

2025

Aetna[®] Assure Premier Plus (HMO D-SNP) List of Covered Drugs (Formulary)

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

Formulary ID Number: 25101 Version 9

This formulary was updated on 01/01/2025. For more recent information or other questions, please contact us at **1-844-362-0934** or for TTY users: **711**, 8 a.m. to 8 p.m., E.T., 7 days a week, or visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/New-Jersey-hmosnp/drug-formulary)



Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs and items are covered by Aetna Assure Premier Plus (HMO D-SNP). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Aetna Assure Premier Plus (HMO D-SNP). Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

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If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



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A. Disclaimers

This is a list of drugs that members can get in Aetna® Assure Premier Plus (HMO D-SNP).


- ❖ Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.
- ❖ Aetna Assure Premier Plus (HMO D-SNP) es un plan totalmente integrado de necesidades especiales de doble elegibilidad con un contrato de Medicare y un contrato con el programa de Medicaid de New Jersey. La inscripción en Aetna Assure Premier Plus depende de la renovación del contrato.
- ❖ When joining this plan: You must use in-network providers, DME (Durable Medical Equipment) suppliers, and pharmacies. You will be enrolled automatically into Medicaid (NJ FamilyCare) coverage under our plan, and disenrolled from any Medicaid (NJ FamilyCare) plan you are currently enrolled in. All of your Medicaid-covered services, items, and medications will then be covered under our plan, and you must get them from in-network providers. You will be enrolled automatically into Part D coverage under our plan, and you will be automatically disenrolled from any other Medicare Part D or creditable coverage plan in which you are currently enrolled. You must understand and follow our plan's rules on referrals.
- ❖ You can always check Aetna Assure Premier Plus (HMO D-SNP)'s up-to-date List of Covered Drugs online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary) or call Member Services at the number listed at the bottom of this page.
- ❖ If you speak a language other than English, free language assistance services are available. Visit our website at [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/better-health/new-jersey-hmosnp) or call 1-844-362-0934 (TTY: **711**), 8 a.m. to 8 p.m., 7 days a week.
- ❖ Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)
- ❖ 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)
- ❖ Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)
- ❖ Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)
- ❖ Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)
- ❖ Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)
- ❖ 영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)
- ❖ Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



❖ إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

- ❖ अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)
- ❖ Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)
- ❖ Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)
- ❖ Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)
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- ❖ បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃ ។ សូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ ។ (Khmer)
- ❖ Ako govorite neki jezik koji nije engleski, dostupne su besplatne jezičke usluge. Posetite našu internet stranicu ili nazovite broj telefona navedenog u ovom dokumentu. (Serbo-Croatian)
- ❖ Na ye jam thuɔŋdēt tēnē thoŋ ē Dɪŋlɪth, ke kuɔɔny luilooi ē thok ē path aa tō thɪn. Nem yōt tēn internet tēdē ke yī cɔl akuēn cōtmec cī gat thin nē athör du yic. (Dinka)
- ❖ Als u een andere taal spreekt dan Engels, is er gratis taalondersteuning beschikbaar. Bezoek onze website of bel naar het telefoonnummer in dit document. (Dutch)
- ❖ Εάν ομιλείτε άλλη γλώσσα εκτός της Αγγλικής, υπάρχουν δωρεάν υπηρεσίες στη γλώσσα σας. Επισκεφθείτε την ιστοσελίδα μας ή καλέστε τον αριθμό τηλεφώνου που αναγράφεται στο παρόν έγγραφο. (Greek)
- ❖ જો તમે અંગ્રેજી સિવાયની ભાષા બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ ઉપલબ્ધ છે. અમારી વેબસાઇટની મુલાકાત લો અથવા દસ્તાવેજમાં સૂચીબદ્ધ કરવામાં આવેલ ફોન નંબર પર કૉલ કરો. (Gujarati)
- ❖ Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj sau teev tseg nyob rau hauv daim ntawv no. (Hmong)

 **If you have questions**, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-844-362-0934 (TTY: **711**), 8:00 a.m. to 8:00 p.m., 7 days a week. The call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-844-362-0934** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free.
- ❖ If you wish to make a request to receive materials in a language other than English or in an alternate format, you can call Aetna Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. We will continue to send you these materials in the language and/or format you choose until you tell us otherwise (this is known as a standing request).



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934** (TTY: **711**), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the Drug List that starts in section C1 are the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). 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.”

- Aetna Assure Premier Plus (HMO D-SNP) 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 an Aetna Assure Premier Plus (HMO D-SNP) network pharmacy.
- Aetna Better Health Premier Plan may have additional steps to access certain drugs. Refer to question B4 for more information.

You can also find an up-to-date list of drugs we cover on our website at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/memberservices/new-jersey-hmosnp/drug-formulary) or call Member Services at 1-844-362-0934 (TTY: [711](tel:711)).

B2. Does the Drug List ever change?

Yes, and Aetna Assure Premier Plus (HMO D-SNP) must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Aetna Assure Premier Plus (HMO D-SNP) 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.

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: [711](tel:711)), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/memberservices/new-jersey-hmosnp/drug-formulary)



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

- You can always check Aetna® Assure Premier Plus (HMO D-SNP)'s current Drug List online at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary). Updates to the Drug List are posted on the website monthly.
- You can also call Member Services at 1-844-362-0934 (TTY: 711) to check the current Drug List.

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 versions of drugs.** We may immediately remove the drugs from the Drug List if we replace them with certain new versions of that drug. 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. Refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change.
- Please contact your doctor if a drug you are taking is removed from the drug list.

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 is not new to the market **or**
 - 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.



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

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 questions B10-B12 for more information.

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, your doctor, or other prescriber must do something before you can get the drug. For example:

- **Prior approval (or prior authorization):** For some drugs, you, your doctor, or other prescriber must get authorization from Aetna® Assure Premier Plus (HMO D-SNP) before you fill your prescription. Prior authorization is different from a referral. Aetna Assure Premier Plus (HMO D-SNP) may not cover the drug if you do not get authorization.
- **Quantity limits:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Assure Premier Plus (HMO D-SNP) requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the key/legend in section C. You can also get more information by visiting our website at [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary). 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 to 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. Refer to questions B10-B12 for more information about exceptions.

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

The List of Drugs by drug type has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Aetna® Assure Premier Plus (HMO D-SNP) changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, 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.

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)



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 drug type.

To search **alphabetically**, use the Index of Covered Drugs section. You can find it on page 128. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search **by drug type**, find the section labeled "List of Drugs by Drug Type" on page 15. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for an infection, you should look in the "Anti-infectives" category. That is where you will find drugs that treat infections.

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

If you don't find your drug on the Drug List, call Member Services at **1-844-362-0934 (TTY: 711)** and ask about it. If you learn that Aetna® Assure Premier Plus (HMO D-SNP) will not cover the drug, you can do one of these things:

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

B9. What if I am a new Aetna® Assure Premier Plus (HMO D-SNP) member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP). This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead, or whether to ask for an exception.

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

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

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Aetna Assure Premier Plus (HMO D-SNP), **or**
- you are taking a drug that is part of a step therapy restriction.



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

If you are taking a drug that Aetna Assure Premier Plus (HMO D-SNP) does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Aetna® Assure Premier Plus (HMO D-SNP) member.
- This is in addition to the temporary supply during the first 90 days you are a member of Aetna Assure Premier Plus (HMO D-SNP).

Current members with a change in level of care

If you experience a change in your setting of care (such as being discharged or admitted to a nursing home or other long-term care facility), your provider or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 30-day supply) for the applicable drug(s).

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

Yes. You can ask Aetna Assure Premier Plus (HMO D-SNP) 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, Aetna Assure Premier Plus (HMO D-SNP) may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

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

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

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

To send your statement, you or your prescriber may call Aetna® Assure Premier Plus (HMO D-SNP) Member Services at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week for assistance. You may fax us the statement to 1-844-814-2260.

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.

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/betterhealth/new-jersey-hmosnp/drug-formulary)



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.

Aetna Assure Premier Plus (HMO D-SNP) covers both brand name drugs and generic drugs.

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

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are 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 *Evidence of Coverage*.

B15. What are over-the-counter (OTC) drugs?

OTC stands for "over-the-counter." Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan's coverage at no cost to you. You need a prescription for OTC drugs to be covered. These OTC drugs are listed in this Drug List in section C1.

B16. Does Aetna Assure Premier Plus (HMO D-SNP) cover non-drug OTC products?

Yes. Aetna Assure Premier Plus (HMO D-SNP) covers some non-drug OTC products when they are prescribed for you by your provider. These non-drug OTC products are listed in this Drug List in section C1.

Examples of non-drug OTC products include condoms. There is no cost sharing or copays.

B17. Can I get my drugs through Mail-Order/Long-Term Supply?

Yes. For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

- Mail-Order Program. We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home.
- Long-Term Supply. We offer a way to get a long-term supply of "maintenance" drugs on our plan's Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

For more information about getting drugs through mail-order or long-term supply, please call Member Services at **1-844-362-0934 (TTY: [711](tel:1-844-362-0934))**.



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: [711](tel:1-844-362-0934))**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

B18. What is my copay?

Aetna® Assure Premier Plus (HMO D-SNP) members have no copay for prescription and over-the-counter (OTC) drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 Generic drugs have a \$0 copay
- Tier 1 Brand name drugs have a \$0 copay

OTCs have a \$0 copay.

If you have questions, call Member Services at **1-844-362-0934 (TTY: 711)**.

If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. **For more information**, visit **[AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp/drug-formulary)**



C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Aetna® Assure Premier Plus (HMO D-SNP). 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 Aetna Assure Premier Plus (HMO D-SNP).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. The following abbreviations are used:

| |
|---|
| QL: Quantity Limits: For certain drugs, our plan limits the amount of the drug that we will cover. |
| PA: Prior Authorization: Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug. |
| ST: Step Therapy: In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. |
| LD: Limited Distribution: The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication. |
| MO: Mail-Order Delivery: Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. |
| B/D: Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage. |
| EA: Each |
| ML: Milliliter |
| ACS: Available at CVS Specialty Pharmacy. These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy. |
| HRM: High Risk Medication. According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available. |
| OTC: Over-the-Counter. Aetna® Assure Premier Plus (HMO D-SNP) offers some OTC drugs through the NJ FamilyCare (Medicaid) portion of the plan's coverage at no cost to you. You need a prescription for OTC drugs to be covered. |



If you have questions, call Aetna Assure Premier Plus (HMO D-SNP) at **1-844-362-0934 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., 7 days a week. The call is free. For more information, visit [AetnaBetterHealth.com/New-Jersey-hmosnp/drug-formulary](https://www.aetna.com/better-health/new-jersey-hmosnp/drug-formulary)

C1. List of Drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for an infection, you should look in the “Anti-infectives” category. That is where you will find drugs that treat infection.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin*), brand name drugs are capitalized (e.g., SYNTHROID), and OTC drugs and products are listed in lower case (e.g., acetaminophen tablet). The information in the “Necessary actions, restrictions or limits on use” column tells you if Aetna® Assure Premier Plus (HMO D-SNP) has any rules for covering your drug.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ANALGESICS | | |
| <i>GOUT</i> | | |
| <i>allopurinol tablet 100mg, 300mg</i> | \$0 (Tier 1) | MO |
| <i>colchicine tablet 0.6mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>febuxostat</i> | \$0 (Tier 1) | ST MO |
| <i>probenecid</i> | \$0 (Tier 1) | MO |
| <i>probenecid/colchicine</i> | \$0 (Tier 1) | MO |
| <i>MISCELLANEOUS</i> | | |
| <i>lidocaine hcl injection 0.5%, 1.5%, 2%, 4%</i> | \$0 (Tier 1) | |
| <i>lidocaine hydrochloride injection 0.5%, 1%, 1.5%, 2%, 4%</i> | \$0 (Tier 1) | |
| <i>NSAIDS</i> | | |
| <i>celecoxib capsule 400mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>celecoxib capsule 100mg, 200mg, 50mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>diclofenac potassium tablet 50mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>diclofenac sodium dr</i> | \$0 (Tier 1) | MO |
| <i>diclofenac sodium er</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>diflunisal</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>ec-naproxen tablet delayed release 375mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) |
| <i>ec-naproxen tablet delayed release 500mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>etodolac er tablet extended release 24 hour 600mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>etodolac er tablet extended release 24 hour 400mg, 500mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>etodolac capsule 300mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>etodolac capsule 200mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>etodolac tablet 500mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>etodolac tablet 400mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| FENOPROFEN CALCIUM CAPSULE 400MG | \$0 (Tier 1) | QL (240 EA per 30 days) MO |
| <i>fenopropfen calcium tablet 600mg</i> | \$0 (Tier 1) | QL (150 EA per 30 days) MO |
| <i>flurbiprofen tablet 100mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>ibu</i> | \$0 (Tier 1) | MO |
| <i>ibuprofen tablet</i> | \$0 (Tier 1) | MO |
| <i>ibuprofen suspension</i> | \$0 (Tier 1) | MO |
| <i>ketoprofen er</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>ketorolac tromethamine tablet 10mg</i> | \$0 (Tier 1) | QL (20 EA per 30 days) PA MO |
| <i>meloxicam tablet</i> | \$0 (Tier 1) | MO |
| <i>nabumetone</i> | \$0 (Tier 1) | MO |
| <i>naproxen dr tablet delayed release 375mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>naproxen dr tablet delayed release 500mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>naproxen sodium tablet</i> | \$0 (Tier 1) | MO |
| <i>naproxen tablet</i> | \$0 (Tier 1) | MO |
| <i>naproxen tablet delayed release</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>naproxen suspension</i> | \$0 (Tier 1) | QL (1800 ML per 30 days) PA MO |
| <i>oxaprozin</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>piroxicam capsule 20mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>piroxicam capsule 10mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>sulindac</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| OPIOID ANALGESICS, LONG-ACTING | | |
| <i>buprenorphine transdermal patch</i> | \$0 (Tier 1) | QL (4 EA per 28 days) PA MO |
| <i>fentanyl transdermal patch</i> | \$0 (Tier 1) | QL (10 EA per 30 days) PA MO |
| <i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent (generic Hysingla ER)</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| METHADONE HCL INJECTION | \$0 (Tier 1) | PA |
| <i>methadone hcl oral solution</i> | \$0 (Tier 1) | QL (450 ML per 30 days) PA MO |
| <i>methadone hcl tablet</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA MO |
| <i>methadone hcl oral concentrate 10mg/ml</i> | \$0 (Tier 1) | QL (90 ML per 30 days) PA MO |
| <i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>morphine sulfate er tablet extended release (generic MS Contin)100mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| MORPHINE SULFATE/SODIUM CHLORIDE | \$0 (Tier 1) | B/D |
| <i>tramadol hcl er tablet extended release 24 hour</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>tramadol hydrochloride er tablet extended release 24 hour</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen/codeine tablet</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i> | \$0 (Tier 1) | QL (2700 ML per 30 days) MO |
| <i>butorphanol tartrate nasal solution</i> | \$0 (Tier 1) | QL (5 ML per 30 days) MO |
| <i>butorphanol tartrate injection 1mg/ml</i> | \$0 (Tier 1) | |
| <i>butorphanol tartrate injection 2mg/ml</i> | \$0 (Tier 1) | MO |
| CODEINE SULFATE TABLET | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>endocet</i> | \$0 (Tier 1) | QL (180 EA per 30 days) |
| <i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO |
| <i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO |
| <i>hydrocodone bitartrate/acetaminophen tablet</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 10mg/15ml</i> | \$0 (Tier 1) | QL (2700 ML per 30 days) |
| <i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i> | \$0 (Tier 1) | QL (2700 ML per 30 days) MO |
| <i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>hydrocodone/ibuprofen</i> | \$0 (Tier 1) | QL (150 EA per 30 days) MO |
| <i>hydromorphone hcl tablet</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>hydromorphone hcl liquid</i> | \$0 (Tier 1) | QL (600 ML per 30 days) MO |
| HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML | \$0 (Tier 1) | B/D |
| <i>morphine sulfate tablet</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT) | \$0 (Tier 1) | B/D |
| <i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 4mg/ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial</i> | \$0 (Tier 1) | B/D |
| <i>morphine sulfate injection 1mg/ml</i> | \$0 (Tier 1) | B/D MO |
| <i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i> | \$0 (Tier 1) | QL (900 ML per 30 days) MO |
| <i>morphine sulfate oral solution 100mg/5ml</i> | \$0 (Tier 1) | QL (180 ML per 30 days) MO |
| <i>oxycodone hcl</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>oxycodone hydrochloride capsule</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>oxycodone hydrochloride solution</i> | \$0 (Tier 1) | QL (900 ML per 30 days) MO |
| <i>oxycodone hydrochloride concentrate</i> | \$0 (Tier 1) | QL (180 ML per 30 days) MO |
| <i>oxycodone hydrochloride tablet 30mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>tramadol hydrochloride tablet 50mg</i> | \$0 (Tier 1) | QL (240 EA per 30 days) MO; HRM |
| <i>tramadol hydrochloride/acetaminophen</i> | \$0 (Tier 1) | QL (240 EA per 30 days) MO; HRM |
| ANTI-INFECTIVES | | |
| ANTI-INFECTIVES - MISCELLANEOUS | | |
| <i>albendazole</i> | \$0 (Tier 1) | MO |
| <i>amikacin sulfate</i> | \$0 (Tier 1) | MO |
| ARIKAYCE | \$0 (Tier 1) | PA; LD |
| <i>atovaquone</i> | \$0 (Tier 1) | PA MO |
| <i>aztreonam</i> | \$0 (Tier 1) | MO |
| CAYSTON | \$0 (Tier 1) | PA; ACS LD |
| <i>chloramphenicol sodium succinate</i> | \$0 (Tier 1) | |
| <i>clindamycin hcl</i> | \$0 (Tier 1) | MO |
| <i>clindamycin hydrochloride</i> | \$0 (Tier 1) | MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>clindamycin palmitate hcl solution 75mg/5ml</i> | \$0 (Tier 1) | MO |
| <i>clindamycin phosphate/dextrose</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate injection 9000mg/60ml, 900mg/6ml</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate injection 600mg/4ml</i> | \$0 (Tier 1) | MO |
| CLINDAMYCIN/SODIUM CHLORIDE | \$0 (Tier 1) | |
| <i>colistimethate sodium</i> | \$0 (Tier 1) | PA MO |
| <i>dapsone tablet 100mg, 25mg</i> | \$0 (Tier 1) | MO |
| DAPTOMYCIN/SODIUM CHLORIDE | \$0 (Tier 1) | |
| DAPTOMYCIN INJECTION 350MG | \$0 (Tier 1) | |
| <i>daptomycin injection 500mg</i> | \$0 (Tier 1) | |
| EMVERM | \$0 (Tier 1) | QL (12 EA per 365 days) MO |
| <i>ertapenem</i> | \$0 (Tier 1) | MO |
| <i>ertapenem sodium</i> | \$0 (Tier 1) | MO |
| <i>gentamicin sulfate pediatric injection 10mg/ml</i> | \$0 (Tier 1) | MO |
| <i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i> | \$0 (Tier 1) | |
| <i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i> | \$0 (Tier 1) | MO |
| <i>gentamicin sulfate injection 40mg/ml</i> | \$0 (Tier 1) | MO |
| <i>imipenem/cilastatin</i> | \$0 (Tier 1) | MO |
| IMPAVIDO | \$0 (Tier 1) | QL (84 EA per 28 days) PA MO |
| <i>isotonic gentamicin</i> | \$0 (Tier 1) | |
| <i>ivermectin tablet 3mg</i> | \$0 (Tier 1) | QL (12 EA per 90 days) PA MO |
| <i>linezolid tablet</i> | \$0 (Tier 1) | QL (56 EA per 28 days) PA MO |
| <i>linezolid suspension reconstituted</i> | \$0 (Tier 1) | QL (1800 ML per 30 days) PA MO |
| LINEZOLID IN SODIUM CHLORIDE INJECTION 600MG/300ML; 0.9% | \$0 (Tier 1) | PA |
| <i>linezolid injection 600mg/300ml</i> | \$0 (Tier 1) | PA |
| <i>meropenem</i> | \$0 (Tier 1) | MO |
| <i>methenamine hippurate</i> | \$0 (Tier 1) | MO |
| <i>methenamine mandelate</i> | \$0 (Tier 1) | MO |
| <i>metronidazole capsule 375mg</i> | \$0 (Tier 1) | MO |
| <i>metronidazole injection 500mg/100ml</i> | \$0 (Tier 1) | |
| <i>metronidazole tablet 250mg, 500mg</i> | \$0 (Tier 1) | MO |
| <i>neomycin sulfate</i> | \$0 (Tier 1) | MO |

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|---|--|---|
| <i>nitazoxanide</i> | \$0 (Tier 1) | QL (6 EA per 30 days) MO |
| <i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i> | \$0 (Tier 1) | MO |
| <i>nitrofurantoin macrocrystals capsule 25mg</i> | \$0 (Tier 1) | MO |
| <i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i> | \$0 (Tier 1) | MO |
| <i>pentamidine isethionate inhalation solution reconstituted</i> | \$0 (Tier 1) | B/D MO |
| <i>pentamidine isethionate injection</i> | \$0 (Tier 1) | MO |
| <i>praziquantel</i> | \$0 (Tier 1) | MO |
| <i>pyrimethamine</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA MO |
| SIVEXTRO INJECTION | \$0 (Tier 1) | |
| SIVEXTRO TABLET | \$0 (Tier 1) | MO |
| <i>streptomycin sulfate</i> | \$0 (Tier 1) | MO |
| <i>sulfadiazine</i> | \$0 (Tier 1) | MO |
| <i>sulfamethoxazole/trimethoprim ds</i> | \$0 (Tier 1) | MO |
| <i>sulfamethoxazole/trimethoprim suspension, tablet</i> | \$0 (Tier 1) | MO |
| <i>sulfamethoxazole/trimethoprim injection</i> | \$0 (Tier 1) | MO |
| <i>tinidazole</i> | \$0 (Tier 1) | MO |
| TOBI PODHALER | \$0 (Tier 1) | QL (224 EA per 56 days) PA; ACS LD |
| <i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i> | \$0 (Tier 1) | |
| <i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i> | \$0 (Tier 1) | MO |
| <i>tobramycin sulfate injection 1.2gm</i> | \$0 (Tier 1) | |
| <i>tobramycin nebulization solution 300mg/5ml</i> | \$0 (Tier 1) | QL (280 ML per 56 days) PA; ACS |
| <i>trimethoprim</i> | \$0 (Tier 1) | MO |
| VANCOMYCIN | \$0 (Tier 1) | |
| VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML | \$0 (Tier 1) | |
| <i>vancomycin hcl injection 100gm, 10gm</i> | \$0 (Tier 1) | |
| <i>vancomycin hydrochloride capsule 125mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>vancomycin hydrochloride capsule 250mg</i> | \$0 (Tier 1) | QL (240 EA per 30 days) MO |
| VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML | \$0 (Tier 1) | |
| <i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 5gm, 750mg</i> | \$0 (Tier 1) | |



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|--|--|---|
| <i>vancomycin hydrochloride injection 500mg</i> | \$0 (Tier 1) | MO |
| ANTIFUNGALS | | |
| ABELCET | \$0 (Tier 1) | B/D |
| <i>amphotericin b</i> | \$0 (Tier 1) | B/D MO |
| <i>amphotericin b liposome</i> | \$0 (Tier 1) | B/D MO |
| <i>caspofungin acetate</i> | \$0 (Tier 1) | |
| <i>fluconazole</i> | \$0 (Tier 1) | MO |
| <i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i> | \$0 (Tier 1) | |
| <i>fluconazole/sodium chloride injection 100mg/50ml</i> | \$0 (Tier 1) | |
| <i>flucytosine</i> | \$0 (Tier 1) | PA MO |
| <i>griseofulvin microsize</i> | \$0 (Tier 1) | MO |
| <i>griseofulvin ultramicrosize</i> | \$0 (Tier 1) | MO |
| <i>itraconazole capsule</i> | \$0 (Tier 1) | PA MO |
| <i>ketoconazole tablet 200mg</i> | \$0 (Tier 1) | PA MO |
| <i>micafungin</i> | \$0 (Tier 1) | |
| <i>mycamine injection 50mg</i> | \$0 (Tier 1) | MO |
| <i>nystatin tablet 500000unit</i> | \$0 (Tier 1) | MO |
| <i>posaconazole suspension</i> | \$0 (Tier 1) | QL (630 ML per 30 days) PA MO |
| <i>posaconazole dr</i> | \$0 (Tier 1) | QL (93 EA per 30 days) PA MO |
| <i>terbinafine hcl tablet 250mg</i> | \$0 (Tier 1) | QL (90 EA per 365 days) MO |
| <i>voriconazole injection</i> | \$0 (Tier 1) | PA |
| <i>voriconazole suspension reconstituted</i> | \$0 (Tier 1) | PA MO |
| <i>voriconazole tablet 200mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>voriconazole tablet 50mg</i> | \$0 (Tier 1) | QL (480 EA per 30 days) MO |
| ANTIMALARIALS | | |
| <i>atovaquone/proguanil hcl</i> | \$0 (Tier 1) | MO |
| <i>chloroquine phosphate</i> | \$0 (Tier 1) | MO |
| COARTEM | \$0 (Tier 1) | MO |
| <i>mefloquine hcl</i> | \$0 (Tier 1) | MO |
| <i>primaquine phosphate</i> | \$0 (Tier 1) | |
| <i>quinine sulfate</i> | \$0 (Tier 1) | PA MO |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir</i> | \$0 (Tier 1) | MO |
| APTIVUS | \$0 (Tier 1) | MO |
| <i>atazanavir</i> | \$0 (Tier 1) | MO |

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|--|--|---|
| <i>atazanavir sulfate</i> | \$0 (Tier 1) | MO |
| <i>darunavir tablet 800mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>darunavir tablet 600mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| EDURANT | \$0 (Tier 1) | MO |
| <i>efavirenz tablet 600mg</i> | \$0 (Tier 1) | MO |
| <i>emtricitabine</i> | \$0 (Tier 1) | MO |
| EMTRIVA ORAL SOLUTION | \$0 (Tier 1) | MO |
| <i>etravirine</i> | \$0 (Tier 1) | MO |
| <i>fosamprenavir calcium</i> | \$0 (Tier 1) | MO |
| FUZEON | \$0 (Tier 1) | MO; LD |
| INTELENCE TABLET 25MG | \$0 (Tier 1) | |
| ISENTRESS HD | \$0 (Tier 1) | MO |
| ISENTRESS PACKET, TABLET | \$0 (Tier 1) | MO |
| ISENTRESS TABLET CHEWABLE 25MG | \$0 (Tier 1) | MO |
| ISENTRESS TABLET CHEWABLE 100MG | \$0 (Tier 1) | MO |
| <i>lamivudine solution 10mg/ml</i> | \$0 (Tier 1) | MO |
| <i>lamivudine tablet 150mg, 300mg</i> | \$0 (Tier 1) | MO |
| <i>maraviroc</i> | \$0 (Tier 1) | MO |
| <i>nevirapine er</i> | \$0 (Tier 1) | MO |
| <i>nevirapine tablet</i> | \$0 (Tier 1) | MO |
| <i>nevirapine suspension</i> | \$0 (Tier 1) | MO |
| NORVIR PACKET | \$0 (Tier 1) | MO |
| PIFELTRO | \$0 (Tier 1) | MO |
| PREZISTA SUSPENSION | \$0 (Tier 1) | QL (400 ML per 30 days) MO |
| PREZISTA TABLET 75MG | \$0 (Tier 1) | QL (480 EA per 30 days) MO |
| PREZISTA TABLET 150MG | \$0 (Tier 1) | QL (240 EA per 30 days) MO |
| REYATAZ PACKET | \$0 (Tier 1) | MO |
| <i>ritonavir</i> | \$0 (Tier 1) | MO |
| RUKOBIA | \$0 (Tier 1) | MO |
| SELZENTRY SOLUTION | \$0 (Tier 1) | MO |
| SELZENTRY TABLET 25MG | \$0 (Tier 1) | |
| SELZENTRY TABLET 75MG | \$0 (Tier 1) | |
| SUNLENCA INJECTION | \$0 (Tier 1) | QL (3 ML per 180 days) MO; LD |
| SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG | \$0 (Tier 1) | QL (10 EA per 365 days) MO; LD |



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|--|--|---|
| SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG | \$0 (Tier 1) | QL (8 EA per 365 days) MO; LD |
| <i>tenofovir disoproxil fumarate</i> | \$0 (Tier 1) | MO |
| TIVICAY PD | \$0 (Tier 1) | MO |
| TIVICAY TABLET 10MG | \$0 (Tier 1) | MO |
| TIVICAY TABLET 25MG, 50MG | \$0 (Tier 1) | MO |
| TROGARZO | \$0 (Tier 1) | MO; LD |
| TYBOST | \$0 (Tier 1) | MO |
| VIRACEPT | \$0 (Tier 1) | MO |
| VIREAD POWDER, TABLET 150MG, 200MG, 250MG | \$0 (Tier 1) | MO |
| <i>zidovudine capsule, syrup</i> | \$0 (Tier 1) | MO |
| <i>zidovudine tablet</i> | \$0 (Tier 1) | MO |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate/lamivudine</i> | \$0 (Tier 1) | MO |
| BIKTARVY | \$0 (Tier 1) | MO |
| CIMDUO | \$0 (Tier 1) | MO |
| COMPLERA | \$0 (Tier 1) | MO |
| DELSTRIGO | \$0 (Tier 1) | MO |
| DESCOVY | \$0 (Tier 1) | MO |
| DOVATO | \$0 (Tier 1) | MO |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> | \$0 (Tier 1) | MO |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i> | \$0 (Tier 1) | MO |
| <i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| EVOTAZ | \$0 (Tier 1) | MO |
| GENVOYA | \$0 (Tier 1) | MO |
| JULUCA | \$0 (Tier 1) | MO |
| <i>lamivudine/zidovudine</i> | \$0 (Tier 1) | MO |
| <i>lopinavir/ritonavir</i> | \$0 (Tier 1) | MO |
| ODEFSEY | \$0 (Tier 1) | MO |
| PREZCOBIX | \$0 (Tier 1) | MO |

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|---|--|---|
| STRIBILD | \$0 (Tier 1) | MO |
| SYMTUZA | \$0 (Tier 1) | MO |
| TRIUMEQ | \$0 (Tier 1) | MO |
| TRIUMEQ PD | \$0 (Tier 1) | MO |
| ANTITUBERCULAR AGENTS | | |
| <i>cycloserine</i> | \$0 (Tier 1) | MO |
| <i>ethambutol hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>isoniazid tablet</i> | \$0 (Tier 1) | MO |
| <i>isoniazid injection</i> | \$0 (Tier 1) | |
| <i>isoniazid syrup</i> | \$0 (Tier 1) | MO |
| PRETOMANID | \$0 (Tier 1) | QL (30 EA per 30 days) PA |
| PRIFTIN | \$0 (Tier 1) | MO |
| <i>pyrazinamide</i> | \$0 (Tier 1) | MO |
| <i>rifabutin</i> | \$0 (Tier 1) | MO |
| <i>rifampin capsule</i> | \$0 (Tier 1) | MO |
| <i>rifampin injection</i> | \$0 (Tier 1) | |
| SIRTURO | \$0 (Tier 1) | PA; ACS LD |
| TRECTOR | \$0 (Tier 1) | MO |
| ANTIVIRALS | | |
| <i>acyclovir capsule, suspension, tablet</i> | \$0 (Tier 1) | MO |
| <i>acyclovir sodium injection</i> | \$0 (Tier 1) | B/D |
| <i>adefovir dipivoxil</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| BARACLUDE ORAL SOLUTION | \$0 (Tier 1) | QL (630 ML per 30 days) MO |
| <i>entecavir</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| EPCLUSA | \$0 (Tier 1) | PA; ACS |
| <i>famciclovir tablet 500mg</i> | \$0 (Tier 1) | QL (21 EA per 30 days) MO |
| <i>famciclovir tablet 125mg, 250mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>ganciclovir</i> | \$0 (Tier 1) | B/D |
| HARVONI | \$0 (Tier 1) | PA; ACS |
| <i>lamivudine tablet 100mg</i> | \$0 (Tier 1) | MO |
| LIVTENCITY | \$0 (Tier 1) | QL (336 EA per 28 days) PA; LD |
| MAVYRET | \$0 (Tier 1) | PA; ACS |
| <i>oseltamivir phosphate capsule 30mg</i> | \$0 (Tier 1) | QL (168 EA per 365 days) MO |
| <i>oseltamivir phosphate capsule 45mg, 75mg</i> | \$0 (Tier 1) | QL (84 EA per 365 days) MO |
| <i>oseltamivir phosphate suspension reconstituted</i> | \$0 (Tier 1) | QL (1080 ML per 365 days) MO |



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|---|--|---|
| PAXLOVID TABLET THERAPY PACK 150MG; 100MG | \$0 (Tier 1) | QL (40 EA per 180 days) |
| PAXLOVID TABLET THERAPY PACK 300MG; 100MG | \$0 (Tier 1) | QL (60 EA per 180 days) |
| PEGASYS | \$0 (Tier 1) | PA; ACS |
| PREVYMIS TABLET | \$0 (Tier 1) | QL (28 EA per 28 days) PA MO |
| RELENZA DISKHALER | \$0 (Tier 1) | QL (120 EA per 365 days) MO |
| <i>ribavirin capsule</i> | \$0 (Tier 1) | ACS |
| <i>ribavirin tablet</i> | \$0 (Tier 1) | ACS |
| <i>rimantadine hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>valacyclovir hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>valganciclovir hydrochloride oral solution</i> | \$0 (Tier 1) | MO |
| <i>valganciclovir tablet 450mg</i> | \$0 (Tier 1) | MO |
| VOSEVI | \$0 (Tier 1) | PA; ACS |
| CEPHALOSPORINS | | |
| CEFACTOR ER | \$0 (Tier 1) | MO |
| <i>cefactor suspension reconstituted</i> | \$0 (Tier 1) | |
| <i>cefactor capsule</i> | \$0 (Tier 1) | MO |
| <i>cefadroxil</i> | \$0 (Tier 1) | MO |
| CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4% | \$0 (Tier 1) | |
| CEFAZOLIN SODIUM INJECTION 100GM, 300GM | \$0 (Tier 1) | |
| <i>cefazolin sodium intravenous injection 1gm</i> | \$0 (Tier 1) | |
| <i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i> | \$0 (Tier 1) | MO |
| CEFAZOLIN/DEXTROSE | \$0 (Tier 1) | |
| CEFAZOLIN INJECTION 2GM/100ML; 4% | \$0 (Tier 1) | |
| CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL INJECTION 2GM, 3GM | \$0 (Tier 1) | |
| <i>cefazolin intramuscular or intravenous injection 3gm</i> | \$0 (Tier 1) | |
| <i>cefazolin intramuscular or intravenous injection 2gm</i> | \$0 (Tier 1) | MO |
| <i>cefdinir</i> | \$0 (Tier 1) | MO |
| <i>cefepime injection 1gm, 2gm</i> | \$0 (Tier 1) | MO |

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|---|--|---|
| <i>cefixime capsule</i> | \$0 (Tier 1) | MO |
| <i>cefixime suspension reconstituted</i> | \$0 (Tier 1) | MO |
| <i>cefotetan injection 1gm/10ml, 2gm/20ml</i> | \$0 (Tier 1) | |
| <i>cefoxitin sodium injection 1gm, 10gm, 2gm</i> | \$0 (Tier 1) | |
| <i>cefpodoxime proxetil</i> | \$0 (Tier 1) | MO |
| <i>cefprozil</i> | \$0 (Tier 1) | MO |
| <i>ceftazidime injection 6gm</i> | \$0 (Tier 1) | |
| <i>ceftazidime injection 1gm, 2gm</i> | \$0 (Tier 1) | MO |
| <i>ceftriaxone in iso-osmotic dextrose</i> | \$0 (Tier 1) | |
| CEFTRIAXONE SODIUM INJECTION 100GM | \$0 (Tier 1) | |
| <i>ceftriaxone sodium intravenous injection 1gm</i> | \$0 (Tier 1) | |
| <i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i> | \$0 (Tier 1) | MO |
| <i>cefuroxime axetil tablet</i> | \$0 (Tier 1) | MO |
| <i>cefuroxime sodium injection 1.5gm</i> | \$0 (Tier 1) | |
| <i>cefuroxime sodium injection 750mg</i> | \$0 (Tier 1) | MO |
| <i>cephalexin capsule 250mg, 500mg</i> | \$0 (Tier 1) | MO |
| <i>cephalexin capsule 750mg</i> | \$0 (Tier 1) | MO |
| <i>cephalexin suspension reconstituted, tablet</i> | \$0 (Tier 1) | MO |
| <i>tazicef</i> | \$0 (Tier 1) | |
| TEFLARO | \$0 (Tier 1) | |
| ERYTHROMYCINS/MACROLIDES | | |
| AZITHROMYCIN PACKET | \$0 (Tier 1) | MO |
| <i>azithromycin tablet</i> | \$0 (Tier 1) | MO |
| <i>azithromycin suspension reconstituted</i> | \$0 (Tier 1) | MO |
| <i>azithromycin injection</i> | \$0 (Tier 1) | MO |
| <i>clarithromycin er</i> | \$0 (Tier 1) | MO |
| <i>clarithromycin tablet</i> | \$0 (Tier 1) | MO |
| <i>clarithromycin suspension reconstituted</i> | \$0 (Tier 1) | MO |
| DIFICID SUSPENSION RECONSTITUTED | \$0 (Tier 1) | |
| DIFICID TABLET | \$0 (Tier 1) | MO |
| <i>erythromycin base</i> | \$0 (Tier 1) | MO |
| <i>erythromycin dr</i> | \$0 (Tier 1) | MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>erythromycin ethylsuccinate tablet</i> | \$0 (Tier 1) | MO |
| <i>erythromycin lactobionate</i> | \$0 (Tier 1) | |
| FLUOROQUINOLONES | | |
| <i>ciprofloxacin hcl tablet 100mg, 750mg</i> | \$0 (Tier 1) | MO |
| <i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i> | \$0 (Tier 1) | MO |
| <i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i> | \$0 (Tier 1) | |
| <i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i> | \$0 (Tier 1) | MO |
| <i>levofloxacin in d5w</i> | \$0 (Tier 1) | |
| <i>levofloxacin injection 25mg/ml</i> | \$0 (Tier 1) | |
| <i>levofloxacin oral solution 25mg/ml</i> | \$0 (Tier 1) | MO |
| <i>levofloxacin tablet 250mg, 500mg, 750mg</i> | \$0 (Tier 1) | MO |
| <i>moxifloxacin hydrochloride/sodium hydrochloride</i> | \$0 (Tier 1) | |
| <i>moxifloxacin hydrochloride injection 400mg/250ml</i> | \$0 (Tier 1) | |
| <i>moxifloxacin hydrochloride tablet 400mg</i> | \$0 (Tier 1) | MO |
| PENICILLINS | | |
| <i>amoxicillin/clavulanate potassium er</i> | \$0 (Tier 1) | MO |
| <i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i> | \$0 (Tier 1) | MO |
| <i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i> | \$0 (Tier 1) | MO |
| <i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i> | \$0 (Tier 1) | MO |
| <i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i> | \$0 (Tier 1) | MO |
| <i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i> | \$0 (Tier 1) | MO |
| <i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i> | \$0 (Tier 1) | MO |
| <i>amoxicillin capsule, tablet chewable, tablet</i> | \$0 (Tier 1) | MO |
| <i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i> | \$0 (Tier 1) | MO |
| <i>amoxicillin suspension reconstituted 400mg/5ml</i> | \$0 (Tier 1) | MO |
| <i>ampicillin capsule</i> | \$0 (Tier 1) | MO |
| <i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i> | \$0 (Tier 1) | |
| <i>ampicillin sodium injection 1gm, 2gm, 500mg</i> | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>ampicillin-sulbactam</i> | \$0 (Tier 1) | |
| <i>ampicillin/sulbactam</i> | \$0 (Tier 1) | |
| BICILLIN L-A | \$0 (Tier 1) | MO |
| <i>dicloxacillin sodium</i> | \$0 (Tier 1) | MO |
| EXTENCILLINE | \$0 (Tier 1) | |
| LENTOCILIN | \$0 (Tier 1) | |
| <i>nafcillin sodium injection 1gm</i> | \$0 (Tier 1) | |
| <i>nafcillin sodium injection 2gm</i> | \$0 (Tier 1) | MO |
| <i>nafcillin sodium injection 10gm</i> | \$0 (Tier 1) | |
| <i>oxacillin sodium injection 10gm, 1gm, 2gm</i> | \$0 (Tier 1) | |
| <i>penicillin g potassium</i> | \$0 (Tier 1) | MO |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE | \$0 (Tier 1) | |
| <i>penicillin g sodium</i> | \$0 (Tier 1) | |
| <i>penicillin v potassium tablet</i> | \$0 (Tier 1) | MO |
| <i>penicillin v potassium solution reconstituted</i> | \$0 (Tier 1) | MO |
| <i>piperacillin sodium/tazobactam sodium</i> | \$0 (Tier 1) | |
| TETRACYCLINES | | |
| <i>doxy 100 injection</i> | \$0 (Tier 1) | MO |
| <i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i> | \$0 (Tier 1) | MO |
| <i>doxycycline hyclate injection</i> | \$0 (Tier 1) | MO |
| <i>doxycycline monohydrate capsule 50mg</i> | \$0 (Tier 1) | MO |
| <i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i> | \$0 (Tier 1) | MO |
| <i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i> | \$0 (Tier 1) | MO |
| <i>doxycycline monohydrate tablet 150mg</i> | \$0 (Tier 1) | MO |
| <i>doxycycline suspension reconstituted 25mg/5ml</i> | \$0 (Tier 1) | MO |
| <i>minocycline hcl capsule</i> | \$0 (Tier 1) | MO |
| <i>minocycline hcl tablet</i> | \$0 (Tier 1) | ST MO |
| <i>minocycline hydrochloride capsule</i> | \$0 (Tier 1) | MO |
| <i>mondoxyne nl</i> | \$0 (Tier 1) | |
| NUZYRA | \$0 (Tier 1) | ACS LD |
| <i>tetracycline hydrochloride capsule</i> | \$0 (Tier 1) | MO |
| <i>tigecycline</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 |
|---|--|---|
| ANTINEOPLASTIC AGENTS | | |
| <i>ALKYLATING AGENTS</i> | | |
| CYCLOPHOSPHAMIDE TABLET | \$0 (Tier 1) | PA |
| <i>cyclophosphamide capsule</i> | \$0 (Tier 1) | PA MO |
| GLEOSTINE CAPSULE 10MG, 40MG | \$0 (Tier 1) | ACS |
| GLEOSTINE CAPSULE 100MG | \$0 (Tier 1) | ACS |
| LEUKERAN | \$0 (Tier 1) | MO |
| <i>ANTIMETABOLITES</i> | | |
| INQOVI | \$0 (Tier 1) | QL (5 EA per 28 days) PA; ACS LD |
| LONSURF | \$0 (Tier 1) | PA; ACS LD |
| <i>mercaptopurine</i> | \$0 (Tier 1) | MO |
| <i>methotrexate sodium injection pf 50mg/2ml</i> | \$0 (Tier 1) | MO |
| <i>methotrexate sodium injection 1gm/40ml</i> | \$0 (Tier 1) | MO |
| <i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i> | \$0 (Tier 1) | MO |
| <i>methotrexate sodium injection 1gm</i> | \$0 (Tier 1) | |
| ONUREG | \$0 (Tier 1) | QL (14 EA per 28 days) PA; ACS LD |
| PURIXAN | \$0 (Tier 1) | ACS LD |
| TABLOID | \$0 (Tier 1) | MO |
| <i>HORMONAL ANTINEOPLASTIC AGENTS</i> | | |
| <i>abiraterone acetate</i> | \$0 (Tier 1) | PA; ACS |
| AKEEGA | \$0 (Tier 1) | QL (60 EA per 30 days) PA; LD |
| <i>anastrozole</i> | \$0 (Tier 1) | MO |
| <i>bicalutamide</i> | \$0 (Tier 1) | MO |
| ELIGARD | \$0 (Tier 1) | PA; ACS |
| EMCYT | \$0 (Tier 1) | MO |
| ERLEADA | \$0 (Tier 1) | PA; ACS LD |
| <i>exemestane</i> | \$0 (Tier 1) | MO |
| FIRMAGON INJECTION 80MG | \$0 (Tier 1) | PA; ACS |
| FIRMAGON INJECTION 120MG/VIAL | \$0 (Tier 1) | PA; ACS |
| <i>letrozole</i> | \$0 (Tier 1) | MO |
| <i>leuprolide acetate injection 1mg/0.2ml</i> | \$0 (Tier 1) | PA; ACS |
| LUPRON DEPOT (1-MONTH) INJECTION 3.75MG | \$0 (Tier 1) | PA; ACS |

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|--|--|---|
| LUPRON DEPOT (3-MONTH) INJECTION 11.25MG | \$0 (Tier 1) | PA; ACS |
| LYSODREN | \$0 (Tier 1) | LD |
| <i>megestrol acetate tablet 20mg, 40mg</i> | \$0 (Tier 1) | MO |
| <i>nilutamide</i> | \$0 (Tier 1) | MO |
| NUBEQA | \$0 (Tier 1) | PA; ACS LD |
| ORGOVYX | \$0 (Tier 1) | PA; LD |
| ORSERDU TABLET 345MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| ORSERDU TABLET 86MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; LD |
| SOLTAMOX | \$0 (Tier 1) | MO |
| <i>tamoxifen citrate</i> | \$0 (Tier 1) | MO |
| <i>toremifene citrate</i> | \$0 (Tier 1) | PA MO |
| XTANDI | \$0 (Tier 1) | PA; ACS LD |
| IMMUNOMODULATORS | | |
| <i>lenalidomide capsule 20mg, 25mg</i> | \$0 (Tier 1) | QL (21 EA per 28 days) PA; ACS LD |
| <i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i> | \$0 (Tier 1) | QL (28 EA per 28 days) PA; ACS LD |
| POMALYST | \$0 (Tier 1) | QL (21 EA per 28 days) PA; ACS LD |
| THALOMID CAPSULE 100MG | \$0 (Tier 1) | QL (112 EA per 28 days) PA; ACS LD |
| THALOMID CAPSULE 50MG | \$0 (Tier 1) | QL (224 EA per 28 days) PA; ACS LD |
| THALOMID CAPSULE 150MG, 200MG | \$0 (Tier 1) | QL (56 EA per 28 days) PA; ACS LD |
| MISCELLANEOUS | | |
| ASPARLAS | \$0 (Tier 1) | PA; ACS LD |
| BESREMI | \$0 (Tier 1) | QL (2 ML per 28 days) PA; LD |
| <i>bexarotene capsule 75mg</i> | \$0 (Tier 1) | PA; ACS |
| <i>hydroxyurea</i> | \$0 (Tier 1) | MO |
| IWILFIN | \$0 (Tier 1) | QL (240 EA per 30 days) PA; LD |
| MATULANE | \$0 (Tier 1) | LD |
| ONCASPAR | \$0 (Tier 1) | PA; LD |
| <i>tretinoin capsule 10mg</i> | \$0 (Tier 1) | MO |
| WELIREG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; LD |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| MOLECULAR TARGET AGENTS | | |
| ALECENSA | \$0 (Tier 1) | QL (240 EA per 30 days) PA; ACS LD |
| ALUNBRIG TABLET THERAPY PACK | \$0 (Tier 1) | PA; LD |
| ALUNBRIG TABLET 30MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; LD |
| ALUNBRIG TABLET 180MG, 90MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| AUGTYRO | \$0 (Tier 1) | QL (240 EA per 30 days) PA; ACS LD |
| AYVAKIT | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| BALVERSA TABLET 5MG | \$0 (Tier 1) | QL (28 EA per 28 days) PA; ACS LD |
| BALVERSA TABLET 4MG | \$0 (Tier 1) | QL (56 EA per 28 days) PA; ACS LD |
| BALVERSA TABLET 3MG | \$0 (Tier 1) | QL (84 EA per 28 days) PA; ACS LD |
| BOSULIF CAPSULE 100MG | \$0 (Tier 1) | QL (150 EA per 25 days) PA; ACS |
| BOSULIF CAPSULE 50MG | \$0 (Tier 1) | QL (360 EA per 30 days) PA; ACS |
| BOSULIF TABLET 100MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS |
| BOSULIF TABLET 400MG, 500MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| BRAFTOVI CAPSULE 75MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |
| BRUKINSA | \$0 (Tier 1) | QL (120 EA per 30 days) PA; LD |
| CABOMETYX | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| CALQUENCE | \$0 (Tier 1) | QL (60 EA per 30 days) PA; LD |
| CAPRELSA TABLET 300MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| CAPRELSA TABLET 100MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; LD |
| COMETRIQ KIT 140MG DAILY | \$0 (Tier 1) | QL (112 EA per 28 days) PA; ACS LD |
| COMETRIQ KIT 100MG DAILY | \$0 (Tier 1) | QL (56 EA per 28 days) PA; ACS LD |
| COMETRIQ KIT 60MG DAILY | \$0 (Tier 1) | QL (84 EA per 28 days) PA; ACS LD |
| COPIKTRA | \$0 (Tier 1) | QL (56 EA per 28 days) PA; ACS LD |
| COTELLIC | \$0 (Tier 1) | QL (63 EA per 28 days) PA; ACS LD |
| <i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |

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|--|--|---|
| <i>dasatinib tablet 20mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS |
| DAURISMO TABLET 100MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| DAURISMO TABLET 25MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| ERIVEDGE | \$0 (Tier 1) | PA; ACS LD |
| <i>erlotinib hydrochloride tablet 100mg, 150mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| <i>erlotinib hydrochloride tablet 25mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS |
| <i>everolimus tablet soluble 2mg</i> | \$0 (Tier 1) | QL (150 EA per 30 days) PA; ACS |
| <i>everolimus tablet soluble 5mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS |
| <i>everolimus tablet soluble 3mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS |
| <i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| EXKIVITY | \$0 (Tier 1) | QL (120 EA per 30 days) PA; LD |
| FOTIVDA | \$0 (Tier 1) | QL (21 EA per 28 days) PA; LD |
| FRUZAQLA CAPSULE 5MG | \$0 (Tier 1) | QL (21 EA per 28 days) PA; LD |
| FRUZAQLA CAPSULE 1MG | \$0 (Tier 1) | QL (84 EA per 28 days) PA; LD |
| GAVRETO | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| <i>gefitinib</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS |
| GILOTRIF | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| IBRANCE | \$0 (Tier 1) | QL (21 EA per 28 days) PA; ACS LD |
| ICLUSIG TABLET 10MG, 30MG | \$0 (Tier 1) | PA; LD |
| ICLUSIG TABLET 15MG, 45MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| IDHIFA | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| <i>imatinib mesylate tablet 400mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS |
| <i>imatinib mesylate tablet 100mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS |
| IMBRUVICA SUSPENSION | \$0 (Tier 1) | QL (216 ML per 27 days) PA; LD |
| IMBRUVICA TABLET | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| IMBRUVICA CAPSULE 70MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| IMBRUVICA CAPSULE 140MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; LD |
| INLYTA TABLET 5MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| INLYTA TABLET 1MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |



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|-----------------------------|--|---|
| INREBIC | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| ITOVEBI TABLET 9MG | \$0 (Tier 1) | QL (28 EA per 28 days) PA; ACS LD |
| ITOVEBI TABLET 3MG | \$0 (Tier 1) | QL (56 EA per 28 days) PA; ACS LD |
| JAKAFI | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| JAYPIRCA TABLET 50MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| JAYPIRCA TABLET 100MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| KISQALI | \$0 (Tier 1) | PA; ACS |
| KISQALI FEMARA 200 DOSE | \$0 (Tier 1) | PA; ACS |
| KISQALI FEMARA 400 DOSE | \$0 (Tier 1) | PA; ACS |
| KISQALI FEMARA 600 DOSE | \$0 (Tier 1) | PA; ACS |
| KOSELUGO | \$0 (Tier 1) | PA; LD |
| KRAZATI | \$0 (Tier 1) | QL (180 EA per 30 days) PA; LD |
| <i>lapatinib ditosylate</i> | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |
| LAZCLUZE TABLET 240MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| LAZCLUZE TABLET 80MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; LD |
| LENVIMA 10 MG DAILY DOSE | \$0 (Tier 1) | PA; ACS LD |
| LENVIMA 12MG DAILY DOSE | \$0 (Tier 1) | PA; ACS LD |
| LENVIMA 14 MG DAILY DOSE | \$0 (Tier 1) | PA; ACS LD |
| LENVIMA 18 MG DAILY DOSE | \$0 (Tier 1) | PA; ACS LD |
| LENVIMA 20 MG DAILY DOSE | \$0 (Tier 1) | PA; ACS LD |
| LENVIMA 24 MG DAILY DOSE | \$0 (Tier 1) | PA; ACS LD |
| LENVIMA 4 MG DAILY DOSE | \$0 (Tier 1) | PA; ACS LD |
| LENVIMA 8 MG DAILY DOSE | \$0 (Tier 1) | PA; ACS LD |
| LORBRENA TABLET 100MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| LORBRENA TABLET 25MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS LD |
| LUMAKRAS TABLET 120MG | \$0 (Tier 1) | QL (240 EA per 30 days) PA; ACS LD |
| LUMAKRAS TABLET 320MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS LD |

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|-----------------------------------|--|---|
| LYNPARZA | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| LYTGOBI TABLET THERAPY PACK 16MG | \$0 (Tier 1) | QL (112 EA per 28 days) PA; LD |
| LYTGOBI TABLET THERAPY PACK 20MG | \$0 (Tier 1) | QL (140 EA per 28 days) PA; LD |
| LYTGOBI TABLET THERAPY PACK 12MG | \$0 (Tier 1) | QL (84 EA per 28 days) PA; LD |
| MEKINIST SOLUTION RECONSTITUTED | \$0 (Tier 1) | QL (1260 ML per 30 days) PA; ACS LD |
| MEKINIST TABLET 2MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| MEKINIST TABLET 0.5MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS LD |
| MEKTOVI | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |
| NERLYNX | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |
| NINLARO | \$0 (Tier 1) | PA; ACS |
| ODOMZO | \$0 (Tier 1) | PA; ACS LD |
| OGSIVEO TABLET 50MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; LD |
| OGSIVEO TABLET 100MG, 150MG | \$0 (Tier 1) | QL (56 EA per 28 days) PA; LD |
| OJEMDA TABLET | \$0 (Tier 1) | QL (24 EA per 28 days) PA; LD |
| OJEMDA SUSPENSION RECONSTITUTED | \$0 (Tier 1) | QL (96 ML per 28 days) PA; LD |
| OJJAARA | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| <i>pazopanib hydrochloride</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS |
| PEMAZYRE | \$0 (Tier 1) | QL (28 EA per 28 days) PA; LD |
| PIQRAY 200MG DAILY DOSE | \$0 (Tier 1) | QL (28 EA per 28 days) PA; ACS |
| PIQRAY 250MG DAILY DOSE | \$0 (Tier 1) | QL (56 EA per 28 days) PA; ACS |
| PIQRAY 300MG DAILY DOSE | \$0 (Tier 1) | QL (56 EA per 28 days) PA; ACS |
| QINLOCK | \$0 (Tier 1) | QL (90 EA per 30 days) PA; LD |
| RETEVMO CAPSULE 80MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| RETEVMO CAPSULE 40MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |
| RETEVMO TABLET 120MG, 160MG, 80MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| RETEVMO TABLET 40MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS LD |
| REZLIDHIA | \$0 (Tier 1) | QL (60 EA per 30 days) PA; LD |
| <i>romidepsin injection 10mg</i> | \$0 (Tier 1) | ACS |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ROZLYTREK PACKET | \$0 (Tier 1) | QL (336 EA per 28 days) PA; ACS LD |
| ROZLYTREK CAPSULE 100MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |
| ROZLYTREK CAPSULE 200MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS LD |
| RUBRACA | \$0 (Tier 1) | PA; ACS LD |
| RYDAPT | \$0 (Tier 1) | QL (224 EA per 28 days) PA; ACS |
| SCEMBLIX TABLET 100MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; LD |
| SCEMBLIX TABLET 40MG | \$0 (Tier 1) | QL (300 EA per 30 days) PA; ACS |
| SCEMBLIX TABLET 20MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS |
| <i>sorafenib tosylate</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS |
| SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| SPRYCEL TABLET 20MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS |
| STIVARGA | \$0 (Tier 1) | QL (84 EA per 28 days) PA; ACS LD |
| <i>sunitinib malate</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| TABRECTA | \$0 (Tier 1) | QL (112 EA per 28 days) PA; ACS |
| TAFINLAR CAPSULE | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| TAFINLAR TABLET SOLUBLE | \$0 (Tier 1) | QL (900 EA per 30 days) PA; ACS LD |
| TAGRISSE | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| TALZENNA CAPSULE 0.25MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS LD |
| TASIGNA CAPSULE 150MG, 200MG | \$0 (Tier 1) | QL (112 EA per 28 days) PA; ACS |
| TASIGNA CAPSULE 50MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS |
| TAZVERIK | \$0 (Tier 1) | QL (240 EA per 30 days) PA; LD |
| TECVAYLI | \$0 (Tier 1) | PA; LD |
| TEPMETKO | \$0 (Tier 1) | QL (60 EA per 30 days) PA; LD |
| TIBSOVO | \$0 (Tier 1) | PA; LD |
| <i>torpenz</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA |
| TRUQAP | \$0 (Tier 1) | QL (64 EA per 28 days) PA; LD |
| TRUXIMA | \$0 (Tier 1) | PA; ACS |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| TUKYSA TABLET 150MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; LD |
| TUKYSA TABLET 50MG | \$0 (Tier 1) | QL (240 EA per 30 days) PA; LD |
| TURALIO | \$0 (Tier 1) | QL (120 EA per 30 days) PA; LD |
| VANFLYTA | \$0 (Tier 1) | QL (56 EA per 28 days) PA; LD |
| VENCLEXTA STARTING PACK | \$0 (Tier 1) | QL (42 EA per 28 days) PA; LD |
| VENCLEXTA TABLET 10MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; LD |
| VENCLEXTA TABLET 50MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; LD |
| VENCLEXTA TABLET 100MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; LD |
| VERZENIO | \$0 (Tier 1) | PA; ACS LD |
| VITRAKVI SOLUTION | \$0 (Tier 1) | QL (300 ML per 30 days) PA; ACS LD |
| VITRAKVI CAPSULE 25MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |
| VITRAKVI CAPSULE 100MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| VIZIMPRO | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| VONJO | \$0 (Tier 1) | QL (120 EA per 30 days) PA; LD |
| VORANIGO TABLET 40MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| VORANIGO TABLET 10MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; LD |
| XALKORI CAPSULE | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| XALKORI CAPSULE SPRINKLE 50MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| XALKORI CAPSULE SPRINKLE 150MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |
| XALKORI CAPSULE SPRINKLE 20MG | \$0 (Tier 1) | QL (240 EA per 30 days) PA; ACS LD |
| XOSPATA | \$0 (Tier 1) | PA; ACS LD |
| XPOVIO 60 MG TWICE WEEKLY | \$0 (Tier 1) | QL (24 EA per 28 days) PA; LD |
| XPOVIO 80 MG TWICE WEEKLY | \$0 (Tier 1) | QL (32 EA per 28 days) PA; LD |
| XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG | \$0 (Tier 1) | QL (4 EA per 28 days) PA; LD |
| XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG | \$0 (Tier 1) | QL (8 EA per 28 days) PA; LD |
| ZEJULA TABLET | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ZELBORAF | \$0 (Tier 1) | QL (240 EA per 30 days) PA; ACS LD |
| ZIRABEV | \$0 (Tier 1) | PA; ACS LD |
| ZOLINZA | \$0 (Tier 1) | PA; ACS |
| ZYDELIG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| ZYKADIA | \$0 (Tier 1) | QL (84 EA per 28 days) PA; ACS LD |
| PROTECTIVE AGENTS | | |
| <i>leucovorin calcium tablet</i> | \$0 (Tier 1) | MO |
| MESNEX TABLET | \$0 (Tier 1) | MO |
| CARDIOVASCULAR | | |
| ACE INHIBITOR COMBINATIONS | | |
| <i>amlodipine besylate/benazepril hydrochloride</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>benazepril hydrochloride/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| <i>captopril/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| <i>enalapril maleate/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| <i>fosinopril sodium/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| <i>lisinopril/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| <i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i> | \$0 (Tier 1) | |
| <i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i> | \$0 (Tier 1) | MO |
| <i>trandolapril/verapamil hcl er</i> | \$0 (Tier 1) | MO |
| ACE INHIBITORS | | |
| <i>benazepril hcl</i> | \$0 (Tier 1) | MO |
| <i>benazepril hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>captopril</i> | \$0 (Tier 1) | MO |
| <i>enalapril maleate tablet</i> | \$0 (Tier 1) | MO |
| <i>fosinopril sodium</i> | \$0 (Tier 1) | MO |
| <i>lisinopril</i> | \$0 (Tier 1) | MO |
| <i>moexipril hcl</i> | \$0 (Tier 1) | MO |
| <i>perindopril erbumine</i> | \$0 (Tier 1) | MO |
| <i>quinapril hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>ramipril</i> | \$0 (Tier 1) | MO |
| <i>trandolapril</i> | \$0 (Tier 1) | MO |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone</i> | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| KERENDIA | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>spironolactone tablet</i> | \$0 (Tier 1) | MO |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate</i> | \$0 (Tier 1) | MO |
| <i>prazosin hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>terazosin hcl</i> | \$0 (Tier 1) | MO |
| <i>terazosin hydrochloride</i> | \$0 (Tier 1) | MO |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate/valsartan</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>amlodipine/olmesartan medoxomil</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>amlodipine/valsartan/hydrochlorothiazide</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| EDARBYCLOR | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| ENTRESTO | \$0 (Tier 1) | MO |
| <i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>losartan potassium/hydrochlorothiazide</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil/hydrochlorothiazide</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>telmisartan/amlodipine</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>valsartan/hydrochlorothiazide</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil tablet 32mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| EDARBI | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>irbesartan</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>losartan potassium tablet 100mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>losartan potassium tablet 25mg, 50mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>olmesartan medoxomil tablet 20mg, 40mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil tablet 5mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>telmisartan</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>valsartan tablet 320mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>valsartan tablet 160mg, 40mg, 80mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl injection</i> | \$0 (Tier 1) | |
| <i>amiodarone hydrochloride tablet</i> | \$0 (Tier 1) | MO |
| <i>amiodarone hydrochloride injection</i> | \$0 (Tier 1) | |
| <i>disopyramide phosphate</i> | \$0 (Tier 1) | PA MO |
| <i>dofetilide</i> | \$0 (Tier 1) | ACS |
| <i>flecainide acetate</i> | \$0 (Tier 1) | MO |
| LIDOCAINE HCL IN D5W | \$0 (Tier 1) | |
| LIDOCAINE HCL INJECTION 100MG/5ML | \$0 (Tier 1) | |
| <i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i> | \$0 (Tier 1) | |
| MULTAQ | \$0 (Tier 1) | MO |
| NORPACE CR | \$0 (Tier 1) | MO |
| <i>pacerone</i> | \$0 (Tier 1) | |
| <i>propafenone hcl</i> | \$0 (Tier 1) | MO |
| <i>propafenone hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>propafenone hydrochloride er</i> | \$0 (Tier 1) | MO |
| <i>quinidine sulfate</i> | \$0 (Tier 1) | MO |
| <i>sorine tablet 160mg, 80mg</i> | \$0 (Tier 1) | |
| <i>sorine tablet 120mg</i> | \$0 (Tier 1) | MO |
| <i>sotalol hcl</i> | \$0 (Tier 1) | MO |
| <i>sotalol hydrochloride (af)</i> | \$0 (Tier 1) | MO |
| ANTILIPEMICS, FIBRATES | | |
| <i>fenofibrate micronized</i> | \$0 (Tier 1) | MO |
| <i>fenofibrate capsule</i> | \$0 (Tier 1) | MO |
| <i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i> | \$0 (Tier 1) | MO |
| <i>fenofibrate tablet 120mg</i> | \$0 (Tier 1) | MO |
| <i>fenofibric acid dr</i> | \$0 (Tier 1) | MO |
| <i>gemfibrozil</i> | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>fluvastatin</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>fluvastatin sodium er</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>lovastatin</i> | \$0 (Tier 1) | MO |
| <i>pravastatin sodium</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>rosuvastatin calcium</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>simvastatin</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>cholestyramine</i> | \$0 (Tier 1) | MO |
| <i>cholestyramine light</i> | \$0 (Tier 1) | MO |
| <i>colesevelam hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>colestipol hcl</i> | \$0 (Tier 1) | MO |
| <i>ezetimibe</i> | \$0 (Tier 1) | MO |
| <i>ezetimibe/simvastatin</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| NEXLETOL | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| NEXLIZET | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>niacin</i> | \$0 (Tier 1) | MO |
| <i>niacin er tablet extended release 1000mg, 750mg</i> | \$0 (Tier 1) | MO |
| <i>niacin er tablet extended release 500mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>niacor</i> | \$0 (Tier 1) | MO |
| <i>omega-3-acid ethyl esters</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO |
| <i>prevalite</i> | \$0 (Tier 1) | |
| REPATHA | \$0 (Tier 1) | PA |
| REPATHA PUSHTRONEX SYSTEM | \$0 (Tier 1) | PA |
| REPATHA SURECLICK | \$0 (Tier 1) | PA |
| VASCEPA | \$0 (Tier 1) | MO |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol/chlorthalidone</i> | \$0 (Tier 1) | MO |
| <i>bisoprolol fumarate/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| <i>metoprolol/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| BETA-BLOCKERS | | |
| <i>acebutolol hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>atenolol</i> | \$0 (Tier 1) | MO |
| <i>betaxolol hcl tablet 10mg, 20mg</i> | \$0 (Tier 1) | MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>bisoprolol fumarate</i> | \$0 (Tier 1) | MO |
| <i>carvedilol phosphate er capsule extended release 24 hour</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>carvedilol tablet</i> | \$0 (Tier 1) | MO |
| <i>labetalol hydrochloride tablet</i> | \$0 (Tier 1) | MO |
| <i>labetalol hydrochloride injection</i> | \$0 (Tier 1) | MO |
| <i>metoprolol succinate er</i> | \$0 (Tier 1) | MO |
| <i>metoprolol tartrate tablet</i> | \$0 (Tier 1) | MO |
| <i>metoprolol tartrate injection</i> | \$0 (Tier 1) | |
| <i>nadolol</i> | \$0 (Tier 1) | MO |
| <i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>nebivolol hydrochloride tablet 20mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>pindolol</i> | \$0 (Tier 1) | MO |
| <i>propranolol hcl er</i> | \$0 (Tier 1) | MO |
| <i>propranolol hcl oral solution, tablet</i> | \$0 (Tier 1) | MO |
| <i>propranolol hcl injection</i> | \$0 (Tier 1) | |
| <i>propranolol hydrochloride er</i> | \$0 (Tier 1) | MO |
| <i>propranolol hydrochloride oral solution, tablet</i> | \$0 (Tier 1) | MO |
| <i>timolol maleate tablet 10mg, 20mg, 5mg</i> | \$0 (Tier 1) | MO |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate</i> | \$0 (Tier 1) | MO |
| <i>cartia xt</i> | \$0 (Tier 1) | |
| <i>dilt-xr</i> | \$0 (Tier 1) | MO |
| <i>diltiazem hcl cd capsule extended release 24 hour 360mg</i> | \$0 (Tier 1) | MO |
| <i>diltiazem hcl er</i> | \$0 (Tier 1) | MO |
| <i>diltiazem hcl tablet</i> | \$0 (Tier 1) | MO |
| DILTIAZEM HCL INJECTION 100MG | \$0 (Tier 1) | |
| <i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i> | \$0 (Tier 1) | |
| <i>diltiazem hydrochloride er</i> | \$0 (Tier 1) | MO |
| <i>diltiazem hydrochloride tablet</i> | \$0 (Tier 1) | MO |
| <i>diltiazem hydrochloride injection</i> | \$0 (Tier 1) | |
| <i>felodipine er</i> | \$0 (Tier 1) | MO |
| <i>isradipine</i> | \$0 (Tier 1) | MO |
| <i>matzim la</i> | \$0 (Tier 1) | MO |
| <i>nicardipine hcl capsule 20mg, 30mg</i> | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i> | \$0 (Tier 1) | MO |
| <i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i> | \$0 (Tier 1) | MO |
| <i>nisoldipine er tablet extended release 24 hour 20mg, 30mg, 40mg</i> | \$0 (Tier 1) | |
| <i>nisoldipine er tablet extended release 24 hour 17mg, 25.5mg, 34mg, 8.5mg</i> | \$0 (Tier 1) | MO |
| <i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i> | \$0 (Tier 1) | |
| <i>tiadylt er capsule extended release 24 hour 420mg</i> | \$0 (Tier 1) | MO |
| <i>verapamil hcl</i> | \$0 (Tier 1) | MO |
| <i>verapamil hcl er tablet extended release 120mg, 240mg</i> | \$0 (Tier 1) | MO |
| <i>verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i> | \$0 (Tier 1) | MO |
| VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG | \$0 (Tier 1) | MO |
| <i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i> | \$0 (Tier 1) | MO |
| <i>verapamil hcl sr tablet extended release 240mg</i> | \$0 (Tier 1) | MO |
| <i>verapamil hydrochloride er tablet extended release 180mg</i> | \$0 (Tier 1) | MO |
| <i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i> | \$0 (Tier 1) | MO |
| <i>verapamil hydrochloride tablet</i> | \$0 (Tier 1) | MO |
| <i>verapamil hydrochloride injection</i> | \$0 (Tier 1) | MO |
| DIURETICS | | |
| <i>acetazolamide er capsule extended release</i> | \$0 (Tier 1) | MO |
| <i>acetazolamide tablet</i> | \$0 (Tier 1) | MO |
| <i>amiloride hcl</i> | \$0 (Tier 1) | MO |
| <i>amiloride/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| <i>bumetanide tablet</i> | \$0 (Tier 1) | MO |
| <i>bumetanide injection</i> | \$0 (Tier 1) | MO |
| <i>chlorthalidone</i> | \$0 (Tier 1) | MO |
| <i>furosemide oral solution, tablet</i> | \$0 (Tier 1) | MO |
| <i>furosemide injection</i> | \$0 (Tier 1) | MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| <i>indapamide</i> | \$0 (Tier 1) | MO |
| <i>methazolamide</i> | \$0 (Tier 1) | MO |
| <i>metolazone</i> | \$0 (Tier 1) | MO |
| <i>spironolactone/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| <i>torsemide</i> | \$0 (Tier 1) | MO |
| <i>triamterene/hydrochlorothiazide</i> | \$0 (Tier 1) | MO |
| MISCELLANEOUS | | |
| <i>aliskiren</i> | \$0 (Tier 1) | MO |
| <i>amlodipine besylate/atorvastatin calcium</i> | \$0 (Tier 1) | MO |
| <i>clonidine hydrochloride tablet</i> | \$0 (Tier 1) | MO |
| <i>clonidine patch weekly 0.1mg/24hr</i> | \$0 (Tier 1) | QL (8 EA per 28 days) MO |
| <i>clonidine patch weekly 0.2mg/24hr; 0.3mg/24hr</i> | \$0 (Tier 1) | QL (8 EA per 28 days) MO |
| CORLANOR SOLUTION | \$0 (Tier 1) | |
| CORLANOR TABLET | \$0 (Tier 1) | MO |
| <i>digox tablet 250mcg, 125mcg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) |
| <i>digoxin oral solution</i> | \$0 (Tier 1) | MO |
| <i>digoxin injection</i> | \$0 (Tier 1) | MO |
| <i>digoxin tablet 125mcg, 250mcg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>digoxin tablet 62.5mcg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>droxidopa capsule 100mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS |
| <i>droxidopa capsule 200mg, 300mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS |
| <i>guanfacine hydrochloride</i> | \$0 (Tier 1) | PA MO |
| <i>hydralazine hcl tablet</i> | \$0 (Tier 1) | MO |
| <i>hydralazine hcl injection</i> | \$0 (Tier 1) | MO |
| <i>hydralazine hydrochloride tablet</i> | \$0 (Tier 1) | MO |
| <i>isosorbide dinitrate/hydralazine hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>ivabradine hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>metyrosine</i> | \$0 (Tier 1) | PA |
| <i>midodrine hcl</i> | \$0 (Tier 1) | MO |
| <i>minoxidil</i> | \$0 (Tier 1) | MO |
| <i>ranolazine er</i> | \$0 (Tier 1) | MO |
| VERQUVO | \$0 (Tier 1) | PA MO |
| NITRATES | | |
| <i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i> | \$0 (Tier 1) | MO |
| <i>isosorbide dinitrate tablet 40mg</i> | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>isosorbide mononitrate</i> | \$0 (Tier 1) | MO |
| <i>isosorbide mononitrate er</i> | \$0 (Tier 1) | MO |
| NITRO-BID | \$0 (Tier 1) | MO |
| <i>nitroglycerin transdermal</i> | \$0 (Tier 1) | MO |
| NITROGLYCERIN INJECTION 5MG/ML | \$0 (Tier 1) | |
| <i>nitroglycerin translingual solution 0.4mg/spray</i> | \$0 (Tier 1) | MO |
| <i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i> | \$0 (Tier 1) | MO |
| <i>PULMONARY ARTERIAL HYPERTENSION</i> | | |
| <i>ambrisentan</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| <i>bosentan tablet 62.5mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| <i>bosentan tablet 125mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| <i>epoprostenol sodium</i> | \$0 (Tier 1) | B/D; ACS LD |
| OPSUMIT | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| <i>sildenafil citrate tablet (generic Revatio)</i> | \$0 (Tier 1) | QL (360 EA per 30 days) PA; ACS |
| <i>sildenafil injection</i> | \$0 (Tier 1) | QL (1125 ML per 30 days) PA; ACS |
| <i>tadalafil tablet (generic Adcirca) 20mg</i> | \$0 (Tier 1) | PA; ACS |
| CENTRAL NERVOUS SYSTEM | | |
| <i>ANTI-ANXIETY</i> | | |
| ALPRAZOLAM INTENSOL | \$0 (Tier 1) | QL (300 ML per 30 days) MO; HRM |
| <i>alprazolam tablet 0.25mg, 0.5mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO; HRM |
| <i>alprazolam tablet 1mg, 2mg</i> | \$0 (Tier 1) | QL (150 EA per 30 days) MO; HRM |
| <i>bupirone hcl</i> | \$0 (Tier 1) | MO |
| <i>bupirone hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>chlordiazepoxide hcl</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO; HRM |
| <i>chlordiazepoxide hydrochloride</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO; HRM |
| <i>fluvoxamine maleate</i> | \$0 (Tier 1) | MO; HRM |
| <i>fluvoxamine maleate er</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>lorazepam intensol</i> | \$0 (Tier 1) | QL (150 ML per 30 days) MO; HRM |
| <i>lorazepam injection</i> | \$0 (Tier 1) | QL (150 ML per 30 days) MO; HRM |
| <i>lorazepam tablet 0.5mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO; HRM |
| <i>lorazepam tablet 1mg, 2mg</i> | \$0 (Tier 1) | QL (150 EA per 30 days) MO; HRM |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>oxazepam</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO; HRM |
| ANTIDEMENTIA | | |
| <i>donepezil hcl tablet disintegrating</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>donepezil hcl tablet 10mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>donepezil hcl tablet 23mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>donepezil hydrochloride</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>galantamine hydrobromide er</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>galantamine hydrobromide solution</i> | \$0 (Tier 1) | QL (200 ML per 30 days) MO |
| <i>galantamine hydrobromide tablet</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>memantine hcl titration pak</i> | \$0 (Tier 1) | QL (98 EA per 365 days) PA MO |
| <i>memantine hydrochloride er</i> | \$0 (Tier 1) | PA MO |
| <i>memantine hydrochloride solution</i> | \$0 (Tier 1) | QL (360 ML per 30 days) PA MO |
| <i>memantine hydrochloride tablet</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| NAMZARIC | | |
| <i>rivastigmine tartrate capsule</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>rivastigmine transdermal system</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>amitriptyline hydrochloride</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>amoxapine</i> | \$0 (Tier 1) | MO; HRM |
| AUVELITY | | |
| <i>bupropion hcl</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>bupropion hydrochloride</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>citalopram hydrobromide solution</i> | \$0 (Tier 1) | QL (600 ML per 30 days) MO; HRM |
| <i>citalopram hydrobromide tablet 10mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO; HRM |
| <i>citalopram hydrobromide tablet 40mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>citalopram hydrobromide tablet 20mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>clomipramine hydrochloride</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>desipramine hydrochloride</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |

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|---|--|---|
| <i>doxepin hcl caps 75mg, concentrate 10mg/ml</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i> | \$0 (Tier 1) | PA MO; HRM |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA MO |
| <i>duloxetine hcl (generic Irenka) capsule 40mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>duloxetine hydrochloride (generic Cymbalta) capsule 20mg, 30mg, 60mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| EMSAM | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| <i>escitalopram oxalate solution</i> | \$0 (Tier 1) | QL (600 ML per 30 days) MO; HRM |
| <i>escitalopram oxalate tablet 20mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>escitalopram oxalate tablet 10mg, 5mg</i> | \$0 (Tier 1) | QL (45 EA per 30 days) MO; HRM |
| FETZIMA TITRATION PACK | \$0 (Tier 1) | PA MO; HRM |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO; HRM |
| FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO; HRM |
| <i>fluoxetine dr capsule delayed release 90mg</i> | \$0 (Tier 1) | QL (4 EA per 28 days) MO; HRM |
| <i>fluoxetine hydrochloride capsule 20mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO; HRM |
| <i>fluoxetine hydrochloride capsule 10mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>fluoxetine hydrochloride capsule 40mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i> | \$0 (Tier 1) | MO; HRM |
| <i>imipramine hcl</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>imipramine hydrochloride</i> | \$0 (Tier 1) | PA MO; HRM |
| MARPLAN | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>mirtazapine odt</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>mirtazapine tablet 15mg, 30mg, 45mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>mirtazapine tablet 7.5mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>nefazodone hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>nortriptyline hcl</i> | \$0 (Tier 1) | MO; HRM |
| <i>nortriptyline hydrochloride</i> | \$0 (Tier 1) | MO; HRM |
| <i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO; HRM |
| <i>paroxetine hcl tablet 40mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>paroxetine hcl tablet 30mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>paroxetine hydrochloride tablet</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>paroxetine hydrochloride suspension</i> | \$0 (Tier 1) | QL (900 ML per 30 days) MO; HRM |
| <i>perphenazine/amitriptyline</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>phenelzine sulfate</i> | \$0 (Tier 1) | MO |
| <i>protriptyline hcl</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>sertraline hcl tablet 50mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>sertraline hcl concentrate</i> | \$0 (Tier 1) | QL (300 ML per 30 days) MO; HRM |
| <i>sertraline hydrochloride tablet 25mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>sertraline hydrochloride tablet 100mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>tranylcypromine sulfate</i> | \$0 (Tier 1) | MO |
| <i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i> | \$0 (Tier 1) | MO |
| <i>trazodone hydrochloride tablet 300mg</i> | \$0 (Tier 1) | MO |
| <i>trimipramine maleate capsule 50mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO; HRM |
| <i>trimipramine maleate capsule 25mg</i> | \$0 (Tier 1) | QL (240 EA per 30 days) PA MO; HRM |
| <i>trimipramine maleate capsule 100mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO; HRM |
| TRINTELLIX | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>venlafaxine hydrochloride</i> | \$0 (Tier 1) | MO; HRM |
| <i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>vilazodone hydrochloride</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| ZURZUVAE CAPSULE 30MG | \$0 (Tier 1) | QL (14 EA per 14 days) PA; ACS |
| ZURZUVAE CAPSULE 20MG, 25MG | \$0 (Tier 1) | QL (28 EA per 14 days) PA; ACS |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl solution, tablet</i> | \$0 (Tier 1) | MO |
| <i>amantadine hcl capsule</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |

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|---|--|---|
| <i>benztropine mesylate injection</i> | \$0 (Tier 1) | MO |
| <i>benztropine mesylate tablet</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>bromocriptine mesylate</i> | \$0 (Tier 1) | MO |
| <i>carbidopa</i> | \$0 (Tier 1) | MO |
| <i>carbidopa/levodopa</i> | \$0 (Tier 1) | MO |
| <i>carbidopa/levodopa er</i> | \$0 (Tier 1) | MO |
| <i>carbidopa/levodopa odt</i> | \$0 (Tier 1) | MO |
| CARBIDOPA/LEVODOPA/ENTACAPONE | \$0 (Tier 1) | MO |
| <i>entacapone</i> | \$0 (Tier 1) | MO |
| INBRIJA | \$0 (Tier 1) | QL (300 EA per 30 days) PA; LD |
| <i>pramipexole dihydrochloride</i> | \$0 (Tier 1) | MO |
| <i>rasagiline mesylate</i> | \$0 (Tier 1) | MO |
| <i>ropinirole er tablet extended release 24 hour 6mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>ropinirole er tablet extended release 24 hour 4mg</i> | \$0 (Tier 1) | QL (150 EA per 30 days) MO |
| <i>ropinirole er tablet extended release 24 hour 2mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>ropinirole er tablet extended release 24 hour 12mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>ropinirole er tablet extended release 24 hour 8mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>ropinirole hcl</i> | \$0 (Tier 1) | MO |
| <i>ropinirole hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>selegiline hcl</i> | \$0 (Tier 1) | MO |
| <i>trihexyphenidyl hcl oral solution</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>trihexyphenidyl hydrochloride tablet</i> | \$0 (Tier 1) | PA MO; HRM |
| ANTIPSYCHOTICS | | |
| ABILIFY ASIMTUFII INJECTION 720MG/2.4ML | \$0 (Tier 1) | QL (2.4 ML per 56 days) MO |
| ABILIFY ASIMTUFII INJECTION 960MG/3.2ML | \$0 (Tier 1) | QL (3.2 ML per 56 days) MO |
| ABILIFY MAINTENA | \$0 (Tier 1) | QL (1 EA per 28 days) MO; HRM |
| <i>aripiprazole odt</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>aripiprazole tablet</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>aripiprazole solution</i> | \$0 (Tier 1) | QL (900 ML per 30 days) MO; HRM |
| ARISTADA INITIO | \$0 (Tier 1) | HRM |
| ARISTADA INJECTION 441MG/1.6ML | \$0 (Tier 1) | QL (1.6 ML per 28 days); HRM |
| ARISTADA INJECTION 662MG/2.4ML | \$0 (Tier 1) | QL (2.4 ML per 28 days); HRM |
| ARISTADA INJECTION 882MG/3.2ML | \$0 (Tier 1) | QL (3.2 ML per 28 days); HRM |
| ARISTADA INJECTION 1064MG/3.9ML | \$0 (Tier 1) | QL (3.9 ML per 56 days); HRM |
| <i>asenapine maleate sl</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| CAPLYTA | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>chlorpromazine hcl tablet</i> | \$0 (Tier 1) | MO; HRM |
| <i>chlorpromazine hcl injection 50mg/2ml</i> | \$0 (Tier 1) | HRM |
| <i>chlorpromazine hcl injection 25mg/ml</i> | \$0 (Tier 1) | MO; HRM |
| <i>chlorpromazine hydrochloride concentrate</i> | \$0 (Tier 1) | HRM |
| <i>chlorpromazine hydrochloride tablet</i> | \$0 (Tier 1) | MO; HRM |
| CLOZAPINE ODT TABLET DISINTEGRATING 200MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; HRM |
| CLOZAPINE ODT TABLET DISINTEGRATING 150MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; HRM |
| <i>clozapine odt tablet disintegrating 12.5mg, 25mg</i> | \$0 (Tier 1) | PA; HRM |
| <i>clozapine odt tablet disintegrating 100mg</i> | \$0 (Tier 1) | QL (270 EA per 30 days) PA; HRM |
| <i>clozapine tablet 25mg, 50mg</i> | \$0 (Tier 1) | HRM |
| <i>clozapine tablet 200mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days); HRM |
| <i>clozapine tablet 100mg</i> | \$0 (Tier 1) | QL (270 EA per 30 days); HRM |
| COBENFY STARTER PACK | \$0 (Tier 1) | QL (112 EA per 365 days) PA MO |
| COBENFY CAPSULE 20MG; 100MG, 30MG; 125MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA |
| COBENFY CAPSULE 20MG; 50MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| FANAPT | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO; HRM |
| FANAPT TITRATION PACK | \$0 (Tier 1) | PA MO; HRM |
| <i>fluphenazine decanoate</i> | \$0 (Tier 1) | MO; HRM |
| <i>fluphenazine hcl</i> | \$0 (Tier 1) | MO; HRM |
| <i>fluphenazine hydrochloride elixir, tablet</i> | \$0 (Tier 1) | MO; HRM |
| <i>fluphenazine hydrochloride injection</i> | \$0 (Tier 1) | MO; HRM |
| <i>haloperidol decanoate</i> | \$0 (Tier 1) | MO; HRM |
| <i>haloperidol lactate</i> | \$0 (Tier 1) | MO; HRM |
| <i>haloperidol tablet</i> | \$0 (Tier 1) | MO; HRM |
| <i>haloperidol concentrate</i> | \$0 (Tier 1) | MO; HRM |
| INVEGA HAFYERA INJECTION 1092MG/3.5ML | \$0 (Tier 1) | QL (3.5 ML per 180 days); HRM |
| INVEGA HAFYERA INJECTION 1560MG/5ML | \$0 (Tier 1) | QL (5 ML per 180 days); HRM |
| INVEGA SUSTENNA INJECTION 39MG/0.25ML | \$0 (Tier 1) | QL (0.25 ML per 28 days) MO; HRM |
| INVEGA SUSTENNA INJECTION 78MG/0.5ML | \$0 (Tier 1) | QL (0.5 ML per 28 days) MO; HRM |
| INVEGA SUSTENNA INJECTION 117MG/0.75ML | \$0 (Tier 1) | QL (0.75 ML per 28 days) MO; HRM |
| INVEGA SUSTENNA INJECTION 156MG/ML | \$0 (Tier 1) | QL (1 ML per 28 days) MO; HRM |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| INVEGA SUSTENNA INJECTION 234MG/1.5ML | \$0 (Tier 1) | QL (1.5 ML per 28 days) MO; HRM |
| INVEGA TRINZA INJECTION 273MG/0.88ML | \$0 (Tier 1) | QL (0.88 ML per 90 days); HRM |
| INVEGA TRINZA INJECTION 410MG/1.32ML | \$0 (Tier 1) | QL (1.32 ML per 90 days); HRM |
| INVEGA TRINZA INJECTION 546MG/1.75ML | \$0 (Tier 1) | QL (1.75 ML per 90 days); HRM |
| INVEGA TRINZA INJECTION 819MG/2.63ML | \$0 (Tier 1) | QL (2.63 ML per 90 days); HRM |
| <i>loxapine</i> | \$0 (Tier 1) | MO; HRM |
| <i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>lurasidone hydrochloride tablet 80mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>molindone hydrochloride tablet 10mg, 5mg</i> | \$0 (Tier 1) | HRM |
| <i>molindone hydrochloride tablet 25mg</i> | \$0 (Tier 1) | HRM |
| NUPLAZID | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS HRM LD |
| <i>olanzapine odt</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>olanzapine injection</i> | \$0 (Tier 1) | QL (3 EA per 1 days) MO; HRM |
| <i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>olanzapine tablet 2.5mg, 5mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>paliperidone er tablet extended release 24 hour 6mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>perphenazine</i> | \$0 (Tier 1) | MO; HRM |
| <i>pimozide</i> | \$0 (Tier 1) | MO |
| <i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO; HRM |
| <i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO; HRM |
| <i>quetiapine fumarate tablet 200mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO; HRM |
| <i>quetiapine fumarate tablet 25mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO; HRM |
| <i>quetiapine fumarate tablet 300mg, 400mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO; HRM |
| REXULTI TABLET 3MG, 4MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>risperidone er injection 25mg</i> | \$0 (Tier 1) | QL (2 EA per 28 days) MO |
| <i>risperidone er injection 12.5mg</i> | \$0 (Tier 1) | QL (2 EA per 28 days) MO; HRM |
| <i>risperidone er injection 37.5mg, 50mg</i> | \$0 (Tier 1) | QL (2 EA per 28 days) MO |
| <i>risperidone odt tablet disintegrating 0.5mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO; HRM |
| <i>risperidone odt tablet disintegrating 4mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO; HRM |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>risperidone odt tablet disintegrating 0.25mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO; HRM |
| <i>risperidone solution</i> | \$0 (Tier 1) | QL (480 ML per 30 days) MO; HRM |
| <i>risperidone tablet 4mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO; HRM |
| <i>risperidone tablet 1mg, 2mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>risperidone tablet 0.25mg, 0.5mg, 3mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO; HRM |
| SECUADO | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>thioridazine hcl</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>thiothixene</i> | \$0 (Tier 1) | MO; HRM |
| <i>trifluoperazine hcl tablet 2mg, 5mg</i> | \$0 (Tier 1) | MO; HRM |
| <i>trifluoperazine hcl tablet 10mg</i> | \$0 (Tier 1) | MO; HRM |
| <i>trifluoperazine hydrochloride tablet 1mg</i> | \$0 (Tier 1) | MO; HRM |
| VERSACLOZ | \$0 (Tier 1) | QL (600 ML per 30 days) PA; HRM |
| VRAYLAR CAPSULE THERAPY PACK | \$0 (Tier 1) | MO; HRM |
| VRAYLAR CAPSULE 3MG, 4.5MG, 6MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| VRAYLAR CAPSULE 1.5MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>ziprasidone hcl capsule</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>ziprasidone mesylate injection</i> | \$0 (Tier 1) | QL (6 EA per 3 days) MO; HRM |
| ZYPREXA RELPREVV INJECTION 210MG | \$0 (Tier 1) | QL (2 EA per 28 days) PA; ACS HRM |
| ZYPREXA RELPREVV INJECTION 405MG | \$0 (Tier 1) | QL (1 EA per 28 days) PA; ACS HRM |
| ZYPREXA RELPREVV INJECTION 300MG | \$0 (Tier 1) | QL (2 EA per 28 days) PA; ACS HRM |
| ANTISEIZURE AGENTS | | |
| APTiom TABLET 200MG, 400MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| APTiom TABLET 600MG, 800MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| BRIVIACT TABLET | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| BRIVIACT INJECTION | \$0 (Tier 1) | QL (600 ML per 30 days) PA |
| BRIVIACT ORAL SOLUTION | \$0 (Tier 1) | QL (600 ML per 30 days) PA MO |
| <i>carbamazepine er capsule extended release 12 hour</i> | \$0 (Tier 1) | MO; HRM |
| <i>carbamazepine er tablet extended release 12 hour 100mg</i> | \$0 (Tier 1) | MO; HRM |
| <i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i> | \$0 (Tier 1) | MO; HRM |
| <i>carbamazepine tablet</i> | \$0 (Tier 1) | MO; HRM |
| <i>carbamazepine suspension</i> | \$0 (Tier 1) | MO; HRM |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>carbamazepine tablet chewable 200mg</i> | \$0 (Tier 1) | |
| <i>carbamazepine tablet chewable 100mg</i> | \$0 (Tier 1) | MO; HRM |
| <i>clobazam suspension</i> | \$0 (Tier 1) | QL (480 ML per 30 days) PA MO; HRM |
| <i>clobazam tablet</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO; HRM |
| <i>clonazepam odt tablet disintegrating 2mg</i> | \$0 (Tier 1) | QL (300 EA per 30 days) MO |
| <i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>clonazepam tablet 2mg</i> | \$0 (Tier 1) | QL (300 EA per 30 days) MO |
| <i>clonazepam tablet 0.5mg, 1mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>clorazepate dipotassium tablet 15mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) PA MO; HRM |
| <i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA MO; HRM |
| DIACOMIT CAPSULE 500MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; LD |
| DIACOMIT CAPSULE 250MG | \$0 (Tier 1) | QL (360 EA per 30 days) PA; LD |
| DIACOMIT PACKET 500MG | \$0 (Tier 1) | QL (180 EA per 30 days) PA; LD |
| DIACOMIT PACKET 250MG | \$0 (Tier 1) | QL (360 EA per 30 days) PA; LD |
| <i>diazepam intensol</i> | \$0 (Tier 1) | QL (240 ML per 30 days) PA MO; HRM |
| DIAZEPAM RECTAL GEL | \$0 (Tier 1) | QL (5 EA per 30 days) MO; HRM |
| <i>diazepam concentrate</i> | \$0 (Tier 1) | QL (240 ML per 30 days) PA MO; HRM |
| <i>diazepam tablet</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO; HRM |
| <i>diazepam oral solution</i> | \$0 (Tier 1) | QL (1200 ML per 30 days) PA MO; HRM |
| <i>diazepam injection</i> | \$0 (Tier 1) | QL (240 ML per 30 days) PA MO; HRM |
| DILANTIN | \$0 (Tier 1) | MO |
| DILANTIN INFATABS | \$0 (Tier 1) | MO |
| DILANTIN-125 | \$0 (Tier 1) | MO |
| <i>divalproex sodium dr</i> | \$0 (Tier 1) | MO |
| <i>divalproex sodium er</i> | \$0 (Tier 1) | MO |
| EPIDIOLEX | \$0 (Tier 1) | QL (600 ML per 30 days) PA; ACS LD |
| <i>epitol</i> | \$0 (Tier 1) | HRM |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| EPRONTIA | \$0 (Tier 1) | QL (480 ML per 30 days) PA MO |
| <i>ethosuximide capsule</i> | \$0 (Tier 1) | MO |
| <i>ethosuximide solution</i> | \$0 (Tier 1) | MO |
| <i>felbamate</i> | \$0 (Tier 1) | MO |
| FINTEPLA | \$0 (Tier 1) | QL (360 ML per 30 days) PA; LD |
| <i>fosphenytoin sodium injection 100mg pe/2ml</i> | \$0 (Tier 1) | |
| <i>fosphenytoin sodium injection 500mg pe/10ml</i> | \$0 (Tier 1) | MO |
| FYCOMPA SUSPENSION | \$0 (Tier 1) | QL (720 ML per 30 days) PA MO |
| FYCOMPA TABLET 2MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| <i>gabapentin (generic Neurontin) capsule 100mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>gabapentin (generic Neurontin) capsule 400mg</i> | \$0 (Tier 1) | QL (270 EA per 30 days) MO |
| <i>gabapentin (generic Neurontin) capsule 300mg</i> | \$0 (Tier 1) | QL (360 EA per 30 days) MO |
| <i>gabapentin (generic Neurontin) solution</i> | \$0 (Tier 1) | QL (2160 ML per 30 days) MO |
| <i>gabapentin (generic Neurontin) tablet 600mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>gabapentin (generic Neurontin) tablet 800mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>lacosamide oral solution</i> | \$0 (Tier 1) | QL (1200 ML per 30 days) MO |
| <i>lacosamide injection</i> | \$0 (Tier 1) | |
| <i>lacosamide tablet 50mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>lacosamide tablet 100mg, 150mg, 200mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>lamotrigine</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine er</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine odt</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine starter kit/blue</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine starter kit/green</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine starter kit/orange</i> | \$0 (Tier 1) | MO |
| <i>levetiracetam er</i> | \$0 (Tier 1) | MO |
| <i>levetiracetam/sodium chloride</i> | \$0 (Tier 1) | |
| <i>levetiracetam oral solution, tablet</i> | \$0 (Tier 1) | MO |
| <i>levetiracetam injection</i> | \$0 (Tier 1) | |
| LIBERVANT | \$0 (Tier 1) | QL (10 EA per 30 days) PA |
| <i>methsuximide</i> | \$0 (Tier 1) | MO |
| NAYZILAM | \$0 (Tier 1) | QL (10 EA per 30 days) PA MO |
| <i>oxcarbazepine tablet</i> | \$0 (Tier 1) | MO; HRM |
| <i>oxcarbazepine suspension</i> | \$0 (Tier 1) | MO; HRM |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>phenobarbital sodium injection</i> | \$0 (Tier 1) | PA; HRM |
| <i>phenobarbital tablet</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO; HRM |
| <i>phenobarbital elixir</i> | \$0 (Tier 1) | QL (1500 ML per 30 days) PA MO; HRM |
| <i>phenytek capsule 200mg</i> | \$0 (Tier 1) | |
| <i>phenytek capsule 300mg</i> | \$0 (Tier 1) | MO |
| <i>phenytoin oral suspension, tablet chewable</i> | \$0 (Tier 1) | MO |
| <i>phenytoin sodium extended release capsule</i> | \$0 (Tier 1) | MO |
| <i>phenytoin sodium injection</i> | \$0 (Tier 1) | |
| <i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO |
| <i>pregabalin capsule 225mg, 300mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| <i>pregabalin capsule 200mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA MO |
| <i>pregabalin solution</i> | \$0 (Tier 1) | QL (900 ML per 30 days) PA MO |
| <i>primidone</i> | \$0 (Tier 1) | MO |
| <i>roweepra</i> | \$0 (Tier 1) | |
| <i>rufinamide suspension</i> | \$0 (Tier 1) | QL (2760 ML per 30 days) PA MO |
| <i>rufinamide tablet 200mg</i> | \$0 (Tier 1) | QL (480 EA per 30 days) PA MO |
| <i>rufinamide tablet 400mg</i> | \$0 (Tier 1) | QL (240 EA per 30 days) PA MO |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG | \$0 (Tier 1) | QL (360 EA per 30 days) MO |
| SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>subvenite</i> | \$0 (Tier 1) | |
| <i>subvenite starter kit/blue</i> | \$0 (Tier 1) | |
| <i>subvenite starter kit/green</i> | \$0 (Tier 1) | |
| <i>subvenite starter kit/orange</i> | \$0 (Tier 1) | |
| SYMPAZAN FILM 5MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO; HRM |
| SYMPAZAN FILM 10MG, 20MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO; HRM |
| <i>tiagabine hydrochloride</i> | \$0 (Tier 1) | MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>topiramate er</i> | \$0 (Tier 1) | MO |
| <i>topiramate capsule sprinkle</i> | \$0 (Tier 1) | MO |
| <i>topiramate tablet 100mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>topiramate tablet 200mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>topiramate tablet 25mg, 50mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>valproate sodium injection</i> | \$0 (Tier 1) | |
| <i>valproic acid capsule, oral solution</i> | \$0 (Tier 1) | MO |
| VALTOCO 10 MG DOSE | \$0 (Tier 1) | QL (10 EA per 30 days) PA MO |
| VALTOCO 15 MG DOSE | \$0 (Tier 1) | QL (10 EA per 30 days) PA MO |
| VALTOCO 20 MG DOSE | \$0 (Tier 1) | QL (10 EA per 30 days) PA MO |
| VALTOCO 5 MG DOSE | \$0 (Tier 1) | QL (10 EA per 30 days) PA MO |
| <i>vigabatrin</i> | \$0 (Tier 1) | QL (180 EA per 30 days) PA; ACS LD |
| <i>vigadrone</i> | \$0 (Tier 1) | QL (180 EA per 30 days) PA; LD |
| VIGAFYDE | \$0 (Tier 1) | QL (750 ML per 30 days) PA; LD |
| <i>vigpoder</i> | \$0 (Tier 1) | QL (180 EA per 30 days) PA; LD |
| XCOPRI TITRATION PACK 12.5MG; 25MG | \$0 (Tier 1) | QL (28 EA per 28 days) MO |
| XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG | \$0 (Tier 1) | QL (28 EA per 28 days) MO |
| XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG | \$0 (Tier 1) | QL (56 EA per 28 days) MO |
| XCOPRI TABLET 100MG, 25MG, 50MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| XCOPRI TABLET 150MG, 200MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| ZONISADE | \$0 (Tier 1) | QL (900 ML per 30 days) PA MO |
| <i>zonisamide capsule 100mg, 25mg</i> | \$0 (Tier 1) | MO |
| <i>zonisamide capsule 50mg</i> | \$0 (Tier 1) | MO; HRM |
| ZTALMY | \$0 (Tier 1) | QL (1100 ML per 30 days) PA; LD |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| <i>amphetamine/dextroamphetamine capsule extended release 24 hour</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>amphetamine/dextroamphetamine tablet 20mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>atomoxetine hydrochloride capsule 10mg, 25mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>atomoxetine capsule 18mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>atomoxetine capsule 100mg, 60mg, 80mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>atomoxetine capsule 40mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>dexmethylphenidate hcl</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>dexmethylphenidate hcl er</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>dexmethylphenidate hydrochloride er</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>dexmethylphenidate hydrochloride tablet</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>dextroamphetamine sulfate er</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>dextroamphetamine sulfate tablet 10mg, 5mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>dextroamphetamine sulfate solution</i> | \$0 (Tier 1) | QL (1800 ML per 30 days) MO |
| <i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| <i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| <i>lisdexamfetamine dimesylate</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride cd</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 60mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) |
| <i>methylphenidate hydrochloride er capsule extended release (generic Metadate ER) 40mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE (GENERIC RELEXXII) 45MG, 63MG, 72MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er tablet extended release (generic Concerta and Relexxii) 18mg, 27mg, 36mg, 54mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>methylphenidate hydrochloride tablet</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>methylphenidate hydrochloride tablet chewable</i> | \$0 (Tier 1) | QL (180 EA per 30 days) MO |
| <i>methylphenidate hydrochloride solution 5mg/5ml</i> | \$0 (Tier 1) | QL (1800 ML per 30 days) MO |
| <i>methylphenidate hydrochloride solution 10mg/5ml</i> | \$0 (Tier 1) | QL (900 ML per 30 days) MO |
| <i>zenzedi tablet 10mg, 5mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) |
| <i>HYPNOTICS</i> | | |
| DAYVIGO | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>doxepin hydrochloride tablet 3mg, 6mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>tasimelteon</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| <i>temazepam</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO; HRM |
| <i>triazolam</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO; HRM |
| <i>zaleplon capsule 5mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO; HRM |
| <i>zaleplon capsule 10mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO; HRM |
| <i>zolpidem tartrate tablet</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO; HRM |
| <i>MIGRAINE</i> | | |
| AIMOVIG | \$0 (Tier 1) | QL (1 ML per 30 days) PA; ACS |
| <i>dihydroergotamine mesylate injection</i> | \$0 (Tier 1) | PA MO |
| <i>dihydroergotamine mesylate nasal solution</i> | \$0 (Tier 1) | QL (8 ML per 30 days) PA MO |
| <i>eletriptan hydrobromide</i> | \$0 (Tier 1) | QL (12 EA per 30 days) MO |
| <i>ergotamine tartrate/caffeine</i> | \$0 (Tier 1) | QL (40 EA per 28 days) PA MO |
| <i>naratriptan hcl</i> | \$0 (Tier 1) | QL (9 EA per 30 days) MO |
| NURTEC | \$0 (Tier 1) | QL (16 EA per 30 days) PA MO |
| QULIPTA | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| <i>rizatriptan benzoate</i> | \$0 (Tier 1) | QL (12 EA per 30 days) MO |
| <i>rizatriptan benzoate odt</i> | \$0 (Tier 1) | QL (12 EA per 30 days) MO |
| <i>sumatriptan nasal spray</i> | \$0 (Tier 1) | QL (12 EA per 30 days) MO |
| <i>sumatriptan succinate refill</i> | \$0 (Tier 1) | QL (4 ML per 30 days) MO |
| <i>sumatriptan succinate injection</i> | \$0 (Tier 1) | QL (4 ML per 30 days) MO |
| <i>sumatriptan succinate tablet 100mg</i> | \$0 (Tier 1) | QL (12 EA per 30 days) MO |
| <i>sumatriptan succinate tablet 25mg, 50mg</i> | \$0 (Tier 1) | QL (9 EA per 30 days) MO |
| UBRELVY | \$0 (Tier 1) | QL (16 EA per 30 days) PA MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| MISCELLANEOUS | | |
| AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG | \$0 (Tier 1) | QL (56 EA per 365 days) PA; ACS |
| AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 6MG; 12MG; 24MG | \$0 (Tier 1) | QL (84 EA per 365 days) PA; ACS |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS |
| AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS |
| AUSTEDO TABLET 12MG, 9MG | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| AUSTEDO TABLET 6MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| <i>lithium</i> | \$0 (Tier 1) | MO |
| <i>lithium carbonate</i> | \$0 (Tier 1) | MO |
| <i>lithium carbonate er</i> | \$0 (Tier 1) | MO |
| NUEDEXTA | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| <i>pregabalin er tablet extended release 24 hour 330mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| <i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA MO |
| <i>pyridostigmine bromide tablet</i> | \$0 (Tier 1) | MO |
| <i>pyridostigmine bromide er</i> | \$0 (Tier 1) | MO |
| <i>riluzole</i> | \$0 (Tier 1) | MO |
| <i>tetrabenazine tablet 25mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| <i>tetrabenazine tablet 12.5mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS LD |
| MULTIPLE SCLEROSIS AGENTS | | |
| BAFIERTAM | \$0 (Tier 1) | QL (120 EA per 30 days) PA; ACS LD |
| BETASERON | \$0 (Tier 1) | QL (14 EA per 28 days) PA; ACS |



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|---|--|---|
| <i>dalfampridine er</i> | \$0 (Tier 1) | PA; ACS |
| <i> fingolimod hydrochloride</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| <i> glatiramer acetate injection 40mg/ml</i> | \$0 (Tier 1) | QL (12 ML per 28 days) PA; ACS |
| <i> glatiramer acetate injection 20mg/ml</i> | \$0 (Tier 1) | QL (30 ML per 30 days) PA; ACS |
| <i> glatopa injection 40mg/ml</i> | \$0 (Tier 1) | QL (12 ML per 28 days) PA; ACS |
| <i> glatopa injection 20mg/ml</i> | \$0 (Tier 1) | QL (30 ML per 30 days) PA; ACS |
| KESIMPTA | \$0 (Tier 1) | QL (6.4 ML per 365 days) PA; ACS LD |
| <i> teriflunomide</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i> baclofen tablet 10mg, 20mg, 5mg</i> | \$0 (Tier 1) | MO |
| <i> baclofen tablet 15mg</i> | \$0 (Tier 1) | MO |
| <i> chlorzoxazone tablet 500mg</i> | \$0 (Tier 1) | QL (180 EA per 30 days) PA MO |
| <i> cyclobenzaprine hydrochloride tablet 10mg, 5mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA MO; HRM |
| <i> dantrolene sodium capsule 25mg, 50mg, 100mg</i> | \$0 (Tier 1) | MO |
| <i> tizanidine hcl</i> | \$0 (Tier 1) | MO |
| <i> tizanidine hydrochloride</i> | \$0 (Tier 1) | MO |
| NARCOLEPSY/CATAPLEXY | | |
| <i> armodafinil tablet 150mg, 200mg, 250mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| <i> armodafinil tablet 50mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| <i> modafinil tablet 100mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| <i> modafinil tablet 200mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| SODIUM OXYBATE | \$0 (Tier 1) | QL (540 ML per 30 days) PA; LD |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i> acamprosate calcium dr</i> | \$0 (Tier 1) | MO |
| <i> buprenorphine hcl tablet sublingual 2mg, 8mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA MO |
| <i> buprenorphine hcl/naloxone hcl sublingual tablet</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i> buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i> buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i> bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i> disulfiram</i> | \$0 (Tier 1) | MO |
| <i> naloxone hcl</i> | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>naloxone hydrochloride nasal spray</i> | \$0 (Tier 1) | MO |
| <i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i> | \$0 (Tier 1) | |
| <i>naloxone hydrochloride vial injection 0.4mg/ml</i> | \$0 (Tier 1) | MO |
| <i>naltrexone hcl</i> | \$0 (Tier 1) | MO |
| NICOTROL INHALER | \$0 (Tier 1) | MO |
| NICOTROL NS | \$0 (Tier 1) | QL (360 ML per 365 days) MO |
| <i>varenicline starting month box</i> | \$0 (Tier 1) | PA MO |
| <i>varenicline tartrate tablet 1mg, 0.5mg</i> | \$0 (Tier 1) | PA MO |
| VIVITROL | \$0 (Tier 1) | ACS |
| ENDOCRINE AND METABOLIC | | |
| ANDROGENS | | |
| <i>danazol</i> | \$0 (Tier 1) | MO |
| <i>methyltestosterone</i> | \$0 (Tier 1) | PA MO |
| <i>testosterone cypionate</i> | \$0 (Tier 1) | MO |
| <i>testosterone enanthate</i> | \$0 (Tier 1) | PA MO |
| <i>testosterone pump gel 1%</i> | \$0 (Tier 1) | QL (300 GM per 30 days) MO |
| <i>testosterone pump gel 2% (10mg/act)</i> | \$0 (Tier 1) | QL (120 GM per 30 days) MO |
| <i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i> | \$0 (Tier 1) | QL (300 GM per 30 days) MO |
| <i>testosterone topical solution</i> | \$0 (Tier 1) | QL (180 ML per 30 days) MO |
| ANTIDIABETICS, INSULINS | | |
| ADMELOG | \$0 (Tier 1) | MO |
| ADMELOG SOLOSTAR | \$0 (Tier 1) | MO |
| BD ALCOHOL SWABS | \$0 (Tier 1) | PA MO |
| BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" | \$0 (Tier 1) | PA MO |
| BASAGLAR KWIKPEN | \$0 (Tier 1) | MO |
| BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" | \$0 (Tier 1) | PA MO |
| BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2" | \$0 (Tier 1) | PA MO |
| BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16" | \$0 (Tier 1) | PA MO |
| BD PEN | \$0 (Tier 1) | MO |
| BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2" | \$0 (Tier 1) | PA MO |



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|--|--|---|
| BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64" | \$0 (Tier 1) | PA MO |
| CURITY GAUZE PADS 2"X2" 12 PLY | \$0 (Tier 1) | PA MO |
| FIASP | \$0 (Tier 1) | MO |
| FIASP FLEXTOUCH | \$0 (Tier 1) | MO |
| FIASP PENFILL | \$0 (Tier 1) | MO |
| FIASP PUMPCART | \$0 (Tier 1) | MO |
| HUMULIN R U-500 (CONCENTRATED) | \$0 (Tier 1) | B/D MO |
| HUMULIN R U-500 KWIKPEN | \$0 (Tier 1) | MO |
| LANTUS | \$0 (Tier 1) | MO |
| LANTUS SOLOSTAR | \$0 (Tier 1) | MO |
| NOVOLIN 70/30 (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLIN N (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLIN R (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLOG (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLOG FLEXPEN (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED) | \$0 (Tier 1) | MO |
| NOVOLOG PENFILL | \$0 (Tier 1) | MO |
| SOLIQUA 100/33 | \$0 (Tier 1) | QL (15 ML per 25 days) MO |
| TOUJEO MAX SOLOSTAR | \$0 (Tier 1) | MO |
| TOUJEO SOLOSTAR | \$0 (Tier 1) | MO |
| TRESIBA | \$0 (Tier 1) | MO |
| TRESIBA FLEXTOUCH | \$0 (Tier 1) | MO |
| XULTOPHY 100/3.6 | \$0 (Tier 1) | QL (15 ML per 30 days) MO |
| ANTIDIABETICS | | |
| <i>acarbose</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| FARXIGA | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>glimepiride tablet 4mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>glimepiride tablet 1mg, 2mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>glipizide er tablet extended release 24 hour 10mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>glipizide xl tablet extended release 24 hour 10mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i> | \$0 (Tier 1) | QL (240 EA per 30 days) MO |
| <i>glipizide tablet 10mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>glipizide tablet 2.5mg, 5mg</i> | \$0 (Tier 1) | QL (240 EA per 30 days) MO |
| GLYXAMBI | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| JANUMET | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| JANUVIA | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| JARDIANCE | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| JENTADUETO | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| LIRAGLUTIDE | \$0 (Tier 1) | QL (9 ML per 30 days) PA |
| <i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) PA MO |
| <i>metformin hydrochloride tablet 500mg</i> | \$0 (Tier 1) | QL (150 EA per 30 days) MO |
| <i>metformin hydrochloride tablet 1000mg</i> | \$0 (Tier 1) | QL (75 EA per 30 days) MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>metformin hydrochloride tablet 850mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>miglitol</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML | \$0 (Tier 1) | QL (2 ML per 28 days) PA |
| MOUNJARO INJECTION 2.5MG/0.5ML | \$0 (Tier 1) | QL (4 ML per 365 days) PA |
| <i>nateglinide</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| OZEMPIC | \$0 (Tier 1) | QL (3 ML per 28 days) PA MO |
| <i>pioglitazone hcl</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>pioglitazone hcl-glimepiride</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>pioglitazone hcl/metformin hcl</i> | \$0 (Tier 1) | QL (90 EA per 30 days) MO |
| <i>pioglitazone hydrochloride</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>repaglinide tablet 0.5mg, 1mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>repaglinide tablet 2mg</i> | \$0 (Tier 1) | QL (240 EA per 30 days) MO |
| RYBELSUS | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| SYMLINPEN 120 | \$0 (Tier 1) | QL (10.8 ML per 30 days) PA MO |
| SYMLINPEN 60 | \$0 (Tier 1) | QL (6 ML per 30 days) PA MO |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| SYNJARDY TABLET 5MG; 500MG | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| TRADJENTA | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| TRULICITY | \$0 (Tier 1) | QL (2 ML per 28 days) PA |
| VICTOZA | \$0 (Tier 1) | QL (9 ML per 30 days) PA MO |
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |

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|--|--|---|
| XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| CALCIUM REGULATORS | | |
| <i>alendronate sodium solution</i> | \$0 (Tier 1) | MO |
| <i>alendronate sodium tablet 10mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>alendronate sodium tablet 35mg, 70mg</i> | \$0 (Tier 1) | QL (4 EA per 28 days) MO |
| <i>calcitonin-salmon nasal spray</i> | \$0 (Tier 1) | MO |
| <i>ibandronate sodium tablet</i> | \$0 (Tier 1) | QL (1 EA per 30 days) MO |
| <i>ibandronate sodium injection</i> | \$0 (Tier 1) | QL (3 ML per 90 days) MO |
| PAMIDRONATE DISODIUM INJECTION 6MG/ML | \$0 (Tier 1) | |
| <i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i> | \$0 (Tier 1) | |
| PROLIA | \$0 (Tier 1) | QL (1 ML per 180 days); ACS |
| <i>risedronate sodium dr tablet delayed release 35mg</i> | \$0 (Tier 1) | QL (4 EA per 28 days) MO |
| <i>risedronate sodium tablet 150mg</i> | \$0 (Tier 1) | QL (1 EA per 28 days) MO |
| <i>risedronate sodium tablet 30mg, 5mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>risedronate sodium tablet 35mg</i> | \$0 (Tier 1) | QL (4 EA per 28 days) MO |
| TERIPARATIDE INJECTION 620 MCG/2.48 ML (BRAND BY ALVOGEN) | \$0 (Tier 1) | PA; ACS |
| XGEVA | \$0 (Tier 1) | PA; ACS |
| ZOLEDRONIC ACID INJECTION 4MG/100ML | \$0 (Tier 1) | ACS |
| <i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i> | \$0 (Tier 1) | ACS |
| CHELATING AGENTS | | |
| CHEMET | \$0 (Tier 1) | MO |
| <i>deferasirox packet</i> | \$0 (Tier 1) | PA; ACS |
| <i>deferasirox tablet soluble 125mg</i> | \$0 (Tier 1) | PA; ACS |
| <i>deferasirox tablet soluble 250mg, 500mg</i> | \$0 (Tier 1) | PA; ACS |
| <i>deferasirox tablet 90mg</i> | \$0 (Tier 1) | PA; ACS |
| <i>deferasirox tablet 180mg, 360mg</i> | \$0 (Tier 1) | PA; ACS |
| KIONEX | \$0 (Tier 1) | |
| LOKELMA PACKET 10GM | \$0 (Tier 1) | QL (34 EA per 30 days) MO |
| LOKELMA PACKET 5GM | \$0 (Tier 1) | QL (96 EA per 30 days) MO |
| <i>penicillamine tablet</i> | \$0 (Tier 1) | ACS |
| <i>sodium polystyrene sulfonate oral powder</i> | \$0 (Tier 1) | MO |



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|--|--|---|
| <i>sps</i> | \$0 (Tier 1) | MO |
| <i>trientine hydrochloride capsule 500mg</i> | \$0 (Tier 1) | PA |
| <i>trientine hydrochloride capsule 250mg</i> | \$0 (Tier 1) | PA; ACS |
| CONTRACEPTIVES | | |
| <i>afirmelle</i> | \$0 (Tier 1) | |
| <i>altavera</i> | \$0 (Tier 1) | |
| <i>alyacen 1/35</i> | \$0 (Tier 1) | MO |
| <i>alyacen 7/7/7</i> | \$0 (Tier 1) | |
| <i>amethia</i> | \$0 (Tier 1) | |
| <i>amethyst</i> | \$0 (Tier 1) | |
| <i>apri</i> | \$0 (Tier 1) | |
| <i>aranelle</i> | \$0 (Tier 1) | MO |
| <i>ashlyna</i> | \$0 (Tier 1) | |
| <i>aubra eq</i> | \$0 (Tier 1) | |
| <i>aurovela 1.5/30</i> | \$0 (Tier 1) | |
| <i>aurovela 1/20</i> | \$0 (Tier 1) | |
| <i>aurovela 24 fe</i> | \$0 (Tier 1) | |
| <i>aurovela fe 1.5/30</i> | \$0 (Tier 1) | |
| <i>aurovela fe 1/20</i> | \$0 (Tier 1) | MO |
| <i>aviane</i> | \$0 (Tier 1) | |
| <i>ayuna</i> | \$0 (Tier 1) | |
| <i>azurette</i> | \$0 (Tier 1) | |
| <i>balziva</i> | \$0 (Tier 1) | |
| <i>blisovi 24 fe</i> | \$0 (Tier 1) | MO |
| <i>blisovi fe 1.5/30</i> | \$0 (Tier 1) | MO |
| <i>blisovi fe 1/20</i> | \$0 (Tier 1) | |
| <i>briellyn</i> | \$0 (Tier 1) | |
| <i>camila</i> | \$0 (Tier 1) | MO |
| CAMRESE | \$0 (Tier 1) | |
| CAMRESE LO | \$0 (Tier 1) | |
| <i>charlotte 24 fe</i> | \$0 (Tier 1) | |
| <i>chateal eq</i> | \$0 (Tier 1) | |
| <i>cryselle-28</i> | \$0 (Tier 1) | MO |
| <i>cyred eq</i> | \$0 (Tier 1) | |
| <i>dasetta 1/35</i> | \$0 (Tier 1) | |
| <i>dasetta 7/7/7</i> | \$0 (Tier 1) | |

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|--|--|---|
| <i>daysee</i> | \$0 (Tier 1) | |
| <i>deblitane</i> | \$0 (Tier 1) | |
| <i>delyla</i> | \$0 (Tier 1) | |
| DEPO-SUBQ PROVERA 104 | \$0 (Tier 1) | MO |
| <i>desogestrel/ethinyl estradiol</i> | \$0 (Tier 1) | MO |
| <i>dolishale</i> | \$0 (Tier 1) | |
| <i>drospirenone/ethinyl estradiol</i> | \$0 (Tier 1) | MO |
| <i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i> | \$0 (Tier 1) | MO |
| <i>elinest</i> | \$0 (Tier 1) | |
| <i>eluryng</i> | \$0 (Tier 1) | |
| <i>emzahh</i> | \$0 (Tier 1) | |
| <i>enilloring</i> | \$0 (Tier 1) | MO |
| <i>enpresse-28</i> | \$0 (Tier 1) | |
| <i>enskyce</i> | \$0 (Tier 1) | MO |
| <i>errin</i> | \$0 (Tier 1) | MO |
| <i>estarylla</i> | \$0 (Tier 1) | MO |
| <i>ethynodiol diacetate/ethinyl estradiol</i> | \$0 (Tier 1) | MO |
| <i>etonogestrel/ethinyl estradiol</i> | \$0 (Tier 1) | MO |
| <i>falmina</i> | \$0 (Tier 1) | |
| <i>finzala</i> | \$0 (Tier 1) | |
| <i>hailey 1.5/30</i> | \$0 (Tier 1) | MO |
| <i>hailey 24 fe</i> | \$0 (Tier 1) | |
| <i>hailey fe 1.5/30</i> | \$0 (Tier 1) | |
| <i>hailey fe 1/20</i> | \$0 (Tier 1) | MO |
| <i>haloette</i> | \$0 (Tier 1) | |
| <i>heather</i> | \$0 (Tier 1) | MO |
| <i>iclevia</i> | \$0 (Tier 1) | |
| <i>incassia</i> | \$0 (Tier 1) | |
| <i>introvale</i> | \$0 (Tier 1) | |
| <i>isibloom</i> | \$0 (Tier 1) | |
| <i>jaimiess</i> | \$0 (Tier 1) | |
| <i>jasmiel</i> | \$0 (Tier 1) | |
| <i>jencycla</i> | \$0 (Tier 1) | |
| JOLESSA | \$0 (Tier 1) | |
| <i>juleber</i> | \$0 (Tier 1) | |



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|---|--|---|
| <i>junel 1.5/30</i> | \$0 (Tier 1) | |
| <i>junel 1/20</i> | \$0 (Tier 1) | |
| <i>junel fe 1.5/30</i> | \$0 (Tier 1) | MO |
| <i>junel fe 1/20</i> | \$0 (Tier 1) | |
| <i>junel fe 24</i> | \$0 (Tier 1) | |
| <i>kaitlib fe</i> | \$0 (Tier 1) | MO |
| <i>kalliga</i> | \$0 (Tier 1) | |
| <i>kariva</i> | \$0 (Tier 1) | |
| <i>kelnor 1/35</i> | \$0 (Tier 1) | MO |
| <i>kelnor 1/50</i> | \$0 (Tier 1) | MO |
| <i>kurvelo</i> | \$0 (Tier 1) | |
| <i>larin 1.5/30</i> | \$0 (Tier 1) | |
| <i>larin 1/20</i> | \$0 (Tier 1) | |
| <i>larin 24 fe</i> | \$0 (Tier 1) | |
| <i>larin fe 1.5/30</i> | \$0 (Tier 1) | |
| <i>larin fe 1/20</i> | \$0 (Tier 1) | |
| LEENA | \$0 (Tier 1) | |
| <i>lessina</i> | \$0 (Tier 1) | |
| <i>levonest</i> | \$0 (Tier 1) | |
| <i>levonorgestrel and ethinyl estradiol</i> | \$0 (Tier 1) | MO |
| <i>levonorgestrel/ethinyl estradiol</i> | \$0 (Tier 1) | MO |
| <i>levora 0.15/30-28</i> | \$0 (Tier 1) | |
| LILETTA | \$0 (Tier 1) | ACS |
| <i>lo-zumandimine</i> | \$0 (Tier 1) | MO |
| <i>loestrin 1.5/30-21</i> | \$0 (Tier 1) | |
| <i>loestrin 1/20-21</i> | \$0 (Tier 1) | |
| <i>loestrin fe 1.5/30</i> | \$0 (Tier 1) | |
| <i>loestrin fe 1/20</i> | \$0 (Tier 1) | |
| <i>lojaimiess</i> | \$0 (Tier 1) | MO |
| <i>loryna</i> | \$0 (Tier 1) | |
| <i>low-ogestrel</i> | \$0 (Tier 1) | |
| <i>lutra</i> | \$0 (Tier 1) | MO |
| <i>lyleq</i> | \$0 (Tier 1) | |
| <i>lyza</i> | \$0 (Tier 1) | |
| <i>marlissa</i> | \$0 (Tier 1) | MO |
| <i>medroxyprogesterone acetate injection 150mg/ml</i> | \$0 (Tier 1) | MO |

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|---|--|---|
| <i>mibelas 24 fe</i> | \$0 (Tier 1) | |
| MICROGESTIN 1.5/30 | \$0 (Tier 1) | |
| MICROGESTIN 1/20 | \$0 (Tier 1) | |
| <i>microgestin 24 fe</i> | \$0 (Tier 1) | |
| MICROGESTIN FE 1.5/30 | \$0 (Tier 1) | |
| MICROGESTIN FE 1/20 | \$0 (Tier 1) | |
| <i>mili</i> | \$0 (Tier 1) | |
| <i>mono-linyah</i> | \$0 (Tier 1) | |
| <i>necon 0.5/35-28</i> | \$0 (Tier 1) | |
| NEXPLANON | \$0 (Tier 1) | ACS |
| <i>nikki</i> | \$0 (Tier 1) | |
| NORA-BE | \$0 (Tier 1) | |
| <i>norelgestromin/ethinyl estradiol</i> | \$0 (Tier 1) | MO |
| <i>norethindrone & ethinyl estradiol ferrous fumarate</i> | \$0 (Tier 1) | MO |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet, tablet chewable</i> | \$0 (Tier 1) | MO |
| <i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i> | \$0 (Tier 1) | MO |
| <i>norethindrone tablet 0.35mg</i> | \$0 (Tier 1) | MO |
| <i>norethindrone/ethinyl estradiol/ferrous fumarate</i> | \$0 (Tier 1) | MO |
| <i>norgestimate/ethinyl estradiol</i> | \$0 (Tier 1) | MO |
| <i>norlyda</i> | \$0 (Tier 1) | |
| <i>norlyroc</i> | \$0 (Tier 1) | |
| <i>nortrel 0.5/35 (28)</i> | \$0 (Tier 1) | MO |
| <i>nortrel 1/35 28-day regimen</i> | \$0 (Tier 1) | |
| <i>nortrel 1/35 21-day regimen</i> | \$0 (Tier 1) | MO |
| <i>nortrel 7/7/7</i> | \$0 (Tier 1) | |
| <i>nylia 1/35</i> | \$0 (Tier 1) | |
| <i>nylia 7/7/7</i> | \$0 (Tier 1) | MO |
| <i>nymyo</i> | \$0 (Tier 1) | |
| OCELLA | \$0 (Tier 1) | |
| <i>orsythia</i> | \$0 (Tier 1) | |
| <i>philith</i> | \$0 (Tier 1) | |
| <i>pimtrea</i> | \$0 (Tier 1) | |
| <i>portia-28</i> | \$0 (Tier 1) | |
| <i>reclipsen</i> | \$0 (Tier 1) | |



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|--------------------------|--|---|
| RIVELSA | \$0 (Tier 1) | |
| <i>setlakin</i> | \$0 (Tier 1) | |
| <i>sharobel</i> | \$0 (Tier 1) | |
| <i>simliya</i> | \$0 (Tier 1) | |
| <i>simpesse</i> | \$0 (Tier 1) | MO |
| <i>sprintec 28</i> | \$0 (Tier 1) | |
| <i>sronyx</i> | \$0 (Tier 1) | MO |
| <i>syeda</i> | \$0 (Tier 1) | |
| <i>tarina 24 fe</i> | \$0 (Tier 1) | |
| <i>tarina fe 1/20 eq</i> | \$0 (Tier 1) | |
| TILIA FE | \$0 (Tier 1) | |
| <i>tri femynor</i> | \$0 (Tier 1) | |
| <i>tri-estarylla</i> | \$0 (Tier 1) | MO |
| <i>tri-legest fe</i> | \$0 (Tier 1) | MO |
| <i>tri-linyah</i> | \$0 (Tier 1) | |
| <i>tri-lo-estarylla</i> | \$0 (Tier 1) | |
| <i>tri-lo-marzia</i> | \$0 (Tier 1) | |
| <i>tri-lo-mili</i> | \$0 (Tier 1) | MO |
| <i>tri-lo-sprintec</i> | \$0 (Tier 1) | |
| <i>tri-mili</i> | \$0 (Tier 1) | |
| <i>tri-nymyo</i> | \$0 (Tier 1) | |
| <i>tri-sprintec</i> | \$0 (Tier 1) | |
| <i>tri-vylibra</i> | \$0 (Tier 1) | |
| <i>tri-vylibra lo</i> | \$0 (Tier 1) | |
| <i>trivora-28</i> | \$0 (Tier 1) | MO |
| <i>turqoz</i> | \$0 (Tier 1) | |
| <i>tydemy</i> | \$0 (Tier 1) | |
| <i>velivet</i> | \$0 (Tier 1) | MO |
| <i>vestura</i> | \$0 (Tier 1) | |
| <i>vienva</i> | \$0 (Tier 1) | |
| <i>viorele</i> | \$0 (Tier 1) | MO |
| <i>volnea</i> | \$0 (Tier 1) | |
| <i>vyfemla</i> | \$0 (Tier 1) | MO |
| <i>vylibra</i> | \$0 (Tier 1) | |
| <i>wera</i> | \$0 (Tier 1) | |
| <i>wymzya fe</i> | \$0 (Tier 1) | |

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|---|--|---|
| <i>xulane</i> | \$0 (Tier 1) | |
| <i>zafemy</i> | \$0 (Tier 1) | |
| <i>zovia 1/35</i> | \$0 (Tier 1) | |
| <i>zumandimine</i> | \$0 (Tier 1) | |
| ESTROGENS | | |
| <i>amabelz</i> | \$0 (Tier 1) | MO |
| <i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr</i> | \$0 (Tier 1) | QL (8 EA per 28 days) |
| <i>dotti patch twice weekly 0.1mg/24hr</i> | \$0 (Tier 1) | QL (8 EA per 28 days) MO |
| DUAVEE | \$0 (Tier 1) | MO |
| <i>estradiol valerate</i> | \$0 (Tier 1) | MO |
| <i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i> | \$0 (Tier 1) | MO |
| <i>estradiol oral tablet</i> | \$0 (Tier 1) | MO |
| <i>estradiol vaginal tablet</i> | \$0 (Tier 1) | MO |
| <i>estradiol patch weekly</i> | \$0 (Tier 1) | QL (4 EA per 28 days) MO |
| <i>estradiol patch twice weekly</i> | \$0 (Tier 1) | QL (8 EA per 28 days) MO |
| <i>estradiol vaginal cream</i> | \$0 (Tier 1) | MO |
| ESTRING | \$0 (Tier 1) | QL (1 EA per 90 days) MO |
| <i>fyavolv</i> | \$0 (Tier 1) | MO |
| <i>jinteli</i> | \$0 (Tier 1) | |
| <i>lyllana</i> | \$0 (Tier 1) | QL (8 EA per 28 days) |
| <i>mimvey</i> | \$0 (Tier 1) | |
| <i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i> | \$0 (Tier 1) | MO |
| PREMARIN | \$0 (Tier 1) | MO |
| PREMPRO | \$0 (Tier 1) | MO |
| <i>yuvafem</i> | \$0 (Tier 1) | |
| GLUCOCORTICOIDS | | |
| <i>dexamethasone</i> | \$0 (Tier 1) | MO |
| DEXAMETHASONE INTENSOL | \$0 (Tier 1) | MO |
| <i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i> | \$0 (Tier 1) | MO |
| <i>fludrocortisone acetate</i> | \$0 (Tier 1) | MO |
| <i>hydrocortisone sodium succinate</i> | \$0 (Tier 1) | MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>hydrocortisone tablet 10mg, 20mg, 5mg</i> | \$0 (Tier 1) | MO |
| <i>methylprednisolone tablet</i> | \$0 (Tier 1) | B/D MO |
| <i>methylprednisolone acetate injection</i> | \$0 (Tier 1) | B/D MO |
| <i>methylprednisolone dose pack</i> | \$0 (Tier 1) | MO |
| <i>methylprednisolone sodium succinate inj 100mg, 125mg</i> | \$0 (Tier 1) | B/D MO |
| <i>methylprednisolone sodium succinate injection 40mg</i> | \$0 (Tier 1) | B/D MO |
| <i>prednisolone solution</i> | \$0 (Tier 1) | B/D MO |
| <i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i> | \$0 (Tier 1) | B/D MO |
| <i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i> | \$0 (Tier 1) | B/D MO |
| PREDNISON | \$0 (Tier 1) | B/D MO |
| <i>prednisone tablet</i> | \$0 (Tier 1) | B/D MO |
| <i>prednisone tablet therapy pack</i> | \$0 (Tier 1) | MO |
| <i>prednisone solution</i> | \$0 (Tier 1) | B/D MO |
| SOLU-CORTEF | \$0 (Tier 1) | MO |
| <i>triamcinolone acetonide injection 40mg/ml</i> | \$0 (Tier 1) | MO |
| GLUCOSE ELEVATING AGENTS | | |
| <i>diazoxide</i> | \$0 (Tier 1) | MO |
| ZEGALOGUE | \$0 (Tier 1) | MO |
| MISCELLANEOUS | | |
| <i>acetylcysteine injection 200mg/ml</i> | \$0 (Tier 1) | |
| <i>betaine anhydrous</i> | \$0 (Tier 1) | LD |
| <i>cabergoline</i> | \$0 (Tier 1) | MO |
| <i>carglumic acid</i> | \$0 (Tier 1) | PA; LD |
| CERDELGA | \$0 (Tier 1) | PA; ACS LD |
| <i>cinacalcet hydrochloride tablet 30mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days); ACS |
| <i>cinacalcet hydrochloride tablet 90mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days); ACS |
| <i>cinacalcet hydrochloride tablet 60mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days); ACS |
| CYSTAGON | \$0 (Tier 1) | PA; ACS LD |
| <i>desmopressin acetate tablet</i> | \$0 (Tier 1) | MO |
| <i>desmopressin acetate nasal solution</i> | \$0 (Tier 1) | MO |
| <i>desmopressin acetate pf injection 4mcg/ml</i> | \$0 (Tier 1) | MO |
| <i>desmopressin acetate injection 4mcg/ml</i> | \$0 (Tier 1) | MO |

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|--|--|---|
| <i>fomepizole</i> | \$0 (Tier 1) | |
| GENOTROPIN | \$0 (Tier 1) | PA; ACS |
| GENOTROPIN MINIQUICK INJECTION 0.2MG | \$0 (Tier 1) | PA; ACS |
| GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG | \$0 (Tier 1) | PA; ACS |
| INCRELEX | \$0 (Tier 1) | PA; ACS LD |
| <i>javygtor</i> | \$0 (Tier 1) | PA; LD |
| LEVOCARNITINE TABLET | \$0 (Tier 1) | MO |
| <i>levocarnitine injection</i> | \$0 (Tier 1) | |
| <i>levocarnitine oral solution</i> | \$0 (Tier 1) | MO |
| LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG | \$0 (Tier 1) | PA; ACS |
| LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG | \$0 (Tier 1) | PA; ACS |
| LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG | \$0 (Tier 1) | PA; ACS |
| <i>methergine</i> | \$0 (Tier 1) | |
| <i>methylergonovine maleate tablet</i> | \$0 (Tier 1) | MO |
| <i>mifepristone</i> | \$0 (Tier 1) | PA |
| <i>nitisinone</i> | \$0 (Tier 1) | PA; ACS |
| <i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i> | \$0 (Tier 1) | PA; ACS |
| <i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i> | \$0 (Tier 1) | PA; ACS |
| <i>raloxifene hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>sapropterin dihydrochloride</i> | \$0 (Tier 1) | PA; ACS |
| SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML | \$0 (Tier 1) | PA; LD |
| <i>sodium phenylbutyrate</i> | \$0 (Tier 1) | PA; ACS |
| SOMATULINE DEPOT | \$0 (Tier 1) | PA; ACS LD |
| SOMAVERT | \$0 (Tier 1) | PA; ACS LD |
| SYNAREL | \$0 (Tier 1) | MO |
| VEOZAH | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| PROGESTINS | | |
| <i>gallifrey</i> | \$0 (Tier 1) | |
| <i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i> | \$0 (Tier 1) | MO |



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|--|--|---|
| <i>megestrol acetate suspension 40mg/ml</i> | \$0 (Tier 1) | MO |
| <i>megestrol acetate suspension 625mg/5ml</i> | \$0 (Tier 1) | MO |
| <i>norethindrone acetate tablet 5mg</i> | \$0 (Tier 1) | MO |
| <i>progesterone capsule</i> | \$0 (Tier 1) | MO |
| <i>progesterone injection</i> | \$0 (Tier 1) | MO |
| THYROID AGENTS | | |
| <i>euthyrox</i> | \$0 (Tier 1) | MO |
| <i>levo-t</i> | \$0 (Tier 1) | |
| <i>levothyroxine sodium tablet</i> | \$0 (Tier 1) | MO |
| LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML | \$0 (Tier 1) | |
| LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML | \$0 (Tier 1) | |
| <i>levoxyl</i> | \$0 (Tier 1) | MO |
| <i>liothyronine sodium tablet</i> | \$0 (Tier 1) | MO |
| <i>liothyronine sodium injection</i> | \$0 (Tier 1) | |
| <i>methimazole</i> | \$0 (Tier 1) | MO |
| <i>propylthiouracil</i> | \$0 (Tier 1) | MO |
| SYNTHROID | \$0 (Tier 1) | MO |
| <i>unithroid</i> | \$0 (Tier 1) | |
| VITAMIN D ANALOGS | | |
| <i>calcitriol capsule 0.25mcg, 0.5mcg</i> | \$0 (Tier 1) | MO |
| <i>calcitriol injection 1mcg/ml</i> | \$0 (Tier 1) | |
| <i>calcitriol oral solution 1mcg/ml</i> | \$0 (Tier 1) | MO |
| <i>doxercalciferol injection</i> | \$0 (Tier 1) | |
| <i>paricalcitol</i> | \$0 (Tier 1) | MO |
| GASTROINTESTINAL | | |
| ANTIEMETICS | | |
| <i>aprepitant capsule therapy pack, 40mg, 80mg</i> | \$0 (Tier 1) | B/D MO |
| <i>aprepitant capsule 125mg</i> | \$0 (Tier 1) | B/D MO |
| <i>compro</i> | \$0 (Tier 1) | MO; HRM |
| DIMENHYDRINATE | \$0 (Tier 1) | |
| <i>dronabinol</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| EMEND SUSPENSION RECONSTITUTED | \$0 (Tier 1) | B/D |
| <i>granisetron hydrochloride tablet</i> | \$0 (Tier 1) | QL (60 EA per 30 days) B/D MO |
| <i>meclizine hcl</i> | \$0 (Tier 1) | MO; HRM |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>meclizine hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>metoclopramide hcl tablet</i> | \$0 (Tier 1) | MO |
| <i>metoclopramide hcl solution</i> | \$0 (Tier 1) | MO |
| <i>metoclopramide hydrochloride tablet</i> | \$0 (Tier 1) | MO |
| <i>metoclopramide hydrochloride injection</i> | \$0 (Tier 1) | MO |
| <i>metoclopramide odt</i> | \$0 (Tier 1) | MO |
| <i>ondansetron hcl tablet</i> | \$0 (Tier 1) | B/D |
| <i>ondansetron hcl solution</i> | \$0 (Tier 1) | QL (900 ML per 30 days) B/D MO |
| <i>ondansetron hydrochloride tablet</i> | \$0 (Tier 1) | B/D MO |
| <i>ondansetron hydrochloride injection</i> | \$0 (Tier 1) | MO |
| <i>ondansetron odt tablet disintegrating 16mg</i> | \$0 (Tier 1) | B/D |
| <i>ondansetron odt tablet disintegrating 4mg, 8mg</i> | \$0 (Tier 1) | B/D MO |
| <i>prochlorperazine edisylate injection</i> | \$0 (Tier 1) | MO; HRM |
| <i>prochlorperazine maleate</i> | \$0 (Tier 1) | MO; HRM |
| <i>prochlorperazine rectal suppository</i> | \$0 (Tier 1) | MO; HRM |
| <i>promethazine hcl</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>promethazine hydrochloride</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>promethazine hydrochloride plain</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>promethegan suppository 50mg</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>promethegan suppository 12.5mg, 25mg</i> | \$0 (Tier 1) | PA; HRM |
| <i>scopolamine</i> | \$0 (Tier 1) | QL (10 EA per 30 days) PA MO; HRM |
| <i>trimethobenzamide hydrochloride</i> | \$0 (Tier 1) | PA MO |
| ANTISPASMODICS | | |
| <i>dicyclomine hcl oral solution</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>dicyclomine hydrochloride capsule, tablet</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>dicyclomine hydrochloride injection</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>glycopyrrolate tablet 1mg, 2mg</i> | \$0 (Tier 1) | MO |
| <i>glycopyrrolate oral solution</i> | \$0 (Tier 1) | MO |
| <i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i> | \$0 (Tier 1) | |
| <i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i> | \$0 (Tier 1) | MO |
| <i>methscopolamine bromide</i> | \$0 (Tier 1) | PA MO |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>cimetidine tablet</i> | \$0 (Tier 1) | MO |



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|--|--|---|
| <i>famotidine premixed</i> | \$0 (Tier 1) | |
| <i>famotidine tablet</i> | \$0 (Tier 1) | MO |
| <i>famotidine injection</i> | \$0 (Tier 1) | |
| <i>famotidine suspension reconstituted</i> | \$0 (Tier 1) | MO |
| <i>nizatidine</i> | \$0 (Tier 1) | MO |
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium</i> | \$0 (Tier 1) | MO |
| <i>budesonide er tablet extended release 24 hour 9mg</i> | \$0 (Tier 1) | MO |
| <i>budesonide capsule delayed release particles 3mg</i> | \$0 (Tier 1) | MO |
| <i>hydrocortisone enema 100mg/60ml</i> | \$0 (Tier 1) | MO |
| <i>mesalamine dr</i> | \$0 (Tier 1) | MO |
| <i>mesalamine suppository</i> | \$0 (Tier 1) | MO |
| <i>mesalamine enema, kit</i> | \$0 (Tier 1) | MO |
| <i>sulfasalazine</i> | \$0 (Tier 1) | MO |
| LAXATIVES | | |
| CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML | \$0 (Tier 1) | |
| CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML | \$0 (Tier 1) | MO |
| <i>constulose</i> | \$0 (Tier 1) | |
| <i>enulose</i> | \$0 (Tier 1) | MO |
| <i>gavilyte-c</i> | \$0 (Tier 1) | MO |
| <i>gavilyte-g</i> | \$0 (Tier 1) | MO |
| <i>gavilyte-n/ flavor pack</i> | \$0 (Tier 1) | |
| <i>generlac</i> | \$0 (Tier 1) | |
| GOLYTELY | \$0 (Tier 1) | MO |
| KRISTALOSE | \$0 (Tier 1) | PA MO |
| <i>lactulose solution</i> | \$0 (Tier 1) | MO |
| <i>peg-3350/electrolytes</i> | \$0 (Tier 1) | MO |
| <i>peg-3350/nacl/na bicarbonate/kcl</i> | \$0 (Tier 1) | MO |
| PLENVU | \$0 (Tier 1) | MO |
| SODIUM SULFATE/POTASSIUM SULFATE/ MAGNESIUM SULFATE | \$0 (Tier 1) | MO |
| SUPREP BOWEL PREP KIT | \$0 (Tier 1) | MO |
| SUTAB | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| MISCELLANEOUS | | |
| <i>alosetron hydrochloride tablet 0.5mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| <i>alosetron hydrochloride tablet 1mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) PA MO |
| CREON | \$0 (Tier 1) | MO |
| <i>cromolyn sodium concentrate 100mg/5ml</i> | \$0 (Tier 1) | MO |
| <i>diphenoxylate hydrochloride/atropine sulfate tablet</i> | \$0 (Tier 1) | MO; HRM |
| <i>diphenoxylate/atropine oral solution</i> | \$0 (Tier 1) | MO; HRM |
| GATTEX | \$0 (Tier 1) | PA; ACS LD |
| LINZESS | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>loperamide hcl</i> | \$0 (Tier 1) | MO |
| <i>misoprostol</i> | \$0 (Tier 1) | MO |
| MOVANTIK TABLET 25MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| MOVANTIK TABLET 12.5MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| SUCRALFATE SUSPENSION | \$0 (Tier 1) | MO |
| <i>sucralfate tablet</i> | \$0 (Tier 1) | MO |
| <i>ursodiol capsule 300mg</i> | \$0 (Tier 1) | MO |
| <i>ursodiol tablet 250mg, 500mg</i> | \$0 (Tier 1) | MO |
| VOWST | \$0 (Tier 1) | PA; LD |
| XERMELO | \$0 (Tier 1) | QL (84 EA per 28 days) PA; LD |
| XIFAXAN TABLET 550MG | \$0 (Tier 1) | PA MO |
| ZENPEP | \$0 (Tier 1) | MO |
| PROTON PUMP INHIBITORS | | |
| <i>dexlansoprazole</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>esomeprazole magnesium capsule delayed release</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>esomeprazole sodium injection</i> | \$0 (Tier 1) | |
| <i>lansoprazole capsule delayed release 15mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>lansoprazole capsule delayed release 30mg</i> | \$0 (Tier 1) | QL (42 EA per 30 days) MO |
| <i>omeprazole</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>omeprazole dr</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>pantoprazole sodium injection</i> | \$0 (Tier 1) | |
| <i>pantoprazole sodium tablet delayed release 20mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>pantoprazole sodium tablet delayed release 40mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>rabeprazole sodium</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl er</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |



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|--|--|---|
| <i>dutasteride</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>dutasteride/tamsulosin hydrochloride</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>finasteride tablet 5mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>silodosin</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>tadalafil tablet 5mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| <i>tamsulosin hydrochloride</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| MISCELLANEOUS | | |
| <i>acetic acid 0.25% irrigation solution</i> | \$0 (Tier 1) | MO |
| <i>bethanechol chloride</i> | \$0 (Tier 1) | MO |
| <i>potassium citrate er tablet extended release 540mg</i> | \$0 (Tier 1) | MO |
| <i>potassium citrate er tablet extended release 1080mg, 15meq</i> | \$0 (Tier 1) | MO |
| URINARY ANTISPASMODICS | | |
| <i>fesoterodine fumarate er</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| GEMTESA | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| MYRBETRIQ SUSPENSION RECONSTITUTED ER | \$0 (Tier 1) | QL (300 ML per 28 days) MO |
| <i>oxybutynin chloride er tablet extended release 24 hour 5mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>oxybutynin chloride tablet 5mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO; HRM |
| <i>oxybutynin chloride solution</i> | \$0 (Tier 1) | QL (600 ML per 30 days) MO; HRM |
| <i>solifenacin succinate</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>tolterodine tartrate</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>tolterodine tartrate er</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| <i>trospium chloride</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO; HRM |
| <i>trospium chloride er</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO; HRM |
| VAGINAL ANTI-INFECTIVES | | |
| <i>clindamycin phosphate cream 2%</i> | \$0 (Tier 1) | MO |
| <i>metronidazole vaginal</i> | \$0 (Tier 1) | MO |
| <i>miconazole 3 vaginal suppository</i> | \$0 (Tier 1) | MO |
| <i>terconazole vaginal cream</i> | \$0 (Tier 1) | MO |
| <i>terconazole suppository</i> | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--------------|--|---|
|--------------|--|---|

HEMATOLOGIC

ANTICOAGULANTS

| | | |
|--|--------------|----------------------------|
| <i>dabigatran etexilate capsule 110mg</i> | \$0 (Tier 1) | QL (120 EA per 30 days) MO |
| <i>dabigatran etexilate capsule 150mg, 75mg</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| ELIQUIS STARTER PACK | \$0 (Tier 1) | QL (74 EA per 30 days) MO |
| ELIQUIS TABLET 2.5MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| ELIQUIS TABLET 5MG | \$0 (Tier 1) | QL (74 EA per 30 days) MO |
| <i>enoxaparin sodium</i> | \$0 (Tier 1) | MO |
| <i>fondaparinux sodium injection 2.5mg/0.5ml</i> | \$0 (Tier 1) | MO |
| <i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i> | \$0 (Tier 1) | MO |
| FRAGMIN INJECTION 10000UNIT/4ML | \$0 (Tier 1) | |
| FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML | \$0 (Tier 1) | MO |
| FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML | \$0 (Tier 1) | MO |
| HEPARIN SODIUM/D5W | \$0 (Tier 1) | |
| HEPARIN SODIUM/DEXTROSE | \$0 (Tier 1) | |
| HEPARIN SODIUM/NACL 0.45% | \$0 (Tier 1) | |
| HEPARIN SODIUM/SODIUM CHLORIDE | \$0 (Tier 1) | |
| HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML | \$0 (Tier 1) | |
| <i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i> | \$0 (Tier 1) | MO |
| <i>jantoven</i> | \$0 (Tier 1) | MO |
| <i>warfarin sodium</i> | \$0 (Tier 1) | MO |
| XARELTO STARTER PACK | \$0 (Tier 1) | QL (51 EA per 30 days) MO |
| XARELTO SUSPENSION RECONSTITUTED | \$0 (Tier 1) | QL (620 ML per 30 days) MO |
| XARELTO TABLET 10MG, 15MG, 20MG | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| XARELTO TABLET 2.5MG | \$0 (Tier 1) | QL (60 EA per 30 days) MO |

HEMATOPOIETIC GROWTH FACTORS

| | | |
|---|--------------|---------|
| PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | \$0 (Tier 1) | PA; ACS |
| PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML | \$0 (Tier 1) | PA; ACS |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ZARXIO | \$0 (Tier 1) | PA; ACS |
| MISCELLANEOUS | | |
| ALVAIZ TABLET 54MG, 9MG | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| ALVAIZ TABLET 18MG, 36MG | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS LD |
| <i>anagrelide hydrochloride</i> | \$0 (Tier 1) | MO |
| BERINERT | \$0 (Tier 1) | QL (24 EA per 30 days) PA; ACS LD |
| <i>cilostazol</i> | \$0 (Tier 1) | MO |
| DROXIA | \$0 (Tier 1) | MO |
| ENDARI | \$0 (Tier 1) | PA; ACS LD |
| HAEGARDA INJECTION 3000UNIT | \$0 (Tier 1) | QL (20 EA per 30 days) PA; ACS LD |
| HAEGARDA INJECTION 2000UNIT | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| <i>icatibant acetate</i> | \$0 (Tier 1) | QL (27 ML per 30 days) PA; ACS |
| <i>l-glutamine</i> | \$0 (Tier 1) | PA; ACS |
| <i>pentoxifylline er</i> | \$0 (Tier 1) | MO |
| <i>sajazir</i> | \$0 (Tier 1) | QL (27 ML per 30 days) PA; LD |
| TAVNEOS | \$0 (Tier 1) | QL (180 EA per 30 days) PA; LD |
| <i>tranexamic acid/sodium chloride</i> | \$0 (Tier 1) | |
| <i>tranexamic acid tablet</i> | \$0 (Tier 1) | MO |
| <i>tranexamic acid injection</i> | \$0 (Tier 1) | |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin/dipyridamole er</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| BRILINTA | \$0 (Tier 1) | MO |
| <i>clopidogrel tablet 75mg</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>clopidogrel tablet 300mg</i> | \$0 (Tier 1) | QL (2 EA per 365 days) MO |
| <i>dipyridamole</i> | \$0 (Tier 1) | PA MO |
| <i>prasugrel hydrochloride</i> | \$0 (Tier 1) | MO |
| IMMUNOLOGIC AGENTS | | |
| AUTOIMMUNE AGENTS | | |
| ADALIMUMAB-AACF (2 PEN) | \$0 (Tier 1) | QL (28 EA per 365 days) PA; ACS |
| ADALIMUMAB-AACF (2 SYRINGE) | \$0 (Tier 1) | QL (28 EA per 365 days) PA |
| COSENTYX SENSOREADY PEN | \$0 (Tier 1) | QL (32 ML per 365 days) PA; ACS LD |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| COSENTYX UNOREADY | \$0 (Tier 1) | QL (32 ML per 365 days) PA; ACS LD |
| COSENTYX INJECTION 125MG/5ML | \$0 (Tier 1) | PA; ACS LD |
| COSENTYX INJECTION 150MG/ML | \$0 (Tier 1) | QL (32 ML per 365 days) PA; ACS LD |
| COSENTYX INJECTION 75MG/0.5ML | \$0 (Tier 1) | QL (8 ML per 365 days) PA; ACS LD |
| DUPIXENT INJECTION 100MG/0.67ML | \$0 (Tier 1) | QL (1.34 ML per 28 days) PA; ACS |
| DUPIXENT INJECTION 200MG/1.14ML | \$0 (Tier 1) | QL (4.56 ML per 28 days) PA; ACS |
| DUPIXENT INJECTION 300MG/2ML | \$0 (Tier 1) | QL (8 ML per 28 days) PA; ACS |
| ENBREL | \$0 (Tier 1) | QL (8 ML per 28 days) PA; ACS |
| ENBREL MINI | \$0 (Tier 1) | QL (8 ML per 28 days) PA; ACS |
| ENBREL SURECLICK | \$0 (Tier 1) | QL (8 ML per 28 days) PA; ACS |
| HUMIRA PEN-CD/UC/HS STARTER (BRAND CORDAVIS NOT COVERED) | \$0 (Tier 1) | QL (6 EA per 365 days) PA; ACS |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND CORDAVIS NOT COVERED) | \$0 (Tier 1) | QL (8 EA per 365 days) PA; ACS |
| HUMIRA PEN-PS/UV STARTER | \$0 (Tier 1) | QL (6 EA per 365 days) PA; ACS |
| HUMIRA PEN INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED) | \$0 (Tier 1) | QL (28 EA per 365 days) PA; ACS |
| HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML | \$0 (Tier 1) | QL (56 EA per 365 days) PA; ACS |
| HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED) | \$0 (Tier 1) | QL (26 EA per 365 days) PA; ACS |
| HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED) | \$0 (Tier 1) | QL (52 EA per 365 days) PA; ACS |
| HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML | \$0 (Tier 1) | QL (56 EA per 365 days) PA; ACS |
| IDACIO (2 PEN) | \$0 (Tier 1) | QL (28 EA per 365 days) PA; ACS |
| IDACIO (2 SYRINGE) | \$0 (Tier 1) | QL (28 EA per 365 days) PA; ACS |
| IDACIO STARTER PACKAGE FOR CROHNS DISEASE | \$0 (Tier 1) | PA; ACS |
| IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS | \$0 (Tier 1) | PA; ACS |
| RINVOQ LQ | \$0 (Tier 1) | QL (360 ML per 30 days) PA; ACS |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG | \$0 (Tier 1) | QL (168 EA per 365 days) PA; ACS |
| RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| SKYRIZI PEN | \$0 (Tier 1) | QL (6 ML per 365 days) PA; ACS |
| SKYRIZI INJECTION 180MG/1.2ML | \$0 (Tier 1) | QL (1.2 ML per 56 days) PA; ACS |
| SKYRIZI INJECTION 360MG/2.4ML | \$0 (Tier 1) | QL (2.4 ML per 56 days) PA; ACS |
| SKYRIZI INJECTION 150MG/ML | \$0 (Tier 1) | QL (6 ML per 365 days) PA; ACS |
| SKYRIZI INJECTION 600MG/10ML | \$0 (Tier 1) | QL (60 ML per 365 days) PA; ACS |
| SOTYKTU | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS LD |
| STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE | \$0 (Tier 1) | QL (0.5 ML per 28 days) PA; ACS |
| STELARA INJECTION 45MG/0.5ML VIAL | \$0 (Tier 1) | QL (0.5 ML per 28 days) PA; ACS LD |
| STELARA INJECTION 90MG/ML | \$0 (Tier 1) | QL (1 ML per 28 days) PA; ACS |
| STELARA INJECTION 130MG/26ML | \$0 (Tier 1) | QL (208 ML per 365 days) PA; ACS LD |
| TREMFYA INJECTION 100MG/ML | \$0 (Tier 1) | QL (1 ML per 28 days) PA; ACS |
| TREMFYA INJECTION 200MG/2ML | \$0 (Tier 1) | QL (2 ML per 28 days) PA; ACS |
| TREMFYA INJECTION 200MG/20ML | \$0 (Tier 1) | QL (20 ML per 28 days) PA; ACS |
| TYENNE INJECTION 162MG/0.9ML | \$0 (Tier 1) | QL (3.6 ML per 28 days) PA; ACS |
| TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML | \$0 (Tier 1) | QL (40 ML per 28 days) PA; ACS |
| VELSIPITY | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| XELJANZ XR | \$0 (Tier 1) | QL (30 EA per 30 days) PA; ACS |
| XELJANZ SOLUTION | \$0 (Tier 1) | QL (480 ML per 24 days) PA; ACS |
| XELJANZ TABLET | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS |
| <i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i> | | |
| <i>hydroxychloroquine sulfate tablet 200mg</i> | \$0 (Tier 1) | MO |
| JYLAMVO | \$0 (Tier 1) | |
| <i>leflunomide</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>methotrexate sodium tablet 2.5mg</i> | \$0 (Tier 1) | MO |
| XATMEP | \$0 (Tier 1) | MO |
| <i>IMMUNOGLOBULINS</i> | | |
| GAMASTAN | \$0 (Tier 1) | B/D; ACS LD |

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|---|--|---|
| GAMMAKED | \$0 (Tier 1) | PA; ACS |
| GAMUNEX-C | \$0 (Tier 1) | PA; ACS |
| OCTAGAM | \$0 (Tier 1) | PA; ACS |
| PRIVIGEN | \$0 (Tier 1) | PA; ACS |
| IMMUNOMODULATORS | | |
| ACTIMMUNE | \$0 (Tier 1) | PA; ACS LD |
| ARCALYST | \$0 (Tier 1) | PA; ACS LD |
| IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG | \$0 (Tier 1) | B/D MO |
| ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG | \$0 (Tier 1) | B/D MO |
| AZATHIOPRINE INJECTION | \$0 (Tier 1) | B/D |
| <i>azathioprine tablet 50mg</i> | \$0 (Tier 1) | B/D MO |
| BENLYSTA INJECTION 200MG/ML | \$0 (Tier 1) | PA; ACS LD |
| <i>cyclosporine capsule, injection</i> | \$0 (Tier 1) | B/D MO |
| <i>cyclosporine modified</i> | \$0 (Tier 1) | B/D MO |
| <i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i> | \$0 (Tier 1) | B/D MO |
| <i>engraf capsule</i> | \$0 (Tier 1) | B/D |
| <i>engraf solution</i> | \$0 (Tier 1) | B/D MO |
| <i>mycophenolate mofetil capsule, tablet</i> | \$0 (Tier 1) | B/D MO |
| <i>mycophenolate mofetil injection</i> | \$0 (Tier 1) | B/D MO |
| <i>mycophenolate mofetil suspension reconstituted</i> | \$0 (Tier 1) | B/D MO |
| <i>mycophenolic acid dr</i> | \$0 (Tier 1) | B/D MO |
| NULOJIX | \$0 (Tier 1) | B/D |
| PROGRAF PACKET | \$0 (Tier 1) | B/D MO |
| REZUROCK | \$0 (Tier 1) | QL (30 EA per 30 days) PA; LD |
| SANDIMMUNE ORAL SOLUTION | \$0 (Tier 1) | B/D MO |
| <i>sirolimus tablet</i> | \$0 (Tier 1) | B/D MO |
| <i>sirolimus solution</i> | \$0 (Tier 1) | B/D MO |
| <i>tacrolimus capsule 0.5mg, 1mg, 5mg</i> | \$0 (Tier 1) | B/D MO |
| VACCINES | | |
| ABRYSVO | \$0 (Tier 1) | |
| ACTHIB | \$0 (Tier 1) | |
| ADACEL | \$0 (Tier 1) | |
| AREXVY | \$0 (Tier 1) | |



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|---|--|---|
| BCG VACCINE | \$0 (Tier 1) | |
| BEXSERO | \$0 (Tier 1) | |
| BOOSTRIX | \$0 (Tier 1) | |
| DAPTACEL | \$0 (Tier 1) | |
| DENGVAXIA | \$0 (Tier 1) | |
| DIPHtheria/TETANUS TOXOIDS ADSORBED PEDIATRIC | \$0 (Tier 1) | |
| ENGERIX-B | \$0 (Tier 1) | B/D |
| GARDASIL 9 | \$0 (Tier 1) | |
| HAVRIX | \$0 (Tier 1) | |
| HEPLISAV-B | \$0 (Tier 1) | B/D |
| HIBERIX | \$0 (Tier 1) | |
| IMOVAX RABIES (H.D.C.V.) | \$0 (Tier 1) | B/D |
| INFANRIX | \$0 (Tier 1) | |
| IPOL INACTIVATED IPV | \$0 (Tier 1) | |
| IXCHIQ | \$0 (Tier 1) | |
| IXIARO | \$0 (Tier 1) | |
| JYNNEOS | \$0 (Tier 1) | B/D |
| KINRIX | \$0 (Tier 1) | |
| M-M-R II | \$0 (Tier 1) | |
| MENACTRA | \$0 (Tier 1) | |
| MENQUADFI | \$0 (Tier 1) | |
| MENVEO | \$0 (Tier 1) | |
| MRESVIA | \$0 (Tier 1) | QL (0.5 ML per 999 days) |
| PEDIARIX | \$0 (Tier 1) | |
| PEDVAX HIB | \$0 (Tier 1) | |
| PENBRAYA | \$0 (Tier 1) | |
| PENTACEL | \$0 (Tier 1) | |
| PREHEVBRIO | \$0 (Tier 1) | B/D |
| PRIORIX | \$0 (Tier 1) | |
| PROQUAD | \$0 (Tier 1) | |
| QUADRACEL | \$0 (Tier 1) | |
| RABAVERT | \$0 (Tier 1) | B/D |
| RECOMBIVAX HB | \$0 (Tier 1) | B/D |
| ROTARIX | \$0 (Tier 1) | |
| ROTATEQ | \$0 (Tier 1) | |

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|---|--|---|
| SHINGRIX | \$0 (Tier 1) | QL (2 EA per 999 days) |
| TDVAX | \$0 (Tier 1) | |
| TENIVAC | \$0 (Tier 1) | |
| TICOVAC | \$0 (Tier 1) | |
| TRUMENBA | \$0 (Tier 1) | |
| TWINRIX | \$0 (Tier 1) | |
| TYPHIM VI | \$0 (Tier 1) | |
| VAQTA | \$0 (Tier 1) | |
| VARIVAX | \$0 (Tier 1) | |
| VAXCHORA | \$0 (Tier 1) | |
| YF-VAX | \$0 (Tier 1) | |
| NUTRITIONAL/SUPPLEMENTS | | |
| <i>ELECTROLYTES/MINERALS, INJECTABLE</i> | | |
| DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX | \$0 (Tier 1) | |
| DEXTROSE 10%/SODIUM CHLORIDE 0.2% | \$0 (Tier 1) | |
| DEXTROSE 10%/SODIUM CHLORIDE 0.45% | \$0 (Tier 1) | |
| DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% | \$0 (Tier 1) | |
| DEXTROSE 5%/LACTATED RINGERS | \$0 (Tier 1) | |
| DEXTROSE 5%/NACL 0.33% | \$0 (Tier 1) | |
| DEXTROSE 5%/SODIUM CHLORIDE 0.2% | \$0 (Tier 1) | |
| <i>dextrose 5%/sodium chloride 0.3%</i> | \$0 (Tier 1) | |
| DEXTROSE 5%/SODIUM CHLORIDE 0.45% | \$0 (Tier 1) | |
| DEXTROSE 5%/SODIUM CHLORIDE 0.9% | \$0 (Tier 1) | MO |
| DEXTROSE 5%/NACL 0.225% | \$0 (Tier 1) | |
| ISOLYTE-P/DEXTROSE 5% | \$0 (Tier 1) | |
| ISOLYTE-S | \$0 (Tier 1) | B/D |
| ISOLYTE-S PH 7.4 | \$0 (Tier 1) | B/D |
| KCL 0.075%/D5W/NACL 0.45% | \$0 (Tier 1) | |
| KCL 0.15%/D5W/NACL 0.2% | \$0 (Tier 1) | |
| KCL 0.15%/D5W/NACL 0.45% | \$0 (Tier 1) | |
| KCL 0.15%/D5W/NACL 0.9% | \$0 (Tier 1) | |
| KCL 0.3%/D5W/NACL 0.45% | \$0 (Tier 1) | |
| KCL 0.3%/D5W/NACL 0.9% | \$0 (Tier 1) | |
| <i>lactated ringers</i> | \$0 (Tier 1) | |
| MAGNESIUM SULFATE INJECTION | \$0 (Tier 1) | |
| 20GM/500ML, 40GM/1000ML, 4GM/50ML | | |



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|---|--|---|
| <i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i> | \$0 (Tier 1) | |
| <i>multiple electrolytes injection type 1</i> | \$0 (Tier 1) | |
| POTASSIUM CHLORIDE/DEXTROSE | \$0 (Tier 1) | |
| POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE | \$0 (Tier 1) | |
| POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9% | \$0 (Tier 1) | |
| <i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i> | \$0 (Tier 1) | |
| POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML | \$0 (Tier 1) | |
| <i>potassium chloride injection 2meq/ml</i> | \$0 (Tier 1) | MO |
| RINGERS INJECTION | \$0 (Tier 1) | |
| SODIUM BICARBONATE INJECTION 7.5% | \$0 (Tier 1) | |
| <i>sodium bicarbonate injection 4.2%</i> | \$0 (Tier 1) | |
| <i>sodium bicarbonate injection 8.4%</i> | \$0 (Tier 1) | MO |
| <i>sodium chloride injection 0.45%</i> | \$0 (Tier 1) | |
| SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5% | \$0 (Tier 1) | MO |
| <i>sodium chloride injection 0.9%, 3%, 4meq/ml</i> | \$0 (Tier 1) | MO |
| TPN ELECTROLYTES | \$0 (Tier 1) | B/D |
| <i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i> | | |
| <i>effer-k tablet effervescent 25meq</i> | \$0 (Tier 1) | MO |
| <i>fluoride chewable tablet</i> | \$0 (Tier 1) | MO |
| <i>klor-con 10</i> | \$0 (Tier 1) | |
| <i>klor-con 8</i> | \$0 (Tier 1) | |
| <i>klor-con m10</i> | \$0 (Tier 1) | MO |
| <i>klor-con m15</i> | \$0 (Tier 1) | MO |
| <i>klor-con m20</i> | \$0 (Tier 1) | MO |
| <i>klor-con powder packet 20meq</i> | \$0 (Tier 1) | |
| <i>klor-con effervescent tablet</i> | \$0 (Tier 1) | |
| M-NATAL PLUS | \$0 (Tier 1) | MO |
| <i>multi vitamin/fluoride</i> | \$0 (Tier 1) | |
| <i>multi-vitamin/fluoride drops</i> | \$0 (Tier 1) | MO |
| <i>multi-vitamin/fluoride/iron</i> | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>multivitamin/fluoride</i> | \$0 (Tier 1) | MO |
| NEONATAL PLUS | \$0 (Tier 1) | MO |
| NIVA-PLUS | \$0 (Tier 1) | MO |
| PNV PRENATAL PLUS MULTIVITAMIN | \$0 (Tier 1) | MO |
| <i>potassium chloride er capsule extended release</i> | \$0 (Tier 1) | MO |
| <i>potassium chloride er tablet extended release 15meq</i> | \$0 (Tier 1) | |
| <i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i> | \$0 (Tier 1) | MO |
| <i>potassium chloride packet 20meq</i> | \$0 (Tier 1) | MO |
| <i>potassium chloride oral solution 10%, 20%</i> | \$0 (Tier 1) | MO |
| PRENATAL | \$0 (Tier 1) | MO |
| PRENATAL PLUS | \$0 (Tier 1) | MO |
| <i>sodium fluoride solution 0.5mg/ml</i> | \$0 (Tier 1) | MO |
| <i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i> | \$0 (Tier 1) | MO |
| <i>tri-vite/fluoride</i> | \$0 (Tier 1) | MO |
| <i>vitamins a/c/d/fluoride</i> | \$0 (Tier 1) | MO |
| WESTAB PLUS | \$0 (Tier 1) | MO |
| IV NUTRITION | | |
| CLINIMIX 4.25%/DEXTROSE 10% | \$0 (Tier 1) | B/D |
| CLINIMIX 4.25%/DEXTROSE 5% | \$0 (Tier 1) | B/D |
| CLINIMIX 5%/DEXTROSE 15% | \$0 (Tier 1) | B/D |
| CLINIMIX 5%/DEXTROSE 20% | \$0 (Tier 1) | B/D |
| CLINIMIX 6/5 | \$0 (Tier 1) | B/D |
| CLINIMIX 8/10 | \$0 (Tier 1) | B/D |
| CLINIMIX 8/14 | \$0 (Tier 1) | B/D |
| <i>clinisol sf 15%</i> | \$0 (Tier 1) | B/D MO |
| CLINOLIPID | \$0 (Tier 1) | B/D |
| <i>dextrose 10%</i> | \$0 (Tier 1) | |
| <i>dextrose 5%</i> | \$0 (Tier 1) | MO |
| DEXTROSE 50% | \$0 (Tier 1) | B/D |
| DEXTROSE 70% | \$0 (Tier 1) | B/D |
| NUTRILIPID | \$0 (Tier 1) | B/D |
| <i>plenamine</i> | \$0 (Tier 1) | B/D |
| PREMASOL | \$0 (Tier 1) | B/D |
| PROSOL | \$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 |
|---|--|---|
| TRAVASOL | \$0 (Tier 1) | B/D |
| TROPHAMINE | \$0 (Tier 1) | B/D |
| OPHTHALMIC | | |
| <i>ANTI-INFECTIVE/ANTI-INFLAMMATORY</i> | | |
| <i>neo-polycin hc</i> | \$0 (Tier 1) | |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone</i> | \$0 (Tier 1) | MO |
| <i>neomycin/polymyxin/dexamethasone</i> | \$0 (Tier 1) | MO |
| <i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i> | \$0 (Tier 1) | MO |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i> | \$0 (Tier 1) | MO |
| TOBRADEX OINTMENT | \$0 (Tier 1) | MO |
| TOBRADEX ST SUSPENSION | \$0 (Tier 1) | MO |
| <i>tobramycin/dexamethasone</i> | \$0 (Tier 1) | MO |
| ZYLET | \$0 (Tier 1) | MO |
| <i>ANTI-INFECTIVES</i> | | |
| <i>bacitracin ophthalmic ointment 500units/gm</i> | \$0 (Tier 1) | MO |
| <i>bacitracin/polymyxin b ophthalmic ointment</i> | \$0 (Tier 1) | MO |
| BESIVANCE | \$0 (Tier 1) | MO |
| CILOXAN OINTMENT | \$0 (Tier 1) | QL (42 GM per 30 days) MO |
| <i>ciprofloxacin hydrochloride solution 0.3%</i> | \$0 (Tier 1) | QL (30 ML per 30 days) MO |
| <i>erythromycin ointment 5mg/gm</i> | \$0 (Tier 1) | QL (42 GM per 30 days) MO |
| <i>gatifloxacin</i> | \$0 (Tier 1) | QL (20 ML per 30 days) MO |
| <i>gentamicin sulfate ophthalmic solution 0.3%</i> | \$0 (Tier 1) | QL (30 ML per 30 days) MO |
| <i>levofloxacin ophthalmic solution 1.5%</i> | \$0 (Tier 1) | QL (20 ML per 30 days) MO |
| <i>levofloxacin ophthalmic solution 0.5%</i> | \$0 (Tier 1) | QL (30 ML per 30 days) MO |
| <i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i> | \$0 (Tier 1) | QL (12 ML per 30 days) MO |
| <i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i> | \$0 (Tier 1) | QL (12 ML per 30 days) MO |
| NATACYN | \$0 (Tier 1) | MO |
| <i>neo-polycin</i> | \$0 (Tier 1) | |
| <i>neomycin/bacitracin/polymyxin</i> | \$0 (Tier 1) | MO |
| <i>neomycin/polymyxin/gramicidin</i> | \$0 (Tier 1) | MO |
| <i>ofloxacin ophthalmic solution 0.3%</i> | \$0 (Tier 1) | QL (60 ML per 30 days) MO |
| <i>polycin</i> | \$0 (Tier 1) | |

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|--|--|---|
| <i>polymyxin b sulfate/trimethoprim sulfate</i> | \$0 (Tier 1) | MO |
| <i>sulfacetamide sodium ointment 10%</i> | \$0 (Tier 1) | MO |
| <i>sulfacetamide sodium solution 10%</i> | \$0 (Tier 1) | QL (90 ML per 30 days) MO |
| <i>tobramycin solution 0.3%</i> | \$0 (Tier 1) | QL (30 ML per 30 days) MO |
| <i>trifluridine</i> | \$0 (Tier 1) | MO |
| XDEMVY | \$0 (Tier 1) | QL (10 ML per 42 days) PA; ACS LD |
| ZIRGAN | \$0 (Tier 1) | MO |
| ANTI-INFLAMMATORIES | | |
| ALREX | \$0 (Tier 1) | MO |
| <i>bromfenac</i> | \$0 (Tier 1) | MO |
| BROMSITE | \$0 (Tier 1) | MO |
| <i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i> | \$0 (Tier 1) | MO |
| <i>diclofenac sodium ophthalmic solution 0.1%</i> | \$0 (Tier 1) | QL (10 ML per 30 days) MO |
| <i>difluprednate</i> | \$0 (Tier 1) | MO |
| FLAREX | \$0 (Tier 1) | MO |
| FLUOROMETHOLONE | \$0 (Tier 1) | MO |
| <i>flurbiprofen sodium ophthalmic solution 0.03%</i> | \$0 (Tier 1) | MO |
| <i>ketorolac tromethamine solution 0.4%, 0.5%</i> | \$0 (Tier 1) | MO |
| LOTEMAX OINTMENT | \$0 (Tier 1) | MO |
| LOTEMAX SM | \$0 (Tier 1) | MO |
| <i>loteprednol etabonate gel 0.5%, suspension 0.5%</i> | \$0 (Tier 1) | MO |
| <i>prednisolone acetate</i> | \$0 (Tier 1) | MO |
| PREDNISOLONE SODIUM PHOSPHATE | \$0 (Tier 1) | MO |
| OPHTHALMIC SOLUTION 1% | | |
| PROLENSA | \$0 (Tier 1) | MO |
| ANTIALLERGICS | | |
| <i>azelastine hcl ophthalmic solution 0.05%</i> | \$0 (Tier 1) | MO |
| <i>cromolyn sodium solution 4%</i> | \$0 (Tier 1) | MO |
| <i>epinastine hcl</i> | \$0 (Tier 1) | MO |
| ZERVIAE | \$0 (Tier 1) | MO |
| ANTI GLAUCOMA | | |
| <i>betaxolol hcl solution 0.5%</i> | \$0 (Tier 1) | MO |
| BETOPTIC-S | \$0 (Tier 1) | MO |
| <i>brimonidine tartrate/timolol maleate</i> | \$0 (Tier 1) | MO |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| BRIMONIDINE TARTRATE SOLUTION 0.15% | \$0 (Tier 1) | MO |
| <i>brimonidine tartrate solution 0.2%</i> | \$0 (Tier 1) | MO |
| <i>brinzolamide</i> | \$0 (Tier 1) | MO |
| <i>carteolol hcl</i> | \$0 (Tier 1) | MO |
| COMBIGAN | \$0 (Tier 1) | MO |
| <i>dorzolamide hcl/timolol maleate</i> | \$0 (Tier 1) | MO |
| <i>dorzolamide hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i> | \$0 (Tier 1) | MO |
| <i>latanoprost</i> | \$0 (Tier 1) | MO |
| <i>levobunolol hcl</i> | \$0 (Tier 1) | MO |
| LUMIGAN | \$0 (Tier 1) | MO |
| PHOSPHOLINE IODIDE | \$0 (Tier 1) | |
| <i>pilocarpine hcl ophthalmic solution</i> | \$0 (Tier 1) | MO |
| RHOPRESSA | \$0 (Tier 1) | MO |
| ROCKLATAN | \$0 (Tier 1) | MO |
| SIMBRINZA | \$0 (Tier 1) | MO |
| TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION | \$0 (Tier 1) | MO |
| <i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i> | \$0 (Tier 1) | MO |
| <i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i> | \$0 (Tier 1) | MO |
| <i>travoprost</i> | \$0 (Tier 1) | MO |
| VYZULTA | \$0 (Tier 1) | MO |
| MISCELLANEOUS | | |
| ATROPINE SULFATE OPHTHALMIC SOLUTION 1% | \$0 (Tier 1) | MO |
| CYSTARAN | \$0 (Tier 1) | PA; LD |
| EYSUVIS | \$0 (Tier 1) | MO |
| MIEBO | \$0 (Tier 1) | QL (12 ML per 30 days) MO |
| <i>proparacaine hcl</i> | \$0 (Tier 1) | MO |
| RESTASIS | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| RESTASIS MULTIDOSE | \$0 (Tier 1) | QL (5.5 ML per 30 days) MO |
| XIIDRA | \$0 (Tier 1) | QL (60 EA per 30 days) MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| OTIC | | |
| OTIC AGENTS | | |
| <i>acetic acid</i> | \$0 (Tier 1) | MO |
| CIPRO HC | \$0 (Tier 1) | MO |
| CIPROFLOXACIN | \$0 (Tier 1) | MO |
| <i>ciprofloxacin/dexamethasone flac</i> | \$0 (Tier 1) | MO |
| <i>fluocinolone acetonide oil 0.01%</i> | \$0 (Tier 1) | MO |
| <i>hydrocortisone/acetic acid</i> | \$0 (Tier 1) | MO |
| <i>neomycin/polymyxin/hc</i> | \$0 (Tier 1) | MO |
| <i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i> | \$0 (Tier 1) | MO |
| <i>ofloxacin otic solution 0.3%</i> | \$0 (Tier 1) | MO |
| RESPIRATORY | | |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | | |
| ANORO ELLIPTA | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| BEVESPI AEROSPHERE | \$0 (Tier 1) | QL (10.7 GM per 30 days) MO |
| BREZTRI AEROSPHERE | \$0 (Tier 1) | QL (10.7 GM per 30 days) MO |
| COMBIVENT RESPIMAT | \$0 (Tier 1) | QL (8 GM per 30 days) MO |
| <i>ipratropium bromide/albuterol sulfate</i> | \$0 (Tier 1) | B/D MO |
| TRELEGY ELLIPTA | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| ANTICHOLINERGICS | | |
| ATROVENT HFA | \$0 (Tier 1) | QL (25.8 GM per 30 days) MO |
| INCRUSE ELLIPTA | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>ipratropium bromide inhalation solution 0.02%</i> | \$0 (Tier 1) | B/D MO |
| <i>ipratropium bromide nasal solution 0.03%</i> | \$0 (Tier 1) | QL (30 ML per 28 days) MO |
| <i>ipratropium bromide nasal solution 0.06%</i> | \$0 (Tier 1) | QL (45 ML per 30 days) MO |
| ANTI-HISTAMINES | | |
| <i>azelastine hcl nasal solution 0.15%</i> | \$0 (Tier 1) | QL (30 ML per 25 days) MO |
| <i>azelastine hydrochloride nasal spray 0.1%</i> | \$0 (Tier 1) | QL (30 ML per 25 days) MO |
| <i>carbinoxamine maleate oral solution, tablet 4mg</i> | \$0 (Tier 1) | PA MO |
| <i>cetirizine hydrochloride oral solution 1mg/ml</i> | \$0 (Tier 1) | QL (300 ML per 30 days) MO |
| <i>clemastine fumarate tablet</i> | \$0 (Tier 1) | PA MO |
| <i>cyproheptadine hcl syrup</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>cyproheptadine hydrochloride tablet</i> | \$0 (Tier 1) | PA MO; HRM |



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|--|--|---|
| <i>desloratadine</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>desloratadine odt</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>diphenhydramine hcl injection</i> | \$0 (Tier 1) | MO; HRM |
| <i>hydroxyzine hcl</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>hydroxyzine hydrochloride</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>hydroxyzine pamoate</i> | \$0 (Tier 1) | PA MO; HRM |
| <i>levocetirizine dihydrochloride tablet</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>levocetirizine dihydrochloride solution</i> | \$0 (Tier 1) | MO |
| <i>olopatadine hcl</i> | \$0 (Tier 1) | QL (30.5 GM per 30 days) MO |
| BETA AGONISTS | | |
| <i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i> | \$0 (Tier 1) | QL (13.4 GM per 30 days) MO |
| <i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i> | \$0 (Tier 1) | QL (17 GM per 30 days) MO |
| <i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i> | \$0 (Tier 1) | QL (36 GM per 30 days) MO |
| <i>albuterol sulfate nebulization solution</i> | \$0 (Tier 1) | B/D MO |
| <i>albuterol sulfate syrup, tablet</i> | \$0 (Tier 1) | MO |
| <i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i> | \$0 (Tier 1) | B/D MO |
| <i>levalbuterol hcl nebulization solution 0.31mg/3ml</i> | \$0 (Tier 1) | B/D MO |
| <i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i> | \$0 (Tier 1) | B/D MO |
| <i>levalbuterol nebulization solution 1.25mg/0.5ml</i> | \$0 (Tier 1) | B/D MO |
| LEVALBUTEROL TARTRATE HFA | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| SEREVENT DISKUS | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>terbutaline sulfate</i> | \$0 (Tier 1) | MO |
| VENTOLIN HFA | \$0 (Tier 1) | QL (36 GM per 30 days) MO |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium tablet chewable, tablet</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>montelukast sodium packet</i> | \$0 (Tier 1) | QL (30 EA per 30 days) MO |
| <i>zafirlukast</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| MISCELLANEOUS | | |
| <i>acetylcysteine inhalation solution 10%, 20%</i> | \$0 (Tier 1) | B/D MO |
| <i>aminophylline</i> | \$0 (Tier 1) | |
| BRONCHITOL | \$0 (Tier 1) | QL (560 EA per 28 days) PA |

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|--|--|---|
| <i>cromolyn sodium nebulization solution 20mg/2ml</i> | \$0 (Tier 1) | B/D MO |
| <i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i> | \$0 (Tier 1) | QL (2 EA per 30 days) MO |
| FASENRA PEN | \$0 (Tier 1) | QL (1 ML per 28 days) PA; ACS LD |
| FASENRA INJECTION 10MG/0.5ML | \$0 (Tier 1) | QL (0.5 ML per 28 days) PA; ACS LD |
| FASENRA INJECTION 30MG/ML | \$0 (Tier 1) | QL (1 ML per 28 days) PA; ACS LD |
| KALYDECO PACKET | \$0 (Tier 1) | QL (56 EA per 28 days) PA; LD |
| KALYDECO TABLET | \$0 (Tier 1) | QL (60 EA per 30 days) PA; LD |
| OFEV | \$0 (Tier 1) | QL (60 EA per 30 days) PA; ACS LD |
| ORKAMBI TABLET | \$0 (Tier 1) | QL (112 EA per 28 days) PA; LD |
| ORKAMBI PACKET | \$0 (Tier 1) | QL (56 EA per 28 days) PA; LD |
| <i>pirfenidone capsule</i> | \$0 (Tier 1) | QL (270 EA per 30 days) PA; ACS |
| <i>pirfenidone tablet 267mg</i> | \$0 (Tier 1) | QL (270 EA per 30 days) PA; ACS |
| <i>pirfenidone tablet 534mg, 801mg</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA; ACS |
| PROLASTIN-C | \$0 (Tier 1) | PA; LD |
| PULMOZYME | \$0 (Tier 1) | PA; ACS |
| <i>roflumilast</i> | \$0 (Tier 1) | MO |
| <i>theophylline solution</i> | \$0 (Tier 1) | MO |
| <i>theophylline er tablet extended release 24 hour</i> | \$0 (Tier 1) | MO |
| <i>theophylline er tablet extended release 12 hour 200mg</i> | \$0 (Tier 1) | |
| <i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i> | \$0 (Tier 1) | MO |
| TRIKAFTA GRANULES THERAPY PACK | \$0 (Tier 1) | QL (56 EA per 28 days) PA; LD |
| TRIKAFTA TABLET THERAPY PACK | \$0 (Tier 1) | QL (84 EA per 28 days) PA; LD |
| XOLAIR | \$0 (Tier 1) | PA; ACS LD |
| NASAL STEROIDS | | |
| <i>flunisolide</i> | \$0 (Tier 1) | QL (75 ML per 30 days) MO |
| <i>fluticasone propionate suspension 50mcg/act</i> | \$0 (Tier 1) | QL (16 GM per 30 days) MO |
| <i>mometasone furoate suspension 50mcg/act</i> | \$0 (Tier 1) | QL (34 GM per 30 days) MO |
| XHANCE | \$0 (Tier 1) | QL (32 ML per 30 days) PA MO |
| STEROID INHALANTS | | |
| ALVESCO | \$0 (Tier 1) | QL (12.2 GM per 30 days) MO |
| ARNUITY ELLIPTA | \$0 (Tier 1) | QL (30 EA per 30 days) MO |



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|--|--|---|
| <i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i> | \$0 (Tier 1) | B/D MO |
| STEROID/BETA-AGONIST COMBINATIONS | | |
| BREO ELLIPTA | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>budesonide/formoterol fumarate dihydrate</i> | \$0 (Tier 1) | QL (10.2 GM per 30 days) MO |
| DULERA | \$0 (Tier 1) | QL (13 GM per 30 days) MO |
| <i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>fluticasone propionate/salmeterol diskus</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| <i>fluticasone propionate/salmeterol hfa</i> | \$0 (Tier 1) | QL (12 GM per 30 days) MO |
| <i>wixela inhub</i> | \$0 (Tier 1) | QL (60 EA per 30 days) MO |
| TOPICAL | | |
| DERMATOLOGY, ACNE | | |
| <i>accutane</i> | \$0 (Tier 1) | PA |
| <i>amnesteam</i> | \$0 (Tier 1) | PA |
| <i>claravis</i> | \$0 (Tier 1) | PA |
| <i>clindacin</i> | \$0 (Tier 1) | QL (100 GM per 30 days) |
| <i>clindamycin phosphate foam 1%</i> | \$0 (Tier 1) | QL (100 GM per 30 days) MO |
| <i>clindamycin phosphate gel tube 1%</i> | \$0 (Tier 1) | QL (75 GM per 30 days) MO |
| <i>clindamycin phosphate gel bottle 1%</i> | \$0 (Tier 1) | QL (75 ML per 30 days) MO |
| <i>clindamycin phosphate lotion 1%</i> | \$0 (Tier 1) | QL (60 ML per 30 days) MO |
| <i>clindamycin phosphate external solution 1%</i> | \$0 (Tier 1) | QL (60 ML per 30 days) MO |
| <i>dapsone gel 5%</i> | \$0 (Tier 1) | QL (90 GM per 30 days) MO |
| <i>ery pad 2%</i> | \$0 (Tier 1) | MO |
| <i>erythromycin/benzoyl peroxide</i> | \$0 (Tier 1) | MO |
| <i>erythromycin gel 2%</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>erythromycin solution 2%</i> | \$0 (Tier 1) | QL (60 ML per 30 days) MO |
| <i>isotretinoin</i> | \$0 (Tier 1) | PA |
| <i>sulfacetamide sodium lotion 10%</i> | \$0 (Tier 1) | MO |
| <i>tretinoin cream 0.025%, 0.05%, 0.1%</i> | \$0 (Tier 1) | QL (45 GM per 30 days) PA MO |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i> | \$0 (Tier 1) | QL (45 GM per 30 days) PA MO |
| <i>zenatane</i> | \$0 (Tier 1) | PA |
| DERMATOLOGY, ANTIBIOTICS | | |
| <i>gentamicin sulfate cream 0.1%</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| <i>gentamicin sulfate ointment 0.1%</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| <i>mafenide acetate</i> | \$0 (Tier 1) | MO |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>mupirocin ointment</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| <i>mupirocin cream</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| <i>silver sulfadiazine</i> | \$0 (Tier 1) | MO |
| SSD | \$0 (Tier 1) | |
| SULFAMYLLON CREAM 85MG/GM | \$0 (Tier 1) | MO |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>ciclopirox olamine cream 0.77%</i> | \$0 (Tier 1) | QL (90 GM per 30 days) MO |
| <i>ciclopirox gel</i> | \$0 (Tier 1) | QL (100 GM per 30 days) MO |
| <i>ciclopirox shampoo</i> | \$0 (Tier 1) | QL (120 ML per 30 days) MO |
| <i>ciclopirox suspension</i> | \$0 (Tier 1) | QL (60 ML per 30 days) MO |
| <i>clotrimazole/betamethasone dipropionate cream</i> | \$0 (Tier 1) | QL (45 GM per 30 days) MO |
| <i>clotrimazole cream 1%</i> | \$0 (Tier 1) | QL (45 GM per 30 days) MO |
| <i>clotrimazole solution 1%</i> | \$0 (Tier 1) | QL (30 ML per 30 days) MO |
| <i>econazole nitrate</i> | \$0 (Tier 1) | QL (85 GM per 30 days) MO |
| ERTACZO | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>ketoconazole cream 2%</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>ketoconazole foam 2%</i> | \$0 (Tier 1) | QL (100 GM per 30 days) MO |
| <i>ketoconazole shampoo 2%</i> | \$0 (Tier 1) | QL (120 ML per 30 days) MO |
| <i>ketodan</i> | \$0 (Tier 1) | QL (100 GM per 30 days) |
| <i>klayesta</i> | \$0 (Tier 1) | QL (60 GM per 30 days) |
| <i>naftifine hcl cream 1%</i> | \$0 (Tier 1) | QL (90 GM per 30 days) MO |
| <i>nyamyc</i> | \$0 (Tier 1) | QL (60 GM per 30 days) |
| <i>nystatin cream 100000unit/gm</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| <i>nystatin ointment 100000unit/gm</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| <i>nystatin powder 100000unit/gm</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>nystop</i> | \$0 (Tier 1) | QL (60 GM per 30 days) |
| <i>selenium sulfide lotion</i> | \$0 (Tier 1) | MO |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin</i> | \$0 (Tier 1) | PA MO |
| <i>calcipotriene solution</i> | \$0 (Tier 1) | QL (60 ML per 30 days) PA MO |
| <i>calcipotriene cream, ointment</i> | \$0 (Tier 1) | QL (120 GM per 30 days) PA MO |
| <i>calcitrene</i> | \$0 (Tier 1) | QL (120 GM per 30 days) PA MO |
| CALCITRIOL OINTMENT 3MCG/GM | \$0 (Tier 1) | QL (800 GM per 28 days) PA MO |
| <i>methoxsalen</i> | \$0 (Tier 1) | MO |
| <i>tazarotene cream 0.1%</i> | \$0 (Tier 1) | QL (60 GM per 30 days) PA MO |
| <i>tazarotene cream 0.05%</i> | \$0 (Tier 1) | QL (60 GM per 30 days) PA |



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|---|--|---|
| <i>tazarotene gel</i> | \$0 (Tier 1) | QL (100 GM per 30 days) PA MO |
| TAZORAC CREAM 0.05% | \$0 (Tier 1) | QL (60 GM per 30 days) PA MO |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> | \$0 (Tier 1) | |
| <i>alclometasone dipropionate</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>betamethasone dipropionate augmented cream</i> | \$0 (Tier 1) | MO |
| <i>betamethasone dipropionate augmented gel, ointment</i> | \$0 (Tier 1) | MO |
| <i>betamethasone dipropionate augmented lotion</i> | \$0 (Tier 1) | QL (120 ML per 30 days) MO |
| <i>betamethasone dipropionate lotion</i> | \$0 (Tier 1) | MO |
| <i>betamethasone dipropionate cream, ointment</i> | \$0 (Tier 1) | MO |
| <i>betamethasone valerate cream, lotion, ointment</i> | \$0 (Tier 1) | MO |
| <i>clobetasol propionate e</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>clobetasol propionate shampoo</i> | \$0 (Tier 1) | QL (118 ML per 30 days) MO |
| <i>clobetasol propionate solution</i> | \$0 (Tier 1) | QL (50 ML per 30 days) MO |
| <i>clobetasol propionate cream, gel, ointment</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>clodan shampoo 0.05%</i> | \$0 (Tier 1) | QL (118 ML per 30 days) |
| <i>desonide cream, ointment</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>desoximetasone cream 0.25%, ointment 0.25%</i> | \$0 (Tier 1) | QL (100 GM per 30 days) MO |
| <i>fluocinolone acetonide body</i> | \$0 (Tier 1) | QL (118.28 ML per 30 days) MO |
| <i>fluocinolone acetonide scalp</i> | \$0 (Tier 1) | QL (118.28 ML per 30 days) MO |
| <i>fluocinolone acetonide cream 0.025%</i> | \$0 (Tier 1) | QL (120 GM per 30 days) MO |
| <i>fluocinolone acetonide cream 0.01%</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>fluocinolone acetonide ointment 0.025%</i> | \$0 (Tier 1) | QL (120 GM per 30 days) MO |
| <i>fluocinolone acetonide solution 0.01%</i> | \$0 (Tier 1) | QL (60 ML per 30 days) MO |
| <i>fluocinonide emulsified base</i> | \$0 (Tier 1) | QL (120 GM per 30 days) MO |
| <i>fluocinonide cream</i> | \$0 (Tier 1) | QL (120 GM per 30 days) MO |
| <i>fluocinonide gel, ointment</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>fluocinonide solution</i> | \$0 (Tier 1) | QL (60 ML per 30 days) MO |
| <i>fluticasone propionate cream 0.05%</i> | \$0 (Tier 1) | MO |
| <i>fluticasone propionate ointment 0.005%</i> | \$0 (Tier 1) | MO |
| <i>halobetasol propionate cream</i> | \$0 (Tier 1) | QL (50 GM per 30 days) MO |
| <i>halobetasol propionate ointment</i> | \$0 (Tier 1) | QL (50 GM per 30 days) MO |
| <i>hydrocortisone valerate ointment 0.2%</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| <i>hydrocortisone cream 1%</i> | \$0 (Tier 1) | MO |
| <i>hydrocortisone cream 2.5%</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |

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|--|--|---|
| <i>hydrocortisone lotion 2.5%</i> | \$0 (Tier 1) | MO |
| <i>hydrocortisone ointment 1%, 2.5%</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| <i>mometasone furoate cream 0.1%</i> | \$0 (Tier 1) | MO |
| <i>mometasone furoate ointment 0.1%</i> | \$0 (Tier 1) | MO |
| <i>mometasone furoate solution 0.1%</i> | \$0 (Tier 1) | MO |
| <i>proctosol hc</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide cream 0.025%, 0.5%</i> | \$0 (Tier 1) | MO |
| <i>triamcinolone acetonide cream 0.1%</i> | \$0 (Tier 1) | QL (454 GM per 30 days) MO |
| <i>triamcinolone acetonide lotion 0.025%, 0.1%</i> | \$0 (Tier 1) | MO |
| <i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i> | \$0 (Tier 1) | MO |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>lidocaine/prilocaine</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| <i>lidocaine ointment</i> | \$0 (Tier 1) | QL (35.44 GM per 30 days) PA MO |
| <i>lidocaine patch</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA MO |
| <i>lidocan</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA |
| <i>tridacaine</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA |
| <i>tridacaine ii</i> | \$0 (Tier 1) | QL (90 EA per 30 days) PA |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>ammonium lactate cream, lotion</i> | \$0 (Tier 1) | MO |
| <i>azelaic acid</i> | \$0 (Tier 1) | QL (50 GM per 30 days) MO |
| <i>bexarotene gel 1%</i> | \$0 (Tier 1) | QL (60 GM per 30 days) PA; ACS |
| <i>diclofenac sodium external solution 1.5%</i> | \$0 (Tier 1) | QL (300 ML per 28 days) MO |
| DOXEPIN HYDROCHLORIDE CREAM 5% | \$0 (Tier 1) | QL (45 GM per 30 days) PA MO |
| DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG | \$0 (Tier 1) | QL (30 EA per 30 days) PA MO |
| FLUOROURACIL CREAM 0.5% | \$0 (Tier 1) | QL (30 GM per 30 days) PA MO |
| <i>fluorouracil cream 5%</i> | \$0 (Tier 1) | QL (40 GM per 30 days) MO |
| <i>fluorouracil solution</i> | \$0 (Tier 1) | QL (10 ML per 30 days) MO |
| <i>hydrocortisone perianal cream 1%</i> | \$0 (Tier 1) | MO |
| IMIQUIMOD PUMP | \$0 (Tier 1) | QL (15 GM per 28 days) MO |
| <i>imiquimod cream 5%</i> | \$0 (Tier 1) | QL (24 EA per 30 days) MO |
| <i>imiquimod cream 3.75%</i> | \$0 (Tier 1) | QL (28 EA per 28 days) MO |
| <i>metronidazole cream 0.75%</i> | \$0 (Tier 1) | MO |
| <i>metronidazole gel 0.75%</i> | \$0 (Tier 1) | MO |



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|---|--|---|
| <i>metronidazole gel 1%</i> | \$0 (Tier 1) | MO |
| <i>metronidazole lotion 0.75%</i> | \$0 (Tier 1) | MO |
| <i>nitroglycerin ointment 0.4%</i> | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| NORITATE | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| PANRETIN | \$0 (Tier 1) | QL (60 GM per 30 days) PA |
| <i>pimecrolimus</i> | \$0 (Tier 1) | QL (100 GM per 30 days) MO |
| <i>podofilox solution</i> | \$0 (Tier 1) | MO |
| <i>procto-med hc</i> | \$0 (Tier 1) | |
| <i>proctocort</i> | \$0 (Tier 1) | |
| <i>proctozone-hc</i> | \$0 (Tier 1) | |
| RECTIV | \$0 (Tier 1) | QL (30 GM per 30 days) MO |
| <i>tacrolimus ointment 0.03%, 0.1%</i> | \$0 (Tier 1) | QL (60 GM per 30 days) MO |
| VALCHLOR | \$0 (Tier 1) | QL (60 GM per 30 days) PA; LD |
| ZYCLARA PUMP CREAM 2.5% | \$0 (Tier 1) | QL (7.5 GM per 28 days) MO |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>malathion</i> | \$0 (Tier 1) | MO |
| <i>permethrin cream 5%</i> | \$0 (Tier 1) | MO |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| REGRANEX | \$0 (Tier 1) | QL (30 GM per 30 days) PA MO |
| SANTYL | \$0 (Tier 1) | QL (180 GM per 30 days) MO |
| <i>sodium chloride 0.9% irrigation soln</i> | \$0 (Tier 1) | MO |
| <i>sterile water for irrigation</i> | \$0 (Tier 1) | MO |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hydrochloride</i> | \$0 (Tier 1) | MO |
| <i>chlorhexidine gluconate oral rinse 0.12%</i> | \$0 (Tier 1) | MO |
| <i>clinpro 5000</i> | \$0 (Tier 1) | MO |
| <i>clotrimazole troche 10mg</i> | \$0 (Tier 1) | MO |
| <i>denta 5000 plus sensitive</i> | \$0 (Tier 1) | MO |
| <i>dentagel</i> | \$0 (Tier 1) | MO |
| <i>fluoridex daily defense</i> | \$0 (Tier 1) | |
| <i>fluoridex sensitivity relief/sls free</i> | \$0 (Tier 1) | |
| <i>fluorimax 5000</i> | \$0 (Tier 1) | |
| <i>fluorimax 5000 sensitive</i> | \$0 (Tier 1) | |
| <i>fraiche 5000 dental</i> | \$0 (Tier 1) | |
| <i>just right 5000</i> | \$0 (Tier 1) | |
| <i>kourzeq</i> | \$0 (Tier 1) | |

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|---|--|---|
| <i>lidocaine hydrochloride viscous solution 2%</i> | \$0 (Tier 1) | MO |
| <i>lidocaine viscous solution 2%</i> | \$0 (Tier 1) | MO |
| <i>nystatin suspension 100000unit/ml</i> | \$0 (Tier 1) | MO |
| <i>oralone dental paste</i> | \$0 (Tier 1) | |
| <i>periogard</i> | \$0 (Tier 1) | |
| <i>pilocarpine hydrochloride tablet</i> | \$0 (Tier 1) | MO |
| PREVIDENT 5000 ENAMEL PROTECT | \$0 (Tier 1) | MO |
| <i>sf gel 1.1%</i> | \$0 (Tier 1) | MO |
| <i>sodium fluoride 5000 ppm paste</i> | \$0 (Tier 1) | MO |
| <i>sodium fluoride 5000 ppm sensitive</i> | \$0 (Tier 1) | |
| <i>sodium fluoride/potassium nitrate/sensitive</i> | \$0 (Tier 1) | |
| <i>sodium fluoride gel 1.1%</i> | \$0 (Tier 1) | MO |
| <i>triamcinolone acetonide dental paste</i> | \$0 (Tier 1) | MO |
| NON MEDICARE PART D | | |
| <i>Over the Counter</i> | | |
| <i>a&d</i> | \$0 (Tier 1) | OTC |
| <i>a+d prevent</i> | \$0 (Tier 1) | OTC |
| ACCU-CHEK AVIVA | \$0 (Tier 1) | OTC |
| ACCU-CHEK GUIDE CONTROL LEVEL1/ LEVEL2 | \$0 (Tier 1) | OTC |
| ACCU-CHEK SMARTVIEW CONTROL | \$0 (Tier 1) | OTC |
| ACCUTREND GLUCOSE CONTROL | \$0 (Tier 1) | OTC |
| <i>acetaminophen capsule, tablet chewable, liquid, solution, suspension, tablet</i> | \$0 (Tier 1) | OTC |
| <i>acetaminophen er 8 hour arthritis pain relief</i> | \$0 (Tier 1) | OTC |
| <i>acetaminophen extra strength</i> | \$0 (Tier 1) | OTC |
| <i>acetaminophen junior strength</i> | \$0 (Tier 1) | OTC |
| <i>acetaminophen suppository 120mg, 325mg</i> | \$0 (Tier 1) | OTC |
| ACETAMINOPHEN SUPPOSITORY 650MG | \$0 (Tier 1) | OTC |
| <i>acid gone</i> | \$0 (Tier 1) | OTC |
| <i>acid reducer</i> | \$0 (Tier 1) | OTC |
| ACIDOPHILUS LACTOBACILLI | \$0 (Tier 1) | OTC |
| <i>acidophilus/l-sporogenes extra strength</i> | \$0 (Tier 1) | OTC |
| <i>acidophilus/pectin</i> | \$0 (Tier 1) | OTC |
| <i>acne medication 10 gel</i> | \$0 (Tier 1) | OTC |
| ACNE MEDICATION 10 LOTION | \$0 (Tier 1) | OTC |



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|--|--|---|
| <i>acne medication 2.5</i> | \$0 (Tier 1) | OTC |
| <i>acne medication 5 gel</i> | \$0 (Tier 1) | OTC |
| ACNE MEDICATION 5 LOTION | \$0 (Tier 1) | OTC |
| ACTIVNUTRIENTS | \$0 (Tier 1) | OTC |
| <i>adapalene</i> | \$0 (Tier 1) | OTC |
| ADVANCE MICRO-DRAW CONTROL LEVEL 1-2 | \$0 (Tier 1) | OTC |
| ADVOCATE CONTROL SOLUTIONHIGH | \$0 (Tier 1) | OTC |
| ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |
| AGAMATRIX CONTROL HIGH | \$0 (Tier 1) | OTC |
| AGAMATRIX CONTROL NORMAL & HIGH | \$0 (Tier 1) | OTC |
| AGAMATRIX CONTROL SOLUTION LEVEL 2 | \$0 (Tier 1) | OTC |
| AGAMATRIX CONTROL SOLUTION LEVEL 4 | \$0 (Tier 1) | OTC |
| ALAHIST D | \$0 (Tier 1) | OTC |
| ALBUSTIX | \$0 (Tier 1) | OTC |
| ALCOHOL PADS | \$0 (Tier 1) | OTC |
| ALCOHOL PREP PAD | \$0 (Tier 1) | OTC |
| ALCOHOL PREPS | \$0 (Tier 1) | OTC |
| ALCOHOL SWABS | \$0 (Tier 1) | OTC |
| ALCOHOL SWABSTICKS | \$0 (Tier 1) | OTC |
| <i>alcohol wipes</i> | \$0 (Tier 1) | OTC |
| <i>aleve arthritis pain</i> | \$0 (Tier 1) | OTC |
| <i>alka-seltzer plus day cold & flu formula</i> | \$0 (Tier 1) | OTC |
| <i>alka-seltzer plus severe sinus congestion & cough</i> | \$0 (Tier 1) | OTC |
| <i>allergy childrens</i> | \$0 (Tier 1) | OTC |
| <i>allergy relief 24hr</i> | \$0 (Tier 1) | OTC |
| <i>altachlore</i> | \$0 (Tier 1) | OTC |
| <i>altalube</i> | \$0 (Tier 1) | OTC |
| <i>aluminum/magnesium/simethicone</i> | \$0 (Tier 1) | OTC |
| <i>ammonium lactate</i> | \$0 (Tier 1) | OTC |
| <i>animal chews</i> | \$0 (Tier 1) | OTC |
| ANIMAL SHAPES/IRON | \$0 (Tier 1) | OTC |
| <i>antacid extra strength</i> | \$0 (Tier 1) | OTC |
| <i>antacid maximum</i> | \$0 (Tier 1) | OTC |
| <i>antacid plus anti-gas relief</i> | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>antacid ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>anti-dandruff shampoo</i> | \$0 (Tier 1) | OTC |
| <i>antifungal</i> | \$0 (Tier 1) | OTC |
| <i>antifungal powder</i> | \$0 (Tier 1) | OTC |
| <i>anti-gas ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>anti-itch</i> | \$0 (Tier 1) | OTC |
| <i>anti-itch maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>aquanil hc</i> | \$0 (Tier 1) | OTC |
| <i>argyle sterile water 100ml</i> | \$0 (Tier 1) | OTC |
| <i>arthritis pain reliever</i> | \$0 (Tier 1) | OTC |
| <i>arthritis pain relieving</i> | \$0 (Tier 1) | OTC |
| <i>artificial eye</i> | \$0 (Tier 1) | OTC |
| <i>artificial tears</i> | \$0 (Tier 1) | OTC |
| <i>ascorbic acid</i> | \$0 (Tier 1) | OTC |
| <i>aspercreme arthritis pain reliever</i> | \$0 (Tier 1) | OTC |
| <i>aspirin 81</i> | \$0 (Tier 1) | OTC |
| <i>aspirin 81 low dose</i> | \$0 (Tier 1) | OTC |
| <i>aspirin regular strength</i> | \$0 (Tier 1) | OTC |
| ASPIRIN SUPPOSITORY | \$0 (Tier 1) | OTC |
| <i>aspirin tablet</i> | \$0 (Tier 1) | OTC |
| ASSURE 3 CONTROL LEVEL 1/2 | \$0 (Tier 1) | OTC |
| ASSURE 4 CONTROL LEVEL 1/2 | \$0 (Tier 1) | OTC |
| ASSURE DOSE NORMAL/HIGH CONTROL | \$0 (Tier 1) | OTC |
| ASSURE II CONTROL LEVEL 1 | \$0 (Tier 1) | OTC |
| ASSURE II CONTROL LEVEL 1/2 | \$0 (Tier 1) | OTC |
| ASSURE PRISM CONTROL LEVEL 1/2 | \$0 (Tier 1) | OTC |
| ASSURE PRO CONTROL LEVEL 1/2 | \$0 (Tier 1) | OTC |
| <i>athletes foot powder spray</i> | \$0 (Tier 1) | OTC |
| AUM ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| <i>avedana glycerin (adult)</i> | \$0 (Tier 1) | OTC |
| <i>bacitracin</i> | \$0 (Tier 1) | OTC |
| <i>bacitracin zinc</i> | \$0 (Tier 1) | OTC |
| <i>bacitracin zinc/aloe</i> | \$0 (Tier 1) | OTC |
| <i>banophen</i> | \$0 (Tier 1) | OTC |
| <i>bayer advanced aspirin extra strength</i> | \$0 (Tier 1) | OTC |
| <i>b-complex/c</i> | \$0 (Tier 1) | OTC |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| BD GLUCOSE | \$0 (Tier 1) | OTC |
| <i>benzoyl peroxide creamy wash</i> | \$0 (Tier 1) | OTC |
| <i>benzoyl peroxide wash</i> | \$0 (Tier 1) | OTC |
| BENZYL ALCOHOL | \$0 (Tier 1) | OTC |
| BENZYL BENZOATE | \$0 (Tier 1) | OTC |
| <i>biolle gel tears</i> | \$0 (Tier 1) | OTC |
| <i>bisacodyl</i> | \$0 (Tier 1) | OTC |
| <i>bisacodyl ec</i> | \$0 (Tier 1) | OTC |
| <i>bismuth subsalicylate</i> | \$0 (Tier 1) | OTC |
| BLOOD ORANGE OS | \$0 (Tier 1) | OTC |
| BLULINK CONTROL SOLUTION/HIGH & LOW | \$0 (Tier 1) | OTC |
| <i>brompheniramine/phenylephrine/dextromethorphan</i> | \$0 (Tier 1) | OTC |
| <i>budesonide nasal spray</i> | \$0 (Tier 1) | OTC |
| BUFFERIN | \$0 (Tier 1) | OTC |
| <i>butenafine hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>c-500</i> | \$0 (Tier 1) | OTC |
| CALAMINE | \$0 (Tier 1) | OTC |
| <i>calcidol</i> | \$0 (Tier 1) | OTC |
| <i>calcium 500 + d</i> | \$0 (Tier 1) | OTC |
| <i>calcium 500/vitamin d3</i> | \$0 (Tier 1) | OTC |
| <i>calcium 500+d</i> | \$0 (Tier 1) | OTC |
| <i>calcium 600</i> | \$0 (Tier 1) | OTC |
| <i>calcium 600 + minerals</i> | \$0 (Tier 1) | OTC |
| <i>calcium 600+d</i> | \$0 (Tier 1) | OTC |
| <i>calcium acetate</i> | \$0 (Tier 1) | OTC |
| <i>calcium carbonate</i> | \$0 (Tier 1) | OTC |
| <i>calcium citrate</i> | \$0 (Tier 1) | OTC |
| <i>calcium polycarbophil</i> | \$0 (Tier 1) | OTC |
| <i>calcium tablet 1500mg, 600mg</i> | \$0 (Tier 1) | OTC |
| CALCIUM TABLET 500MG | \$0 (Tier 1) | OTC |
| <i>calcium/vitamin d</i> | \$0 (Tier 1) | OTC |
| <i>calcium/vitamin d3</i> | \$0 (Tier 1) | OTC |
| <i>calcium+d3</i> | \$0 (Tier 1) | OTC |
| <i>calphron</i> | \$0 (Tier 1) | OTC |
| <i>capasil</i> | \$0 (Tier 1) | OTC |
| <i>capsaicin</i> | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>carboxymethylcellulose sodium ophthalmic gel</i> | \$0 (Tier 1) | OTC |
| CARESENS CONTROL A SOLUTION | \$0 (Tier 1) | OTC |
| CARESENS CONTROL SOLUTION A/B | \$0 (Tier 1) | OTC |
| CARETOUCH ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| CARETOUCH CONTROL SOLUTION LEVEL 2 | \$0 (Tier 1) | OTC |
| CASTOR OIL | \$0 (Tier 1) | OTC |
| <i>castor oil stimulant laxative</i> | \$0 (Tier 1) | OTC |
| <i>cerovite jr</i> | \$0 (Tier 1) | OTC |
| <i>cetirizine hcl</i> | \$0 (Tier 1) | OTC |
| <i>cetirizine hydrochloride solution 5mg/5ml</i> | \$0 (Tier 1) | OTC |
| <i>cetirizine hydrochloride solution 5mg/5ml</i> | \$0 (Tier 1) | OTC |
| <i>cetirizine hydrochloride tablet</i> | \$0 (Tier 1) | OTC |
| <i>cetirizine hydrochloride/pseudoephedrine hydrochloride</i> | \$0 (Tier 1) | OTC |
| CHEMSTRIP 2 LN STRIPS | \$0 (Tier 1) | OTC |
| CHEMSTRIP 9 STRIPS | \$0 (Tier 1) | OTC |
| CHEMSTRIP UGK | \$0 (Tier 1) | OTC |
| CHERRY SYRUP | \$0 (Tier 1) | OTC |
| <i>chest congestion & cough relief dm</i> | \$0 (Tier 1) | OTC |
| <i>chest congestion relief dm</i> | \$0 (Tier 1) | OTC |
| <i>chest congestion/cough relief</i> | \$0 (Tier 1) | OTC |
| <i>childrens animal shapes complete</i> | \$0 (Tier 1) | OTC |
| <i>children's chewable acetaminophen</i> | \$0 (Tier 1) | OTC |
| <i>childrens pepto</i> | \$0 (Tier 1) | OTC |
| <i>childrens soothe</i> | \$0 (Tier 1) | OTC |
| CHLOPHEDIANOL/DEXCHLOPHENIRAMINE./PSEUDOEPHEDRINE | \$0 (Tier 1) | OTC |
| <i>chloraseptic</i> | \$0 (Tier 1) | OTC |
| <i>chlorpheniramine maleate</i> | \$0 (Tier 1) | OTC |
| <i>cimetidine 200</i> | \$0 (Tier 1) | OTC |
| CLEVER CHOICE GLUCOSE CONTROL HIGH | \$0 (Tier 1) | OTC |
| <i>clotrimazole antifungal</i> | \$0 (Tier 1) | OTC |
| <i>clotrimazole cream 1%</i> | \$0 (Tier 1) | OTC |
| <i>clotrimazole cream 2%</i> | \$0 (Tier 1) | OTC |
| <i>clotrimazole solution</i> | \$0 (Tier 1) | OTC |
| <i>cold & cough childrens</i> | \$0 (Tier 1) | OTC |



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|---|--|---|
| <i>cold & flu relief daytime/multi-symptom</i> | \$0 (Tier 1) | OTC |
| COLEMAN 100 MAX INSECT REPELLENT/ CONTINUOUS SPRAY | \$0 (Tier 1) | OTC |
| COLEMAN INSECT REPELLENT/HIGH & DRY | \$0 (Tier 1) | OTC |
| COLEMAN INSECT REPELLENT/SPORTSMEN | \$0 (Tier 1) | OTC |
| COMFORT TOUCH ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| CO-NATAL FA | \$0 (Tier 1) | OTC |
| CONDOMS | \$0 (Tier 1) | OTC |
| CONTOUR HIGH CONTROL | \$0 (Tier 1) | OTC |
| COOL CONTROL SOLUTION A | \$0 (Tier 1) | OTC |
| COOL CONTROL SOLUTION B | \$0 (Tier 1) | OTC |
| <i>corn and callus remover</i> | \$0 (Tier 1) | OTC |
| COTTONSEED OIL | \$0 (Tier 1) | OTC |
| <i>cromolyn sodium</i> | \$0 (Tier 1) | OTC |
| <i>cruex prescription strength</i> | \$0 (Tier 1) | OTC |
| <i>curanex dm</i> | \$0 (Tier 1) | OTC |
| CURITY ALCOHOL PREPS/MEDIUM 2 PLY | \$0 (Tier 1) | OTC |
| CUTTER | \$0 (Tier 1) | OTC |
| CUTTER ALL FAMILY | \$0 (Tier 1) | OTC |
| CUTTER BACKWOODS | \$0 (Tier 1) | OTC |
| CUTTER BACKWOODS DRY | \$0 (Tier 1) | OTC |
| CUTTER DRY | \$0 (Tier 1) | OTC |
| CUTTER SKINSATIONS | \$0 (Tier 1) | OTC |
| CUTTER SPORT | \$0 (Tier 1) | OTC |
| <i>cvs adapalene</i> | \$0 (Tier 1) | OTC |
| CVS ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| <i>cvs allergy relief</i> | \$0 (Tier 1) | OTC |
| <i>cvs antacid & pain reliever</i> | \$0 (Tier 1) | OTC |
| <i>cvs antacid maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>cvs antacid ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>cvs antibiotic pain/scar</i> | \$0 (Tier 1) | OTC |
| <i>cvs artificial tears</i> | \$0 (Tier 1) | OTC |
| <i>cvs athletes foot powder spray</i> | \$0 (Tier 1) | OTC |
| <i>cvs bacitracin</i> | \$0 (Tier 1) | OTC |
| <i>cvs budesonide nasal spray</i> | \$0 (Tier 1) | OTC |
| <i>cvs chest congestion relief dm</i> | \$0 (Tier 1) | OTC |

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|---|--|---|
| <i>cvs diclofenac sodiium</i> | \$0 (Tier 1) | OTC |
| <i>cvs dry-eye relief nighttime</i> | \$0 (Tier 1) | OTC |
| <i>cvs eye lubricant</i> | \$0 (Tier 1) | OTC |
| <i>cvs eye lubricant nighttime</i> | \$0 (Tier 1) | OTC |
| <i>cvs gas relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>cvs gas relief ultra strength</i> | \$0 (Tier 1) | OTC |
| CVS GLUCOSE | \$0 (Tier 1) | OTC |
| <i>cvs glycerin adult</i> | \$0 (Tier 1) | OTC |
| <i>cvs glycerin child</i> | \$0 (Tier 1) | OTC |
| CVS INSECT REPELLENT | \$0 (Tier 1) | OTC |
| <i>cvs isopropyl alcohol wipes</i> | \$0 (Tier 1) | OTC |
| <i>cvs ivermectin lice treatment</i> | \$0 (Tier 1) | OTC |
| <i>cvs lubricating eye drops/dry eye</i> | \$0 (Tier 1) | OTC |
| <i>cvs lubricating eye ointment/overnight</i> | \$0 (Tier 1) | OTC |
| <i>cvs mineral oil</i> | \$0 (Tier 1) | OTC |
| <i>cvs motion sickness</i> | \$0 (Tier 1) | OTC |
| <i>cvs natural tears pf</i> | \$0 (Tier 1) | OTC |
| <i>cvs nighttime dry-eye relief</i> | \$0 (Tier 1) | OTC |
| <i>cvs olopatadine hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>cvs omeprazole odt</i> | \$0 (Tier 1) | OTC |
| CVS PREP PADS | \$0 (Tier 1) | OTC |
| <i>cvs purelax</i> | \$0 (Tier 1) | OTC |
| <i>cvs scalp relief</i> | \$0 (Tier 1) | OTC |
| <i>cvs sleep aid nighttime/maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>cvs sleep-aid nighttime</i> | \$0 (Tier 1) | OTC |
| <i>cvs sodium chloride</i> | \$0 (Tier 1) | OTC |
| <i>cvs sodium chloride hypertonicity</i> | \$0 (Tier 1) | OTC |
| <i>cvs sore throat spray</i> | \$0 (Tier 1) | OTC |
| CVS TOTAL HOME INSECT REPELLENT | \$0 (Tier 1) | OTC |
| <i>cvs triple antibiotic/pain relief</i> | \$0 (Tier 1) | OTC |
| <i>cvs tussin cough</i> | \$0 (Tier 1) | OTC |
| <i>cvs tussin long-acting</i> | \$0 (Tier 1) | OTC |
| <i>cvs tussin maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>cvs zinc oxide</i> | \$0 (Tier 1) | OTC |
| <i>cyanocobalamin</i> | \$0 (Tier 1) | OTC |
| <i>d 1000</i> | \$0 (Tier 1) | OTC |



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|---|--|---|
| <i>d3</i> | \$0 (Tier 1) | OTC |
| <i>d3-50</i> | \$0 (Tier 1) | OTC |
| <i>daily vitamin formula</i> | \$0 (Tier 1) | OTC |
| <i>daily-vite</i> | \$0 (Tier 1) | OTC |
| <i>daytime cold & flu relief</i> | \$0 (Tier 1) | OTC |
| <i>daytime multi-symptom cold/flu relief</i> | \$0 (Tier 1) | OTC |
| <i>day-time pe cold/flu relief</i> | \$0 (Tier 1) | OTC |
| <i>desenex jock itch spray powder</i> | \$0 (Tier 1) | OTC |
| DEX4 FAST ACTING GLUCOSE | \$0 (Tier 1) | OTC |
| <i>dextromethorphan hbr</i> | \$0 (Tier 1) | OTC |
| <i>dextromethorphan polistirex er</i> | \$0 (Tier 1) | OTC |
| <i>dextromethorphan/guaifenesin</i> | \$0 (Tier 1) | OTC |
| <i>dextromethorphan/guaifenesin/phenylephrine</i> | \$0 (Tier 1) | OTC |
| DHS TAR | \$0 (Tier 1) | OTC |
| <i>diabetic tussin allergy</i> | \$0 (Tier 1) | OTC |
| <i>diabetic tussin cough/chest congestion dm maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>diabetic tussin sore throat</i> | \$0 (Tier 1) | OTC |
| DIASTIX | \$0 (Tier 1) | OTC |
| DIATHRIVE GLUCOSE CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3 | \$0 (Tier 1) | OTC |
| <i>diclofenac sodium</i> | \$0 (Tier 1) | OTC |
| <i>dimenhydrinate</i> | \$0 (Tier 1) | OTC |
| <i>diphenhydramine hcl</i> | \$0 (Tier 1) | OTC |
| <i>diphenhydramine hcl/zinc acetate</i> | \$0 (Tier 1) | OTC |
| <i>diphenhydramine hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>docusate calcium</i> | \$0 (Tier 1) | OTC |
| <i>docusate sodium capsule, liquid, tablet</i> | \$0 (Tier 1) | OTC |
| DOCUSATE SODIUM SYRUP | \$0 (Tier 1) | OTC |
| <i>driminate</i> | \$0 (Tier 1) | OTC |
| DROPSAFE ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| <i>dry eye relief</i> | \$0 (Tier 1) | OTC |
| <i>dry eye relief drops</i> | \$0 (Tier 1) | OTC |
| DUO-CARE CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| DUREX REALFEEL NON-LATEX | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| D-VI-SOL | \$0 (Tier 1) | OTC |
| <i>ear drops</i> | \$0 (Tier 1) | OTC |
| EASY COMFORT ALCOHOL PADS | \$0 (Tier 1) | OTC |
| EASY PLUS II CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |
| EASY STEP CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |
| EASY TALK CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |
| EASY TALK PLUS II CONTROLHIGH | \$0 (Tier 1) | OTC |
| EASY TOUCH ALCOHOL PREP PADS/MEDIUM | \$0 (Tier 1) | OTC |
| EASY TOUCH CONTROL SOLUTION/HIGH & LOW | \$0 (Tier 1) | OTC |
| EASY TRAK GLUCOSE CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |
| <i>easy-lax plus</i> | \$0 (Tier 1) | OTC |
| EASYMAX 15 GLUCOSE CONTROL SOLUTION/LEVEL 2/LEVEL 3 | \$0 (Tier 1) | OTC |
| EASYMAX 15 LEVEL 2 GLUCOSE CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| EASYMAX GLUCOSE CONTROL SOLUTION/NORMAL-HIGH | \$0 (Tier 1) | OTC |
| <i>ed chlorped jr</i> | \$0 (Tier 1) | OTC |
| <i>effervescent antacid/p ain relief</i> | \$0 (Tier 1) | OTC |
| <i>effervescent pain relief</i> | \$0 (Tier 1) | OTC |
| ELEMENT COMPACT CONTROL SOLUTION LEVEL 2 | \$0 (Tier 1) | OTC |
| ELEMENT COMPACT CONTROL SOLUTION LEVEL 3 | \$0 (Tier 1) | OTC |
| ELEMENT HIGH CONTROL | \$0 (Tier 1) | OTC |
| EMBRACE GLUCOSE CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |
| EMBRACE PRO GLUCOSE CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |
| EMPTY CAPSULE SIZE 000 WHITE/OPAQUE LOCKING | \$0 (Tier 1) | OTC |
| ENCARE | \$0 (Tier 1) | OTC |
| <i>endit</i> | \$0 (Tier 1) | OTC |



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|--|--|---|
| <i>enema disposable</i> | \$0 (Tier 1) | OTC |
| ENVIVE | \$0 (Tier 1) | OTC |
| <i>eq allergy relief</i> | \$0 (Tier 1) | OTC |
| <i>eq antacid & pain relief</i> | \$0 (Tier 1) | OTC |
| <i>eq antacid ultra strength</i> OMInterface | \$0 (Tier 1) | OTC |
| <i>eq arthritis pain</i> | \$0 (Tier 1) | OTC |
| <i>eq artificial tears</i> | \$0 (Tier 1) | OTC |
| <i>eq bacitracin zince.</i> | \$0 (Tier 1) | OTC |
| <i>eq budesonide nasal spray</i> | \$0 (Tier 1) | OTC |
| <i>eq daytime cold & flu multi-symptom relief</i> | \$0 (Tier 1) | OTC |
| <i>eq eye lubricant</i> | \$0 (Tier 1) | OTC |
| <i>eq gas relief</i> | \$0 (Tier 1) | OTC |
| <i>eq gas relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>eq ivermectin</i> | \$0 (Tier 1) | OTC |
| <i>eq laxative</i> | \$0 (Tier 1) | OTC |
| <i>eq mineral oil</i> | \$0 (Tier 1) | OTC |
| <i>eq motion sickness relief</i> | \$0 (Tier 1) | OTC |
| <i>eq nighttime sleep aid maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>eq restore pm</i> | \$0 (Tier 1) | OTC |
| <i>eq urinary pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>eql acetaminophence.</i> | \$0 (Tier 1) | OTC |
| EQL ALCOHOL SWABS | \$0 (Tier 1) | OTC |
| <i>eql antacid/pain relief</i> | \$0 (Tier 1) | OTC |
| <i>eql first aid antibiotic + pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>eql gas relief ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>eql scalp relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>eql sleep aid maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>eql sore throat spray</i> | \$0 (Tier 1) | OTC |
| <i>eql tussin cough long-acting</i> nterface | \$0 (Tier 1) | OTC |
| <i>esomeprazole magnesium</i> | \$0 (Tier 1) | OTC |
| <i>esomeprazole magnesium dr24hr</i> | \$0 (Tier 1) | OTC |
| ETHYL OLEATE | \$0 (Tier 1) | OTC |
| <i>extra strength bayer</i> | \$0 (Tier 1) | OTC |
| <i>eye allergy itch/redness relief</i> | \$0 (Tier 1) | OTC |
| <i>eye allergy relief</i> | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>eye drops</i> | \$0 (Tier 1) | OTC |
| <i>eye lubricant</i> | \$0 (Tier 1) | OTC |
| <i>famotidine tablet 10mg</i> | \$0 (Tier 1) | OTC |
| <i>famotidine tablet 20mg</i> | \$0 (Tier 1) | OTC |
| FC2 FEMALE CONDOM | \$0 (Tier 1) | OTC |
| <i>fenesin dm ir</i> | \$0 (Tier 1) | OTC |
| FERRETT'S CHEWABLE IRON | \$0 (Tier 1) | OTC |
| <i>ferrex 150</i> | \$0 (Tier 1) | OTC |
| <i>ferrocite</i> | \$0 (Tier 1) | OTC |
| <i>ferrous fumarate</i> | \$0 (Tier 1) | OTC |
| <i>ferrous fumarate 324</i> | \$0 (Tier 1) | OTC |
| <i>ferrous gluconate tablet 240mg, 324mg</i> | \$0 (Tier 1) | OTC |
| FERROUS GLUCONATE TABLET 324MG | \$0 (Tier 1) | OTC |
| <i>ferrous sulfate solution, tablet</i> | \$0 (Tier 1) | OTC |
| FERROUS SULFATE TABLET DELAYED RELEASE 324MG | \$0 (Tier 1) | OTC |
| <i>ferrous sulfate tablet delayed release 325mg</i> | \$0 (Tier 1) | OTC |
| <i>fexofenadine hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>fexofenadine hydrochloride/pseudoephedrine hydrochloride er</i> | \$0 (Tier 1) | OTC |
| <i>fiber</i> | \$0 (Tier 1) | OTC |
| FIFTY50 ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| FISH OIL TRIPLE STRENGTH | \$0 (Tier 1) | OTC |
| FLAVORX | \$0 (Tier 1) | OTC |
| <i>fleet laxative mineral oil</i> | \$0 (Tier 1) | OTC |
| FLORAFOL PEDIATRIC | \$0 (Tier 1) | OTC |
| <i>floranex</i> | \$0 (Tier 1) | OTC |
| FLORANEX ONE | \$0 (Tier 1) | OTC |
| FLORIVA PLUS | \$0 (Tier 1) | OTC |
| <i>fluticasone propionate</i> | \$0 (Tier 1) | OTC |
| <i>folic acid</i> | \$0 (Tier 1) | OTC |
| <i>folplex 2.2</i> | \$0 (Tier 1) | OTC |
| <i>for sty relief</i> | \$0 (Tier 1) | OTC |
| FORA CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |
| FORA GTEL BLOOD KETONE TEST STRIPS | \$0 (Tier 1) | OTC |
| FORACARE GDH CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| FORTISCARE CONTROL SOLUTIONS HIGH | \$0 (Tier 1) | OTC |
| FREESTYLE CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| FREESTYLE CONTROL SOLUTION HIGH/LOW | \$0 (Tier 1) | OTC |
| <i>ft antibiotic ointment</i> | \$0 (Tier 1) | OTC |
| <i>ft arthritis pain</i> | \$0 (Tier 1) | OTC |
| <i>ft chest congestion relief dm</i> | \$0 (Tier 1) | OTC |
| <i>ft gas relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>ft gas relief ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>ft mineral oil</i> | \$0 (Tier 1) | OTC |
| <i>ft motion sickness</i> | \$0 (Tier 1) | OTC |
| <i>ft sleep-aid maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>ft triple antibiotic + pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>ft urinary pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>gas relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>gas relief ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>gas-x extra strength</i> | \$0 (Tier 1) | OTC |
| <i>gas-x ultra strength</i> | \$0 (Tier 1) | OTC |
| GENTEAL SEVERE | \$0 (Tier 1) | OTC |
| GENTEAL SEVERE TEARS | \$0 (Tier 1) | OTC |
| <i>genteal tears liquid drops moderate</i> | \$0 (Tier 1) | OTC |
| GENTEAL TEARS MODERATE PF | \$0 (Tier 1) | OTC |
| <i>genteal tears night-time</i> | \$0 (Tier 1) | OTC |
| <i>gentle laxative</i> | \$0 (Tier 1) | OTC |
| <i>giltuss honey dm</i> | \$0 (Tier 1) | OTC |
| GLOBAL ALCOHOL PREP EASE PADS | \$0 (Tier 1) | OTC |
| GLUCOCARD 01 CONTROL SOLUTION NORMAL/HIGH | \$0 (Tier 1) | OTC |
| GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 | \$0 (Tier 1) | OTC |
| GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 | \$0 (Tier 1) | OTC |
| GLUCOCOM HIGH CONTROL | \$0 (Tier 1) | OTC |
| GLUCOSE | \$0 (Tier 1) | OTC |
| GLUCOSE CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| GLUCOSE INSTANT ENERGY | \$0 (Tier 1) | OTC |
| <i>glutose 15</i> | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>glucose 45</i> | \$0 (Tier 1) | OTC |
| <i>glucose 5</i> | \$0 (Tier 1) | OTC |
| <i>glycerin adult</i> | \$0 (Tier 1) | OTC |
| <i>glycerin adult</i> | \$0 (Tier 1) | OTC |
| <i>glycerin children</i> | \$0 (Tier 1) | OTC |
| <i>glycerin childrens</i> | \$0 (Tier 1) | OTC |
| GLYCERIN DOES NOT APPLY LIQUID | \$0 (Tier 1) | OTC |
| <i>glycerin external liquid, suppository</i> | \$0 (Tier 1) | OTC |
| <i>glycerin infants & children</i> | \$0 (Tier 1) | OTC |
| <i>glycerin pediatric</i> | \$0 (Tier 1) | OTC |
| GNP ALCOHOL SWABS | \$0 (Tier 1) | OTC |
| <i>gnp allergy relief 24 hour</i> | \$0 (Tier 1) | OTC |
| <i>gnp anorectal instant relief</i> | \$0 (Tier 1) | OTC |
| <i>gnp antacid ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>gnp antibiotic + pain relief</i> | \$0 (Tier 1) | OTC |
| <i>gnp anti-gas</i> | \$0 (Tier 1) | OTC |
| <i>gnp anti-itch</i> | \$0 (Tier 1) | OTC |
| <i>gnp arthritis pain</i> | \$0 (Tier 1) | OTC |
| <i>gnp artificial tears</i> | \$0 (Tier 1) | OTC |
| <i>gnp bacitracin zinc</i> | \$0 (Tier 1) | OTC |
| <i>gnp budesonide nasal spray</i> | \$0 (Tier 1) | OTC |
| <i>gnp chest congestion and cough relief</i> | \$0 (Tier 1) | OTC |
| <i>gnp childrens chewables/extra c</i> | \$0 (Tier 1) | OTC |
| <i>gnp childrens chewables/iron</i> | \$0 (Tier 1) | OTC |
| <i>gnp clearlax</i> | \$0 (Tier 1) | OTC |
| <i>gnp cough relief</i> | \$0 (Tier 1) | OTC |
| <i>gnp day time multi-symptom cold/flu</i> | \$0 (Tier 1) | OTC |
| <i>gnp diclofenac sodium</i> | \$0 (Tier 1) | OTC |
| GNP EASY TOUCH CONTROL SOLUTION HIGH & LOW | \$0 (Tier 1) | OTC |
| <i>gnp essential one daily</i> | \$0 (Tier 1) | OTC |
| <i>gnp eye drops</i> | \$0 (Tier 1) | OTC |
| <i>gnp eye drops dry eye relief</i> | \$0 (Tier 1) | OTC |
| <i>gnp foaming antacid</i> | \$0 (Tier 1) | OTC |
| <i>gnp gas relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>gnp gas relief maximum strength</i> | \$0 (Tier 1) | OTC |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| GNP GLUCOSE | \$0 (Tier 1) | OTC |
| <i>gnp glycerin child</i> | \$0 (Tier 1) | OTC |
| <i>gnp headache relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>gnp iron</i> | \$0 (Tier 1) | OTC |
| <i>gnp little ones childrens</i> | \$0 (Tier 1) | OTC |
| <i>gnp magnesium</i> | \$0 (Tier 1) | OTC |
| <i>gnp miconazole 1 combination pack</i> | \$0 (Tier 1) | OTC |
| <i>gnp migraine relief</i> | \$0 (Tier 1) | OTC |
| <i>gnp mineral oil</i> | \$0 (Tier 1) | OTC |
| <i>gnp motion sickness relief</i> | \$0 (Tier 1) | OTC |
| <i>gnp mucus relief dm</i> | \$0 (Tier 1) | OTC |
| <i>gnp nighttime relief lubricant eye</i> | \$0 (Tier 1) | OTC |
| <i>gnp nighttime sleep-aid maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>gnp olopatadine hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>gnp prenatal vitamins</i> | \$0 (Tier 1) | OTC |
| <i>gnp sore throat spray</i> | \$0 (Tier 1) | OTC |
| <i>gnp tab tussin dm</i> | \$0 (Tier 1) | OTC |
| <i>gnp travel sickness</i> | \$0 (Tier 1) | OTC |
| <i>gnp triple antibiotic plus</i> | \$0 (Tier 1) | OTC |
| <i>gnp tussin cough long acting</i> | \$0 (Tier 1) | OTC |
| <i>gnp tussin maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>gnp urinary pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>gnp vitamin a & d</i> | \$0 (Tier 1) | OTC |
| <i>gnp zinc oxide</i> | \$0 (Tier 1) | OTC |
| GOOD START SUPREME STERILE WATER | \$0 (Tier 1) | OTC |
| <i>goodsense antacid & pain relief</i> | \$0 (Tier 1) | OTC |
| <i>goodsense antacid/ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>goodsense arthritis pain</i> | \$0 (Tier 1) | OTC |
| <i>goodsense artificial tears</i> | \$0 (Tier 1) | OTC |
| <i>goodsense daytime cold & flu</i> | \$0 (Tier 1) | OTC |
| <i>goodsense gas relief extra strength</i> | \$0 (Tier 1) | OTC |
| GOODSENSE GLUCOSE | \$0 (Tier 1) | OTC |
| <i>goodsense miconazole 1</i> | \$0 (Tier 1) | OTC |
| <i>goodsense migraine formula</i> | \$0 (Tier 1) | OTC |
| <i>goodsense mineral oil lubricant laxative</i> | \$0 (Tier 1) | OTC |
| <i>goodsense motion sickness</i> | \$0 (Tier 1) | OTC |

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|---|--|---|
| <i>goodsense mucus relief dm</i> | \$0 (Tier 1) | OTC |
| <i>goodsense sleep aid</i> | \$0 (Tier 1) | OTC |
| <i>goodsense sleep-aid maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>goodsense sore throat spray</i> | \$0 (Tier 1) | OTC |
| <i>guaifenesin</i> | \$0 (Tier 1) | OTC |
| <i>guaifenesin er</i> | \$0 (Tier 1) | OTC |
| <i>guaifenesin/codeine</i> | \$0 (Tier 1) | OTC |
| <i>guaifenesin/dextromethorphan</i> | \$0 (Tier 1) | OTC |
| <i>guaifenesin/dextromethorphan hydrobromide</i> | \$0 (Tier 1) | OTC |
| GYNOL II | \$0 (Tier 1) | OTC |
| <i>headache formula</i> | \$0 (Tier 1) | OTC |
| <i>headache relief</i> | \$0 (Tier 1) | OTC |
| <i>headache relief/extra strength</i> | \$0 (Tier 1) | OTC |
| <i>healthylax</i> | \$0 (Tier 1) | OTC |
| H-E-B INCONTROL ALCOHOL PADS | \$0 (Tier 1) | OTC |
| <i>hemorrhoidal</i> | \$0 (Tier 1) | OTC |
| <i>hemorrhoidal relief cream</i> | \$0 (Tier 1) | OTC |
| <i>hm bacitracin</i> | \$0 (Tier 1) | OTC |
| <i>hm chest congestion relief dm</i> | \$0 (Tier 1) | OTC |
| <i>hm dry eye relief</i> | \$0 (Tier 1) | OTC |
| <i>hm eye allergy itch/redness relief</i> | \$0 (Tier 1) | OTC |
| <i>hm eye drops</i> | \$0 (Tier 1) | OTC |
| <i>hm gas relief</i> | \$0 (Tier 1) | OTC |
| <i>hm migraine relief</i> | \$0 (Tier 1) | OTC |
| <i>hm mineral oil</i> | \$0 (Tier 1) | OTC |
| <i>hm motion sickness</i> | \$0 (Tier 1) | OTC |
| <i>hm sore throat spray</i> | \$0 (Tier 1) | OTC |
| HM STERILE ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| <i>hm triple antibiotic plus maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>hm urinary pain relief</i> | \$0 (Tier 1) | OTC |
| <i>hydrocortisone cream 0.5%</i> | \$0 (Tier 1) | OTC |
| HYDROCORTISONE CREAM 1% | \$0 (Tier 1) | OTC |
| <i>hydrocortisone lotion</i> | \$0 (Tier 1) | OTC |
| <i>hydrocortisone ointment 0.5%, 1%</i> | \$0 (Tier 1) | OTC |
| <i>hydrocortisone ointment 1%</i> | \$0 (Tier 1) | OTC |
| <i>hydrocortisone/aloe</i> | \$0 (Tier 1) | OTC |



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|---|--|---|
| <i>hydrolatum</i> | \$0 (Tier 1) | OTC |
| <i>hypotears</i> | \$0 (Tier 1) | OTC |
| HY-VEE GLUCOSE | \$0 (Tier 1) | OTC |
| <i>ibuprofen capsule, tablet chewable, tablet</i> | \$0 (Tier 1) | OTC |
| <i>ibuprofen infants</i> | \$0 (Tier 1) | OTC |
| <i>ibuprofen junior strength</i> | \$0 (Tier 1) | OTC |
| <i>ibuprofen suspension</i> | \$0 (Tier 1) | OTC |
| IHEALTH CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| IN TOUCH GLUCOSE CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| INSTA-GLUCOSE | \$0 (Tier 1) | OTC |
| IRON | \$0 (Tier 1) | OTC |
| <i>iron 100 plus</i> | \$0 (Tier 1) | OTC |
| IRON CHEWS PEDIATRIC | \$0 (Tier 1) | OTC |
| <i>iron polysaccharide complex</i> | \$0 (Tier 1) | OTC |
| <i>isopropyl alcohol wipes</i> | \$0 (Tier 1) | OTC |
| <i>itch relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>ivermectin</i> | \$0 (Tier 1) | OTC |
| <i>jock itch spray powder</i> | \$0 (Tier 1) | OTC |
| <i>just tears eye drops</i> | \$0 (Tier 1) | OTC |
| KERI NOURISHING SHEA BUTTER | \$0 (Tier 1) | OTC |
| KETOSTIX | \$0 (Tier 1) | OTC |
| <i>ketotifen fumarate</i> | \$0 (Tier 1) | OTC |
| <i>kls arthritis pain relief</i> | \$0 (Tier 1) | OTC |
| <i>kls diclofenac sodium</i> | \$0 (Tier 1) | OTC |
| KONSYL DAILY FIBER | \$0 (Tier 1) | OTC |
| KONSYL ORIGINAL DAILY FIBER | \$0 (Tier 1) | OTC |
| <i>kp omega-3 fish oil</i> | \$0 (Tier 1) | OTC |
| KROGER GLUCOSE | \$0 (Tier 1) | OTC |
| LACTOSE MONOHYDRATE | \$0 (Tier 1) | OTC |
| LAMISIL AT | \$0 (Tier 1) | OTC |
| <i>lansoprazole</i> | \$0 (Tier 1) | OTC |
| <i>laxative</i> | \$0 (Tier 1) | OTC |
| LEADER GLUCOSE | \$0 (Tier 1) | OTC |
| <i>levocetirizine dihydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>levonorgestrel</i> | \$0 (Tier 1) | OTC |
| LIBERTY CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| LIBERTY GLUCOSE CONTROL MID | \$0 (Tier 1) | OTC |
| <i>lice killing maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>lice treatment</i> | \$0 (Tier 1) | OTC |
| <i>lice treatment creme rinse</i> | \$0 (Tier 1) | OTC |
| <i>lidocaine</i> | \$0 (Tier 1) | OTC |
| <i>lidocaine 5%</i> | \$0 (Tier 1) | OTC |
| <i>lidocaine hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>lidocaine pain relief patch</i> | \$0 (Tier 1) | OTC |
| LONGS GLUCOSE | \$0 (Tier 1) | OTC |
| <i>loperamide hcl</i> | \$0 (Tier 1) | OTC |
| LOPERAMIDE HYDROCHLORIDE SUSPENSION | \$0 (Tier 1) | OTC |
| <i>loperamide hydrochloride tablet</i> | \$0 (Tier 1) | OTC |
| <i>loratadine</i> | \$0 (Tier 1) | OTC |
| <i>loratadine allergy relief</i> | \$0 (Tier 1) | OTC |
| <i>loratadine childrens</i> | \$0 (Tier 1) | OTC |
| <i>loratadine-d 12hr</i> | \$0 (Tier 1) | OTC |
| <i>loratadine-d 24hr</i> | \$0 (Tier 1) | OTC |
| <i>lotrimin af deodorant powder</i> | \$0 (Tier 1) | OTC |
| <i>lubricant eye</i> | \$0 (Tier 1) | OTC |
| <i>lubricant eye drops</i> | \$0 (Tier 1) | OTC |
| <i>lubricant eye fast acting</i> | \$0 (Tier 1) | OTC |
| <i>lubricant eye nighttime</i> | \$0 (Tier 1) | OTC |
| <i>lubricant eye pm</i> | \$0 (Tier 1) | OTC |
| <i>lubricant pm</i> | \$0 (Tier 1) | OTC |
| <i>lubricating tears eye drops</i> | \$0 (Tier 1) | OTC |
| <i>maalox childrens</i> | \$0 (Tier 1) | OTC |
| <i>magnesium</i> | \$0 (Tier 1) | OTC |
| <i>magnesium citrate</i> | \$0 (Tier 1) | OTC |
| <i>magnesium oxide</i> | \$0 (Tier 1) | OTC |
| <i>maxi-tuss gmx</i> | \$0 (Tier 1) | OTC |
| M-CLEAR WC | \$0 (Tier 1) | OTC |
| <i>meclizine hcl</i> | \$0 (Tier 1) | OTC |
| <i>meclizine hydrochloride</i> | \$0 (Tier 1) | OTC |
| MEDICINE SHOPPE GLUCOSE | \$0 (Tier 1) | OTC |
| <i>medi-first aspirin</i> | \$0 (Tier 1) | OTC |



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|--|--|---|
| <i>medi-first ibuprofen</i> | \$0 (Tier 1) | OTC |
| <i>medi-paste</i> | \$0 (Tier 1) | OTC |
| <i>medique aspirin</i> | \$0 (Tier 1) | OTC |
| <i>medi-seltzer</i> | \$0 (Tier 1) | OTC |
| MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL | \$0 (Tier 1) | OTC |
| MEDISENSE HIGH/MID/LOW CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| <i>medpura alcohol pads</i> | \$0 (Tier 1) | OTC |
| <i>medpura zinc oxide</i> | \$0 (Tier 1) | OTC |
| MEIJER ALCOHOL SWABS EXTRA-THICK | \$0 (Tier 1) | OTC |
| MEIJER GLUCOSE | \$0 (Tier 1) | OTC |
| <i>meijer zinc oxide</i> | \$0 (Tier 1) | OTC |
| <i>melatonin</i> | \$0 (Tier 1) | OTC |
| <i>melatonin maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>mencylate</i> | \$0 (Tier 1) | OTC |
| <i>miconazole 1</i> | \$0 (Tier 1) | OTC |
| <i>miconazole 3</i> | \$0 (Tier 1) | OTC |
| <i>miconazole 3 combination pack</i> | \$0 (Tier 1) | OTC |
| <i>miconazole 3 combo pack</i> | \$0 (Tier 1) | OTC |
| <i>miconazole nitrate</i> | \$0 (Tier 1) | OTC |
| MICRODOT CONTROL SOLUTIONHIGH/LOW | \$0 (Tier 1) | OTC |
| <i>migraine relief</i> | \$0 (Tier 1) | OTC |
| <i>milk of magnesia</i> | \$0 (Tier 1) | OTC |
| <i>mineral oil</i> | \$0 (Tier 1) | OTC |
| <i>mineral oil heavy</i> | \$0 (Tier 1) | OTC |
| <i>mm arthritis pain reliever</i> | \$0 (Tier 1) | OTC |
| <i>motion sickness relief</i> | \$0 (Tier 1) | OTC |
| <i>motrin arthritis pain</i> | \$0 (Tier 1) | OTC |
| <i>mucinex fast-max congestion & headache maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>mucus d</i> | \$0 (Tier 1) | OTC |
| <i>mucus relief dm</i> | \$0 (Tier 1) | OTC |
| <i>mucus relief dm cough</i> | \$0 (Tier 1) | OTC |
| <i>mucus relief dm maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>mucus relief maximum strength</i> | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>mucus relief severe congestion & cough</i> | \$0 (Tier 1) | OTC |
| MULTI PRENATAL | \$0 (Tier 1) | OTC |
| <i>multi vitamin/minerals full spectrum</i> | \$0 (Tier 1) | OTC |
| MULTIVITAMIN + FLUORIDE | \$0 (Tier 1) | OTC |
| MULTIVITAMIN W/IRON/INFANT/TODDLER | \$0 (Tier 1) | OTC |
| MULTIVITAMIN WITH FLUORIDE SOLUTION | \$0 (Tier 1) | OTC |
| MULTIVITAMIN WITH FLUORIDE TABLET CHEWABLE 60MG; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 2500UNIT; 1.2MG; 1MG; 1.05MG; 400UNIT; 15UNIT, 60MG; 4.5MCG; 0; 0.5MG; 300MCG; 13.5MG; 1.05MG; 1.2MG; 1.05MG; 750MCG; 10MCG; 13.5MG | \$0 (Tier 1) | OTC |
| MULTIVITAMIN WITH FLUORIDE TABLET CHEWABLE 60MG; 4.5MCG; 0; 0.25MG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 1.05MG; 750MCG; 10MCG; 6.75MG | \$0 (Tier 1) | OTC |
| MULTI-VITAMIN/FLUORIDE DROPS | \$0 (Tier 1) | OTC |
| <i>multivitamin/fluoride solution</i> | \$0 (Tier 1) | OTC |
| MULTIVITAMIN/FLUORIDE TABLET CHEWABLE | \$0 (Tier 1) | OTC |
| <i>multi-vitamin/fluoride/iron</i> | \$0 (Tier 1) | OTC |
| <i>multivitamins</i> | \$0 (Tier 1) | OTC |
| <i>multivitamins plus zinc</i> | \$0 (Tier 1) | OTC |
| <i>multi-vitamins/iron</i> | \$0 (Tier 1) | OTC |
| MULTI-VIT-FLOR | \$0 (Tier 1) | OTC |
| <i>muscle rub</i> | \$0 (Tier 1) | OTC |
| MVW COMPLETE FORMULATION PEDIATRIC | \$0 (Tier 1) | OTC |
| MYGLUCOHEALTH CONTROL LOW/NORMAL/HIGH | \$0 (Tier 1) | OTC |
| <i>naloxone hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>naproxen sodium</i> | \$0 (Tier 1) | OTC |
| <i>nasal mist</i> | \$0 (Tier 1) | OTC |
| <i>nasal spray 12 hour</i> | \$0 (Tier 1) | OTC |
| <i>natatab fa</i> | \$0 (Tier 1) | OTC |
| <i>natatab rx</i> | \$0 (Tier 1) | OTC |
| NATRAPEL | \$0 (Tier 1) | OTC |
| <i>natural fiber</i> | \$0 (Tier 1) | OTC |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>natural vitamin d-3</i> | \$0 (Tier 1) | OTC |
| NEONATAL COMPLETE | \$0 (Tier 1) | OTC |
| NEONATAL PRENATAL VITAMIN | \$0 (Tier 1) | OTC |
| <i>neosporin + pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>neosporin pain/itch/scar</i> | \$0 (Tier 1) | OTC |
| <i>neosporin/burn relief</i> | \$0 (Tier 1) | OTC |
| NEUTEK 2TEK CONTROL SOLUTIONS | \$0 (Tier 1) | OTC |
| <i>niacin</i> | \$0 (Tier 1) | OTC |
| <i>niacin timed release</i> | \$0 (Tier 1) | OTC |
| <i>niacin tr capsule extended release 250mg</i> | \$0 (Tier 1) | OTC |
| NIACIN TR CAPSULE EXTENDED RELEASE 500MG | \$0 (Tier 1) | OTC |
| <i>niacin tr tablet extended release</i> | \$0 (Tier 1) | OTC |
| <i>nicotine</i> | \$0 (Tier 1) | OTC |
| <i>nicotine polacrilex</i> | \$0 (Tier 1) | OTC |
| NICOTINE TRANSDERMAL SYSTEM KIT | \$0 (Tier 1) | OTC |
| <i>nicotine transdermal system patch 24 hour</i> | \$0 (Tier 1) | OTC |
| NOVA MAX PLUS GLU/KET CONTROL SOLUTION-MID | \$0 (Tier 1) | OTC |
| <i>nu-iron 150</i> | \$0 (Tier 1) | OTC |
| OFF ACTIVE | \$0 (Tier 1) | OTC |
| OFF DEEP WOODS | \$0 (Tier 1) | OTC |
| OFF DEEP WOODS DRY | \$0 (Tier 1) | OTC |
| OFF DEEP WOODS SPORTSMEN | \$0 (Tier 1) | OTC |
| OFF FAMILYCARE CLEAN FEEL | \$0 (Tier 1) | OTC |
| OFF FAMILYCARE SMOOTH & DRY | \$0 (Tier 1) | OTC |
| OFF SMOOTH & DRY | \$0 (Tier 1) | OTC |
| OLIVE OIL | \$0 (Tier 1) | OTC |
| <i>olopatadine hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>omega-3 fish oil</i> | \$0 (Tier 1) | OTC |
| <i>omega-3 fish oil maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>omeprazole</i> | \$0 (Tier 1) | OTC |
| <i>omeprazole dr</i> | \$0 (Tier 1) | OTC |
| <i>omeprazole magnesium</i> | \$0 (Tier 1) | OTC |
| <i>omeprazole odt</i> | \$0 (Tier 1) | OTC |
| ONE VITE WOMENS PRENATAL VITAMIN | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ONETOUCH ULTRA CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| OPILL | \$0 (Tier 1) | OTC |
| OPTIONS GYNOL II VAGINAL CONTRACEPTIVE | \$0 (Tier 1) | OTC |
| <i>ora relief sore throat</i> | \$0 (Tier 1) | OTC |
| <i>oral relief</i> | \$0 (Tier 1) | OTC |
| ORAL SUSPEND | \$0 (Tier 1) | OTC |
| ORAL SYRUP FLAVORED VEHICLE | \$0 (Tier 1) | OTC |
| <i>oralseptic</i> | \$0 (Tier 1) | OTC |
| <i>os-cal calcium + d3</i> | \$0 (Tier 1) | OTC |
| <i>oyster shell calcium</i> | \$0 (Tier 1) | OTC |
| <i>oyster shell calcium 250+d</i> | \$0 (Tier 1) | OTC |
| <i>oyster shell calcium/vitamin d3</i> | \$0 (Tier 1) | OTC |
| <i>pain reliever plus</i> | \$0 (Tier 1) | OTC |
| <i>pain relieving cream</i> | \$0 (Tier 1) | OTC |
| <i>panoxyl creamy wash</i> | \$0 (Tier 1) | OTC |
| <i>panoxyl foaming wash</i> | \$0 (Tier 1) | OTC |
| PATADAY EXTRA STRENGTH | \$0 (Tier 1) | OTC |
| PCCA-PLUS | \$0 (Tier 1) | OTC |
| PEDIA-LAX | \$0 (Tier 1) | OTC |
| <i>peg 3350</i> | \$0 (Tier 1) | OTC |
| PETROLATUM | \$0 (Tier 1) | OTC |
| <i>pharbinex-dm</i> | \$0 (Tier 1) | OTC |
| PHARMACIST CHOICE ALCOHOL PRED PADS | \$0 (Tier 1) | OTC |
| <i>pharmacist choice diclofenac sodium</i> | \$0 (Tier 1) | OTC |
| <i>phazyme</i> | \$0 (Tier 1) | OTC |
| <i>phenaseptic</i> | \$0 (Tier 1) | OTC |
| <i>phenazopyridine hcl</i> | \$0 (Tier 1) | OTC |
| <i>phenazopyridine hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>phenylephrine hydrochloride</i> | \$0 (Tier 1) | OTC |
| <i>phospha 250 neutral</i> | \$0 (Tier 1) | OTC |
| <i>phosphorous</i> | \$0 (Tier 1) | OTC |



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|---|--|---|
| <i>phospho-trin 250 neutral</i> | \$0 (Tier 1) | OTC |
| <i>phospho-trin k500</i> | \$0 (Tier 1) | OTC |
| <i>phytonadione</i> | \$0 (Tier 1) | OTC |
| <i>pin-away</i> | \$0 (Tier 1) | OTC |
| <i>pinworm medicine</i> | \$0 (Tier 1) | OTC |
| PIP GLUCOSE CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| POCKETCHEM EZ CONTROL LEVEL 1 | \$0 (Tier 1) | OTC |
| <i>polyethylene glycol 3350</i> | \$0 (Tier 1) | OTC |
| <i>poly-iron 150</i> | \$0 (Tier 1) | OTC |
| <i>polysaccharide iron</i> | \$0 (Tier 1) | OTC |
| <i>polysaccharide-iron complex</i> | \$0 (Tier 1) | OTC |
| POLYSPORIN | \$0 (Tier 1) | OTC |
| POLY-VI-FLOR | \$0 (Tier 1) | OTC |
| <i>polyvinyl alcohol 1.4% lubricating eye drops</i> | \$0 (Tier 1) | OTC |
| POLY-VI-SOL | \$0 (Tier 1) | OTC |
| <i>pramoxine hcl</i> | \$0 (Tier 1) | OTC |
| PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH | \$0 (Tier 1) | OTC |
| PREFERRED PLUS GLUCOSE | \$0 (Tier 1) | OTC |
| PREMIUM CONDOMS LUBRICATED | \$0 (Tier 1) | OTC |
| PRENATABS RX | \$0 (Tier 1) | OTC |
| PRENATAL | \$0 (Tier 1) | OTC |
| PRENATAL 19 | \$0 (Tier 1) | OTC |
| PRENATAL ONE DAILY | \$0 (Tier 1) | OTC |
| PRENATAL PLUS IRON | \$0 (Tier 1) | OTC |
| PRENATAL VITAMIN | \$0 (Tier 1) | OTC |
| PRENATAL-U | \$0 (Tier 1) | OTC |
| PRESTIGE GLUCOSE CONTROL | \$0 (Tier 1) | OTC |
| PRO COMFORT ALCOHOL PADS | \$0 (Tier 1) | OTC |
| PROBITROL | \$0 (Tier 1) | OTC |
| PRODIGY CONTROL SOLUTION HIGH | \$0 (Tier 1) | OTC |
| PROMEROL | \$0 (Tier 1) | OTC |
| <i>pronutrients vitamin d3</i> | \$0 (Tier 1) | OTC |
| <i>pseudoephedrine hcl er</i> | \$0 (Tier 1) | OTC |
| <i>pseudoephedrine hydrochloride</i> | \$0 (Tier 1) | OTC |
| PURE COMFORT ALCOHOL PREPPADS | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>px antacid maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>px artificial tears</i> | \$0 (Tier 1) | OTC |
| <i>px daytime pe</i> | \$0 (Tier 1) | OTC |
| <i>px effervescent</i> | \$0 (Tier 1) | OTC |
| <i>px gas relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>px gas relief ultra strength</i> | \$0 (Tier 1) | OTC |
| PX GLUCOSE | \$0 (Tier 1) | OTC |
| <i>px iron</i> | \$0 (Tier 1) | OTC |
| <i>px sore throat</i> | \$0 (Tier 1) | OTC |
| <i>px tussin max</i> | \$0 (Tier 1) | OTC |
| <i>pyridoxine hcl</i> | \$0 (Tier 1) | OTC |
| QC ALCOHOL SWABS | \$0 (Tier 1) | OTC |
| <i>qc alcohol wipes</i> | \$0 (Tier 1) | OTC |
| <i>qc antacid ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>qc anti-gas ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>qc artificial tears</i> | \$0 (Tier 1) | OTC |
| <i>qc athletes foot</i> | \$0 (Tier 1) | OTC |
| <i>qc calcium/minerals/vitamin d</i> | \$0 (Tier 1) | OTC |
| <i>qc childrens chewable complete</i> | \$0 (Tier 1) | OTC |
| <i>qc childrens chewable vitamins/extra c</i> | \$0 (Tier 1) | OTC |
| <i>qc childrens chewable vitamins/iron</i> | \$0 (Tier 1) | OTC |
| <i>qc cough relief</i> | \$0 (Tier 1) | OTC |
| <i>qc daytime multi-symptom cold/flu</i> | \$0 (Tier 1) | OTC |
| <i>qc diclofenac sodium</i> | \$0 (Tier 1) | OTC |
| <i>qc effervescent antacid/pain relief</i> | \$0 (Tier 1) | OTC |
| <i>qc essentials</i> | \$0 (Tier 1) | OTC |
| <i>qc gas relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>qc headache relief</i> | \$0 (Tier 1) | OTC |
| <i>qc medifin dm</i> | \$0 (Tier 1) | OTC |
| <i>qc mineral oil heavy</i> | \$0 (Tier 1) | OTC |
| <i>qc motion sickness relief</i> | \$0 (Tier 1) | OTC |
| <i>qc sleep aid maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>qc sore throat spray</i> | \$0 (Tier 1) | OTC |
| <i>qc triple antibiotic maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>qc triple antibiotic multi-action</i> | \$0 (Tier 1) | OTC |
| <i>qc triple antibiotic pluspain relief</i> | \$0 (Tier 1) | OTC |



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|---|--|---|
| <i>qc urinary pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>qc zinc oxide</i> | \$0 (Tier 1) | OTC |
| QUICKTEK CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| QUINTET GLUCOSE CONTROL/HIGH/NORMAL | \$0 (Tier 1) | OTC |
| RA ALCOHOL SWABS | \$0 (Tier 1) | OTC |
| <i>ra antacid ultra strength</i> | \$0 (Tier 1) | OTC |
| <i>ra antibiotic + pain relief</i> | \$0 (Tier 1) | OTC |
| <i>ra antibiotic/pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>ra artificial tears eye care</i> | \$0 (Tier 1) | OTC |
| <i>ra athletes foot powder spray</i> | \$0 (Tier 1) | OTC |
| <i>ra bacitracin</i> | \$0 (Tier 1) | OTC |
| <i>ra bacitracin zinc first aid</i> | \$0 (Tier 1) | OTC |
| <i>ra budesonide nasal spray</i> | \$0 (Tier 1) | OTC |
| <i>ra cold/flu relief daytime</i> | \$0 (Tier 1) | OTC |
| <i>ra gas relief</i> | \$0 (Tier 1) | OTC |
| <i>ra gas relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>ra gas relief ultra strength</i> | \$0 (Tier 1) | OTC |
| RA GLUCOSE | \$0 (Tier 1) | OTC |
| <i>ra glycerin adult</i> | \$0 (Tier 1) | OTC |
| <i>ra high potency iron</i> | \$0 (Tier 1) | OTC |
| <i>ra iron</i> | \$0 (Tier 1) | OTC |
| <i>ra isopropyl alcohol wipes</i> | \$0 (Tier 1) | OTC |
| <i>ra lubricant eye drops</i> | \$0 (Tier 1) | OTC |
| <i>ra motion sickness relief</i> | \$0 (Tier 1) | OTC |
| <i>ra natural magnesium</i> | \$0 (Tier 1) | OTC |
| <i>ra sleep aid maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>ra sore throat</i> | \$0 (Tier 1) | OTC |
| <i>ra tussin cough/chest congestion dm max</i> | \$0 (Tier 1) | OTC |
| <i>ra zinc oxide</i> | \$0 (Tier 1) | OTC |
| RANGER READY REPELLENT | \$0 (Tier 1) | OTC |
| RASPBERRY SYRUP | \$0 (Tier 1) | OTC |
| REALITY SWABS | \$0 (Tier 1) | OTC |
| <i>rectasmoothe</i> | \$0 (Tier 1) | OTC |
| <i>refenesen dm</i> | \$0 (Tier 1) | OTC |
| REFRESH | \$0 (Tier 1) | OTC |

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|---|--|---|
| <i>refresh celluvisc</i> | \$0 (Tier 1) | OTC |
| REFRESH DIGITAL | \$0 (Tier 1) | OTC |
| <i>refresh lacri-lube</i> | \$0 (Tier 1) | OTC |
| REFRESH LIQUIGEL | \$0 (Tier 1) | OTC |
| REFRESH OPTIVE | \$0 (Tier 1) | OTC |
| REFRESH OPTIVE ADVANCED | \$0 (Tier 1) | OTC |
| REFRESH OPTIVE PRESERVATIVE FREE | \$0 (Tier 1) | OTC |
| <i>refresh p.m.</i> | \$0 (Tier 1) | OTC |
| REFRESH PLUS | \$0 (Tier 1) | OTC |
| REFRESH RELIEVA PF | \$0 (Tier 1) | OTC |
| REFRESH TEARS | \$0 (Tier 1) | OTC |
| REFRESH TEARS PF | \$0 (Tier 1) | OTC |
| REFUAH PLUS GLUCOSE CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| RELION ALCOHOL SWABS | \$0 (Tier 1) | OTC |
| RELION GLUCOSE | \$0 (Tier 1) | OTC |
| REPEL FAMILY | \$0 (Tier 1) | OTC |
| REPEL FAMILY DRY | \$0 (Tier 1) | OTC |
| REPEL HUNTERS FORMULA | \$0 (Tier 1) | OTC |
| REPEL SPORTSMEN | \$0 (Tier 1) | OTC |
| REPEL SPORTSMEN DRY | \$0 (Tier 1) | OTC |
| REPEL SPORTSMEN MAX | \$0 (Tier 1) | OTC |
| RIGHTEST GC300 HIGH CONTROL | \$0 (Tier 1) | OTC |
| RISAQUAD | \$0 (Tier 1) | OTC |
| RISAQUAD-2 | \$0 (Tier 1) | OTC |
| <i>saline nasal gel</i> | \$0 (Tier 1) | OTC |
| <i>saline nasal spray infants/childrens</i> | \$0 (Tier 1) | OTC |
| SAPS CARE ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| SAWYER INSECT REPELLENT | \$0 (Tier 1) | OTC |
| SAWYER PREMIUM INSECT REPELLENT | \$0 (Tier 1) | OTC |
| SB ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| <i>sb cough control dm max</i> | \$0 (Tier 1) | OTC |
| <i>sb effervescent pain relief</i> | \$0 (Tier 1) | OTC |
| <i>sb gas relief</i> | \$0 (Tier 1) | OTC |
| <i>sb glycerin pediatric</i> | \$0 (Tier 1) | OTC |
| <i>sb motion sickness</i> | \$0 (Tier 1) | OTC |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>sb mucus relief dm</i> | \$0 (Tier 1) | OTC |
| <i>sb sore throat spray</i> | \$0 (Tier 1) | OTC |
| <i>sb tab tussin dm</i> | \$0 (Tier 1) | OTC |
| <i>scalpicin</i> | \$0 (Tier 1) | OTC |
| <i>sea-omega</i> | \$0 (Tier 1) | OTC |
| <i>senna smooth</i> | \$0 (Tier 1) | OTC |
| SENNA SYRUP 176MG/5ML | \$0 (Tier 1) | OTC |
| <i>senna syrup 8.8mg/5ml</i> | \$0 (Tier 1) | OTC |
| <i>senna tablet</i> | \$0 (Tier 1) | OTC |
| SESAME OIL | \$0 (Tier 1) | OTC |
| <i>simethicone</i> | \$0 (Tier 1) | OTC |
| <i>simethicone extra strength</i> | \$0 (Tier 1) | OTC |
| SIMPLE SYRUP | \$0 (Tier 1) | OTC |
| <i>simply saline baby</i> | \$0 (Tier 1) | OTC |
| <i>sleep-aid</i> | \$0 (Tier 1) | OTC |
| SM ACIDOPHILUS | \$0 (Tier 1) | OTC |
| SM ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| <i>sm animal shapes complete</i> | \$0 (Tier 1) | OTC |
| <i>sm animal shapes kids first</i> | \$0 (Tier 1) | OTC |
| <i>sm antibiotic</i> | \$0 (Tier 1) | OTC |
| <i>sm antibiotic plus pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>sm anti-itch extra strength</i> | \$0 (Tier 1) | OTC |
| <i>sm arthritis pain</i> | \$0 (Tier 1) | OTC |
| <i>sm artificial tears</i> | \$0 (Tier 1) | OTC |
| <i>sm chest congestion relief dm</i> | \$0 (Tier 1) | OTC |
| <i>sm chewable c</i> | \$0 (Tier 1) | OTC |
| <i>sm cold & hot therapy pa in relief extra strength</i> | \$0 (Tier 1) | OTC |
| <i>sm cough relief</i> | \$0 (Tier 1) | OTC |
| <i>sm daytime liquid caps</i> | \$0 (Tier 1) | OTC |
| <i>sm dry eye relief</i> | \$0 (Tier 1) | OTC |
| <i>sm effervescent pain relief</i> | \$0 (Tier 1) | OTC |
| <i>sm eye drops</i> | \$0 (Tier 1) | OTC |
| SM FOAMING ANTACID | \$0 (Tier 1) | OTC |
| <i>sm gas relief</i> | \$0 (Tier 1) | OTC |
| SM GLUCOSE | \$0 (Tier 1) | OTC |
| <i>sm glycerin laxative pediatric</i> | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>sm glycerin pediatric</i> | \$0 (Tier 1) | OTC |
| <i>sm magnesium</i> | \$0 (Tier 1) | OTC |
| <i>sm melatonin</i> | \$0 (Tier 1) | OTC |
| <i>sm migraine relief</i> | \$0 (Tier 1) | OTC |
| <i>sm mineral oil</i> | \$0 (Tier 1) | OTC |
| <i>sm multiple vitamins essential</i> | \$0 (Tier 1) | OTC |
| <i>sm muscle rub</i> | \$0 (Tier 1) | OTC |
| SM SLOW RELEASE IRON | \$0 (Tier 1) | OTC |
| <i>sm triple antibiotic plus maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>sm urinary pain relief</i> | \$0 (Tier 1) | OTC |
| <i>sm vit c/rose hips</i> | \$0 (Tier 1) | OTC |
| <i>sm vitamin c</i> | \$0 (Tier 1) | OTC |
| <i>sm vitamin c/rose hips</i> | \$0 (Tier 1) | OTC |
| SMART SENSE GLUCOSE | \$0 (Tier 1) | OTC |
| SMART SENSE GLUCOSE TABLETS | \$0 (Tier 1) | OTC |
| SMARTEST CONTROL SOLUTIONMEDIUM | \$0 (Tier 1) | OTC |
| <i>smooth lax</i> | \$0 (Tier 1) | OTC |
| SODIUM BICARBONATE POWDER | \$0 (Tier 1) | OTC |
| <i>sodium bicarbonate tablet</i> | \$0 (Tier 1) | OTC |
| <i>sodium chloride</i> | \$0 (Tier 1) | OTC |
| <i>sodium fluoride</i> | \$0 (Tier 1) | OTC |
| SOLUS V2 CONTROL HIGH | \$0 (Tier 1) | OTC |
| <i>soothe</i> | \$0 (Tier 1) | OTC |
| <i>soothe hydration</i> | \$0 (Tier 1) | OTC |
| <i>soothe maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>soothe nighttime dry eye therapy</i> | \$0 (Tier 1) | OTC |
| <i>soothe xp</i> | \$0 (Tier 1) | OTC |
| <i>soothe xp/xtra protection</i> | \$0 (Tier 1) | OTC |
| SORBITOL | \$0 (Tier 1) | OTC |
| SORBOLENE | \$0 (Tier 1) | OTC |
| <i>sore throat childrens</i> | \$0 (Tier 1) | OTC |
| <i>sore throat spray</i> | \$0 (Tier 1) | OTC |
| <i>sterile water for irrigation</i> | \$0 (Tier 1) | OTC |
| STEVIA | \$0 (Tier 1) | OTC |
| STEVIA EXTRACT POWDER 0 | \$0 (Tier 1) | OTC |
| STEVIA EXTRACT POWDER 90% | \$0 (Tier 1) | OTC |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>stool softener</i> | \$0 (Tier 1) | OTC |
| <i>stress formula</i> | \$0 (Tier 1) | OTC |
| <i>stye</i> | \$0 (Tier 1) | OTC |
| <i>sudogest</i> | \$0 (Tier 1) | OTC |
| SUPREME II HIGH/LOW CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| SURE COMFORT ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| SYRSPEND SF | \$0 (Tier 1) | OTC |
| SYRUP VEHICLE | \$0 (Tier 1) | OTC |
| SYSTANE | \$0 (Tier 1) | OTC |
| SYSTANE COMPLETE | \$0 (Tier 1) | OTC |
| <i>systane contacts soothing drops</i> | \$0 (Tier 1) | OTC |
| SYSTANE GEL | \$0 (Tier 1) | OTC |
| <i>tab-a-vite</i> | \$0 (Tier 1) | OTC |
| <i>tab-a-vite w/beta carotene</i> | \$0 (Tier 1) | OTC |
| <i>tears naturale</i> | \$0 (Tier 1) | OTC |
| <i>tears naturale forte</i> | \$0 (Tier 1) | OTC |
| TGT GLUCOSE | \$0 (Tier 1) | OTC |
| <i>tgt psyllium fiber</i> | \$0 (Tier 1) | OTC |
| THERA | \$0 (Tier 1) | OTC |
| <i>thera-gesic</i> | \$0 (Tier 1) | OTC |
| <i>thera-gesic plus</i> | \$0 (Tier 1) | OTC |
| THERANATAL CORE NUTRITION | \$0 (Tier 1) | OTC |
| <i>therapeutic shampoo</i> | \$0 (Tier 1) | OTC |
| <i>theratears liquid gel nighttime dry eye therapy</i> | \$0 (Tier 1) | OTC |
| THRIVITE RX | \$0 (Tier 1) | OTC |
| TINACTIN | \$0 (Tier 1) | OTC |
| TODAY SPONGE | \$0 (Tier 1) | OTC |
| <i>tolnaftate</i> | \$0 (Tier 1) | OTC |
| <i>trav-tabs</i> | \$0 (Tier 1) | OTC |
| <i>triamcinolone acetonide</i> | \$0 (Tier 1) | OTC |
| TRIAMINIC FEVER REDUCER PAIN RELIEVER CHILDRENS | \$0 (Tier 1) | OTC |
| TRINATE | \$0 (Tier 1) | OTC |
| <i>triple antibiotic</i> | \$0 (Tier 1) | OTC |
| <i>triple antibiotic + pain relief</i> | \$0 (Tier 1) | OTC |
| <i>triple antibiotic plus</i> | \$0 (Tier 1) | OTC |

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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>triple antibiotic plus maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>triple antibiotic with pain relief maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>triprolidine hci</i> | \$0 (Tier 1) | OTC |
| <i>triprolidine hydrochloride</i> | \$0 (Tier 1) | OTC |
| TRI-VI-SOL A/C/D | \$0 (Tier 1) | OTC |
| TRI-VITE/FLUORIDE | \$0 (Tier 1) | OTC |
| TRUE COMFORT ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| TRUETRACK GLUCOSE CONTROLHIGH | \$0 (Tier 1) | OTC |
| TRUETRACK GLUCOSE CONTROLLEVEL 0 | \$0 (Tier 1) | OTC |
| TRUSTEX LUBRICATED/SPERMICIDE | \$0 (Tier 1) | OTC |
| TRUSTEX/RIA NON-LUBRICATED | \$0 (Tier 1) | OTC |
| TUMS | \$0 (Tier 1) | OTC |
| TUMS EXTRA STRENGTH 750 | \$0 (Tier 1) | OTC |
| TUSNEL C | \$0 (Tier 1) | OTC |
| <i>tussin cough</i> | \$0 (Tier 1) | OTC |
| ULTICARE ALCOHOL SWABS | \$0 (Tier 1) | OTC |
| ULTILET ALCOHOL SWABS | \$0 (Tier 1) | OTC |
| <i>ultra fresh pm</i> | \$0 (Tier 1) | OTC |
| ULTRA-CARE ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| <i>ultra-mega</i> | \$0 (Tier 1) | OTC |
| ULTRATHON INSECT REPELLENT 8 | \$0 (Tier 1) | OTC |
| UNISTRIP CONTROL SOLUTIONHIGH | \$0 (Tier 1) | OTC |
| UP & UP GLUCOSE | \$0 (Tier 1) | OTC |
| <i>urea</i> | \$0 (Tier 1) | OTC |
| <i>urea 20 intensive hydrating cream</i> | \$0 (Tier 1) | OTC |
| <i>ureacin-20</i> | \$0 (Tier 1) | OTC |
| <i>urinary pain relief</i> | \$0 (Tier 1) | OTC |
| <i>uristat ultra/cranberry</i> | \$0 (Tier 1) | OTC |
| <i>uro-pain maximum strength</i> | \$0 (Tier 1) | OTC |
| VALUE PLUS GLUCOSE | \$0 (Tier 1) | OTC |
| VANACOF | \$0 (Tier 1) | OTC |
| VCF VAGINAL CONTRACEPTIVE FILM | \$0 (Tier 1) | OTC |
| VCF VAGINAL CONTRACEPTIVE FOAM | \$0 (Tier 1) | OTC |
| VCF VAGINAL CONTRACEPTIVEGEL | \$0 (Tier 1) | OTC |
| VERASENS GLUCOSE CONTROL LEVEL 1 | \$0 (Tier 1) | OTC |
| <i>vicks dayquil cold & flu</i> | \$0 (Tier 1) | OTC |



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| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|-------------------------------------|--|---|
| VINATE II | \$0 (Tier 1) | OTC |
| <i>vitamin a & d</i> | \$0 (Tier 1) | OTC |
| VITAMIN A/C/D INFANT | \$0 (Tier 1) | OTC |
| VITAMIN A/C/D INFANT/TODDLER | \$0 (Tier 1) | OTC |
| <i>vitamin b-12</i> | \$0 (Tier 1) | OTC |
| <i>vitamin b-6</i> | \$0 (Tier 1) | OTC |
| <i>vitamin c</i> | \$0 (Tier 1) | OTC |
| <i>vitamin d</i> | \$0 (Tier 1) | OTC |
| <i>vitamin d 400</i> | \$0 (Tier 1) | OTC |
| <i>vitamin d-3</i> | \$0 (Tier 1) | OTC |
| <i>vitamin d3 capsule</i> | \$0 (Tier 1) | OTC |
| VITAMIN D3 TABLET DISINTEGRATING | \$0 (Tier 1) | OTC |
| VITAMINS A/C/D/FLUORIDE | \$0 (Tier 1) | OTC |
| VIVAGUARD INO CONTROL SOLUTION | \$0 (Tier 1) | OTC |
| <i>wal-dram</i> | \$0 (Tier 1) | OTC |
| WALGREENS GLUCOSE | \$0 (Tier 1) | OTC |
| <i>wal-som maximum strength</i> | \$0 (Tier 1) | OTC |
| <i>wal-tussin cough</i> | \$0 (Tier 1) | OTC |
| <i>wal-tussin cough long acting</i> | \$0 (Tier 1) | OTC |
| WEBCOL ALCOHOL PREP LARGE 1 PLY | \$0 (Tier 1) | OTC |
| WEBCOL ALCOHOL PREP LARGE 2 PLY | \$0 (Tier 1) | OTC |
| <i>wes-phos 250 neutral</i> | \$0 (Tier 1) | OTC |
| WOMENS 50 BILLION | \$0 (Tier 1) | OTC |
| XANTHAN GUM | \$0 (Tier 1) | OTC |
| ZEV RX STERILE ALCOHOL PREP PADS | \$0 (Tier 1) | OTC |
| <i>zinc oxide</i> | \$0 (Tier 1) | OTC |

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D. Index of Covered Drugs

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