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2)	PA; QL (30 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	\$0 (Tier 1)	PA; QL (720 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML	\$0 (Tier 2)	PA; QL (300 ML per 30 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG	\$0 (Tier 2)	PA

Last updated: 8/26/2024

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	\$0 (Tier 2)	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	\$0 (Tier 2)	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	\$0 (Tier 2)	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	\$0 (Tier 2)	PA
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2)	PA; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	\$0 (Tier 1)	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	\$0 (Tier 1)	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>12 hour decongestant solution 0.05 % nasal</i>	\$0 (Tier 3)	DP
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	\$0 (Tier 1)	B/D
ACTIFED COLD/ALLERGY TABLET 4-10 MG ORAL	\$0 (Tier 3)	DP
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0 (Tier 2)	QL (12 GM per 30 days)
<i>alahist pe tablet 2-7.5 mg oral</i>	\$0 (Tier 3)	DP
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0 (Tier 2)	QL (10.7 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	\$0 (Tier 2)	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	\$0 (Tier 2)	QL (10.7 GM per 30 days)
<i>brohist d tablet 4-10 mg oral</i>	\$0 (Tier 3)	DP

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0 (Tier 2)	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0 (Tier 2)	QL (8 GM per 30 days)
<i>cvs cold & allergy childrens liquid 2-5 mg/10ml oral</i>	\$0 (Tier 3)	DP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	\$0 (Tier 2)	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	\$0 (Tier 2)	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
ED A-HIST LIQUID 4-10 MG/5ML ORAL (OTC)	\$0 (Tier 3)	DP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	\$0 (Tier 2)	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	\$0 (Tier 2)	PA; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0 (Tier 1)	B/D
<i>montelukast sodium oral packet 4 mg</i>	\$0 (Tier 1)	
<i>montelukast sodium oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	\$0 (Tier 1)	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (Tier 2)	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	\$0 (Tier 2)	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	\$0 (Tier 2)	PA; QL (3 EA per 28 days)
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	\$0 (Tier 1)	PA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	\$0 (Tier 2)	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0 (Tier 2)	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	\$0 (Tier 1)	QL (60 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	\$0 (Tier 2)	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0 (Tier 2)	PA; QL (8 EA per 28 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	\$0 (Tier 1)	PA; QL (180 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	\$0 (Tier 1)	PA; QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
<i>bl sleep aid tablet 25 mg oral</i>	\$0 (Tier 3)	DP
<i>compoz capsule 50 mg oral</i>	\$0 (Tier 3)	DP

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<i>cvs melatonin extra strength tablet 5 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs melatonin tablet 3 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs sleep aid nighttime capsule 25 mg oral</i>	\$0 (Tier 3)	DP
<i>cvs sleep aid nighttime tablet 25 mg oral</i>	\$0 (Tier 3)	DP
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>eql sleep aid liquid 50 mg/30ml oral</i>	\$0 (Tier 3)	DP
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	\$0 (Tier 2)	PA; QL (158 ML per 30 days)
<i>ramelteon oral tablet 8 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	\$0 (Tier 1)	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (Tier 1)	PA; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	\$0 (Tier 1)	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML	\$0 (Tier 2)	PA


Last updated: 8/26/2024

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First Choice VIP Care Plus | 2025 List of Covered Drugs

(Formulary)

D. Index of Covered Drugs

 **If you have questions**, please call First Choice VIP Care Plus at **1-888-978-0862 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.firstchoicevipcareplus.com.

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RADICAVA ORS STARTER		<i>roflumilast</i>	120	<i>sodium chloride (pf)</i>	80
KIT	70	<i>ropinirole hcl</i>	36	<i>sodium fluoride</i>	80
<i>raloxifene hcl</i>	99	<i>ropinirole hcl er</i>	36	<i>sodium oxybate</i>	124
<i>ramelteon</i>	124	<i>rosuvastatin calcium</i>	66	<i>sodium phenylbutyrate</i>	90
<i>ramipril</i>	60	ROTARIX	110	<i>sodium polystyrene sulfonate</i>	84
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